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**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

▶ 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** 7/1/2009 , and ending 6/30/2010

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization** RIVERSIDE FOUNDATION  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
14588 W HWY #22  
 City or town, state or country, and ZIP + 4  
LINCOLNSHIRE IL 60069

**D Employer identification number**  
36-2880335

**E Telephone number**  
(847) 251-1720

**F Name and address of principal officer.**  
PETER MULE' 14588 W HWY #22, LINCOLNSHIRE, IL 60069

**G Gross receipts \$** 6,549,439

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I Tax-exempt status**  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ www.riversidefoundation.net

**K Form of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** 1976 **M State of legal domicile** IL

**H(c) Group exemption number** ▶ N/A

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>To provide care and housing for developmentally disabled adults. This includes, but is not limited to medical treatment, recreational activities, a workshop program, and the general well-being of all clients.</u>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>12</u>		
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>12</u>		
<b>5</b> Total number of employees (Part V, line 2a)	<u>5</u> <u>321</u>		
<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>		
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 11)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>305,973</u>	<u>336,389</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>5,857,488</u>	<u>5,987,662</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>15,522</u>	<u>8,853</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-19,400</u>	<u>181,630</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>6,159,583</u>	<u>6,514,534</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>4,427,093</u>	<u>4,406,285</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>1,844,212</u>	<u>1,755,938</u>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>6,271,305</u>	<u>6,162,223</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-111,722</u>	<u>352,311</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<u>4,321,044</u>	<u>4,474,054</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>1,164,107</u>	<u>1,158,594</u>
		<u>3,156,937</u>	<u>3,315,460</u>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Susan L. Lees Date: 2/9/11

Type or print name and title: Susan L. Lees

Preparer's signature: Harold D. Blackburn CPA Date: 1/28/2011 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: HAROLD D. BLACKBURN INC EIN: 20-3584998

1000 SKOKIE BLVD. LL-31, WILMETTE, IL 60091 Phone no: (847) 251-1720

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

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission.  
To provide care and housing for developmentally disabled adults. This includes, but is not limited to medical treatment, recreation and the general well-being of all clients.

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 \$ 1,965,712 including grants of \$ ) (Revenue \$ )  
PROGRAM SERVICE  
PROVIDES DAY & RESIDENTIAL PRGRAMS FOR 120 CLIENTS

4b (Code: ) (Expenses \$ 893,827 including grants of \$ ) (Revenue \$ )  
NURSING  
PROVIDES HEALTH SERVICES TO CLIENTS

4c (Code: ) (Expenses \$ 791,940 including grants of \$ ) (Revenue \$ )  
ADMINISTRATION  
PROVIDES ADMINISTRATIVE SUPPORT FOR RESIDENTIAL AND PROGRAM ACTIVITIES

4d Other program services. (Describe in Schedule O )  
(Expenses \$ 2,510,745 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,162,224

**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 . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
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 . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
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 . . . . .		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 . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		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 . . . . .		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 . . . . .		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>• 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.</li> <li>• 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.</li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>• 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</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .		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 . . . . .		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 . . . . .		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 . . . . .	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 . . . . .		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

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

	Yes	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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		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? <i>If "Yes," complete Schedule J . . . . .</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a <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 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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
32 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
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? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
34 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
35 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
36 <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>		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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
38 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	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b			
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	321		
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)	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	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 over, 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: ▶ 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
c	If "Yes" to line 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? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
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? . . . . .	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
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? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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			X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			X
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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**

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .		
1b	Enter the number of voting members that are independent . . . . .		
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:		
8a	a The governing body? . . . . .	X	
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
9a	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.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .		X
10b	b 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	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12c	c 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?		
15a	a The organization's CEO, Executive Director, or top management official . . . . .	X	
15b	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	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	b 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? . . . . .		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ▶ IL
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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. ▶ RIVERSIDE FOUNDATION (847) 634-3973 14588 W HWY#22, LINCOLNSHIRE, IL 60069





Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	336,389			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		336,389			
Program Service Revenue	2a PUBLIC AID	Business Code	4,954,488	4,954,488		
	b SOCIAL SECURITY, VA, & PRIV PAY		953,740	953,740		
	c WORKSHOP INCOME		79,434	79,434		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		5,987,662			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,853	8,853		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	228,692				
b Less: direct expenses	b	34,905				
c Net income or (loss) from fundraising events		193,787				
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less. cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a (Loss on marketable securities)		-2,157	-2,157			
b Non allowable costs		-10,000	-10,000			
c						
d All other revenue						
e Total. Add lines 11a-11d		-12,157				
12 Total revenue. See instructions		6,514,534	5,984,358			

**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				
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, trustees, and key employees	288,285	288,285		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,512,379	3,512,379		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	336,035	336,035		
10 Payroll taxes	269,586	269,586		
11 Fees for services (non-employees)				
a Management				
b Legal	8,304	8,304		
c Accounting	36,535	36,535		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	19,402	19,402		
12 Advertising and promotion				
13 Office expenses	58,538	58,538		
14 Information technology				
15 Royalties				
16 Occupancy	319,486	319,486		
17 Travel	133,967	133,967		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,328	11,328		
20 Interest	46,540	46,540		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,919	140,919		
23 Insurance	45,686	45,686		
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 NURSING SERVICES AND SUPPLIES	97,252	97,252		
b CONTRACTED SERVICES AND PROGRAM SUPP.	136,748	136,748		
c DIETARY SERVICES AND SUPPLIES	269,567	269,567		
d LAUNDRY AND LINEN SERVICES AND SUPPLIES	88,231	88,231		
e PROVIDER FEE	248,628	248,628		
f All other expenses MAINT. SERV. & SUPPLIES	94,807	94,807		
25 Total functional expenses. Add lines 1 through 24f	6,162,223	6,162,223		
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) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	1,120,143	1	909,686	
	2	Savings and temporary cash investments . . . . .		2		
	3	Pledges and grants receivable, net . . . . .		3		
	4	Accounts receivable, net . . . . .	1,396,750	4	1,782,246	
	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 . . . . .		7		
	8	Inventories for sale or use . . . . .	2,000	8	2,000	
	9	Prepaid expenses and deferred charges . . . . .	214,100	9	213,550	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,479,427		
	b	Less: accumulated depreciation . . . . .	10b	2,916,893	10c	1,562,534
	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 . . . . .	5,468	15	4,038	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,321,044	16	4,474,054		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	282,141	17	264,393	
	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 . . . . .	734,831	23	715,334	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24		
25	Other liabilities. Complete Part X of Schedule D . . . . .	147,135	25	178,867		
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,164,107	26	1,158,594		
<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 . . . . .	3,156,937	27	3,315,460	
	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>	3,156,937	33	3,315,460		
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	4,321,044	34	4,474,054		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990.  Cash  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? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** 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

**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 . . . . .

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** 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? . . . . .

**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.

	Yes	No
<b>2a</b>	X	
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		
<b>3b</b>		



**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,952,646	6,191,768	6,194,757	6,163,461	6,314,050	30,816,682
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	5,952,646	6,191,768	6,194,757	6,163,461	6,314,050	30,816,682
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						30,816,682

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	5,952,646	6,191,768	6,194,757	6,163,461	6,314,050	30,816,682
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	64,460	203,795	1,802	-3,878	6,696	272,875
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						31,089,557
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.12%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	98.86%
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .			N/A			
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
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 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .			N/A			
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
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 . . . . .	<input type="checkbox"/>					

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	

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

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

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 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 <b>RIVERSIDE FOUNDATION</b>	Employer identification number <b>36-2880335</b>
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**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 . . . . .		<b>N/A</b>
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 Tax Year
a Total number of conservation easements . . . . .	<b>N/A</b>
b Total acreage restricted by conservation easements . . . . .	
c Number of conservation easements on a certified historic structure included in (a) . . . . .	
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	

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 section 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 . . . . .	▶ \$ . . . . .

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?

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?
b If "Yes," explain the arrangement in Part XIV and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Pnor year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 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
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 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 6,514,534
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 6,162,223
3	Excess or (deficit) for the year Subtract line 2 from line 1	3 352,311
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 352,311

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1 6,320,746
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 6,320,746
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 6,320,746

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1 6,162,223
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 6,162,223
4	Amounts included on Form 990, Part IX, line 25, but not on line 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	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 6,162,223

**Part XIV Supplemental Information**

Complete 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 X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X Line 25 This is the liability for a deferred compensation plan for (2) key

employees. The plan is governed by section 457 of the Internal Revenue Code. This is a

non-qualified plan and is governed by some, but not all of the provisions of ERISA. The

Plan has been filed with the United States Department of Labor and is not subject to the

reporting requirements of ERISA.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Golf Outing (event type)	(b) Event #2 Winter Gala (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	76,325	152,367	228,692
	2	Less: Charitable contributions . . . . .			
	3	Gross income (line 1 minus line 2)	76,325	152,367	228,692
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	16,318	18,587	34,905
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .					( 34,905)
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .					193,787

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: . . . . .		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," explain: . . . . .		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b	If "Yes," explain: . . . . .		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility . . . . .

13a

b An outside facility . . . . .

13b

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

*N/A*

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

RIVERSIDE FOUNDATION

Employer identification number

36-2880335

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PETER MULE'	(i) 170,356			16,500	12,603	199,459	207,650
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Part II Line 1 All wage and benefit information is contractually obligated under the terms of an employment agreement approved by

the board of directors,

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Employer identification number

RIVERSIDE FOUNDATION

36-2880335

Form 990, Part III, Line 4d: Program Service Expenses 658,825, Grants and allocations: 0,

Revenue: 0 DIETARY

Form 990, Part III, Line 4d: Program Service Expenses: 83,622, Grants and allocations: 0,

Revenue: 0 SOCIAL SERVICE

Form 990, Part III, Line 4d: Program Service Expenses: 102,043, Grants and allocations: 0,

Revenue: 0 LAUNDRY AND LINEN

Form 990, Part III, Line 4d: Program Service Expenses 167,147, Grants and allocations: 0,

Revenue: 0 HOUSEKEEPING

Form 990, Part III, Line 4d: Program Service Expenses: 585,697, Grants and allocations 0,

Revenue 0 BUILDING & MAINTENANCE

Form 990, Part III, Line 4d Program Service Expenses: 618,243, Grants and allocations 0,

Revenue: 0 EMPLOYEE WELFARE

Form 990, Part III, Line 4d Program Service Expenses: 295,168, Grants and allocations: 0,

Revenue: 0 TAXES AND INTEREST

Form 990 Part III Line 4(d) Provides direct support of all residential & day programming.

Form 990 Part VI Section A Line 10 Our accounting firm prepares the 990, the Director reviews

it and allows the Board of Directors to review it before it is filed.

Form 990 Part VI Section B Line 12(c) The Organization has a written conflict of interest

policy. This policy is distributed to all new board members and reviewed by existing board

members.

Form 990 Part VI Section B Line 15(a),(b) The executive committee reviews performance

resulting in the production of an employment contract that the entire board must approve,

Form 990 Part VI Section C Line 18 & 19 Governing documents, conflict of interest policies,

and audited financial statements are kept at the physical address and are available upon

request

Form 990 Part XI Line 2(a),(b),(c) The annual certified audit report is reviewed and approved

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

Schedule O (Form 990) 2009

(HTA)



**Riverside Foundation  
2010 Board of Directors**

\* Indicates mailing preference

<b>Name/Title</b>	<b>Home Address Phone/Fax</b>	<b>Business Address Phone/Fax</b>
<b><u>OFFICERS</u></b>		
Susan L. Lees President Joined: 09/05 Currently President	1705 Dartmouth Lane Deerfield, IL 60015 (847) 945-1810	* ALLSTATE 3100 Sanders Rd. Suite J5B Northbrook, IL 60062 (847) 402-2271 F (847) 402-0158 Email: <a href="mailto:slees@allstate.com">slees@allstate.com</a>
Paul Jarvie Vice President Joined: 04/09 1 <sup>st</sup> Term expires 4/12	* 417 Farrington Drive Lincolnshire, IL 60069 (847) 482-0124 Cell – (847) 800-4597 Email: <a href="mailto:Paul@Jarvieventures.com">Paul@Jarvieventures.com</a>	Alternate address: 4636 Foothill Drive Paradise Valley, AZ 85253
David Wood Treasurer Joined: 06/007 1 <sup>st</sup> term expires 6/10	* 6 Briarwood Lane Lincolnshire, IL 60069 (847) 235-5164 Cell (312) 282-1388	US Bancorp Investments, Inc. MK-IL-RY4Q 209 S. LaSalle Street Chicago, IL 60604 Phone 312-325-8745 Fax: (312) 325-2008 Email: <a href="mailto:david.wood2@usbank.com">david.wood2@usbank.com</a>
Bettye Traylor Secretary Joined: 10/96	* 7 Court of Mohawk Valley Lincolnshire, IL 60069 (847) 948-7297→Phone if faxing	Email: <a href="mailto:bettye54@comcast.net">bettye54@comcast.net</a>
<b><u>MEMBERS</u></b>		
Dr. Thomas Boettcher (Tom) Director Joined: 05/07 1 <sup>st</sup> Term expires 5/10	* 1441 Linden Ave. Highland Park, IL 60035 (847) 433-3038 F (847) 433-8736 Cell – (847) 989-3038 Email: <a href="mailto:thboettch@aol.com">thboettch@aol.com</a>	VILLAGE GREEN DENTISTRY 185 Milwaukee Ave. Suite 214 Lincolnshire, IL 60069 (847) 634-3848 F (847) 634-2338
Kim Klatt Director Joined: 12/04	* 1090 Evergreen Drive Lake Forest, IL 60045 (847) 615-9210 F (847) 615-9211 Email: <a href="mailto:kklatt@chemet.com">kklatt@chemet.com</a>	AMERICAN CHEMET 740 Waukegan Road, Suite 202 Deerfield, IL 60015 (847) 948-0800 x211 F (847)948-0811
Robert McKay Director Joined: 02/05 2 <sup>nd</sup> Term expires 6/11	2324 Maple Ave Northbrook, IL 60062 (847) 291-7062	BCU * 340 N. Milwaukee Ave Vernon Hills, IL 60061 (847) 522-8804 F (847) 522-8809 Email: <a href="mailto:bob.mckay@bcu.org">bob.mckay@bcu.org</a>

**Riverside Foundation  
2010 Board of Directors**

**Name/Title**

	<b>* Indicates mailing preference</b>	<b>Business Address Phone/Fax</b>
<b>MEMBERS</b>		
Leslie Munger Riverside Foundation Auxiliary Board Representative	14 Dukes Lane Lincolnshire, IL 60069 H - (847) 267-0221 Cell (847) 910-6107 Email: Lgmunger@comcast.net	
Sally Salzer Director Joined: 3/07 1 <sup>st</sup> Term expires 6/10	* 1724 West Bowling Green Dr. Lake Forest, IL 60045 (847) 295-3085 Email: ss@worldbridgepartners.com	WORLDBRIDGE PARTNERS 899 Skokie Blvd. Ste. 510 Northbrook, IL 60062 (847) 559 - 7000 F- (847) 559 - 0077
Jim Schneider Director Joined: 4/09 1 <sup>st</sup> Term expires 4/12	*200 Dover Circle Lake Forest, IL 60045 (847) 283-9324 Email: jas.schneider@comcast.net	America's MedSource, Inc. (847) 283-9326
Kenneth R. Walker Director Joined: 03/98	* 113 Pembroke Circle Lake Bluff, IL 60044 (847) 234-4914	
Jim Walsh Director Joined: 2/05 2 <sup>nd</sup> Term expires 6/11	* 406 Farrington Drive Lincolnshire, IL 60069 (847) 235-5115 Cell (224) 627-6540	INSTRUMED 626 Cooper Court Schaumburg, IL 60173 (847) 908-6119 F (847) 908-0293 Email: <a href="mailto:jwalsh@instrumedinc.biz">jwalsh@instrumedinc.biz</a>
<b>ADMIMINISTRATION</b>		
Pete Mulé Executive Director	145 Braxton Way Grayslake, IL 60030 (847) 223-5220 (847) 223-6199 Cell (847) 204-1202	14588 W. Highway 22 Lincolnshire, IL 60069 (847) 634-3973 F (847) 634-0227 Email: <a href="mailto:Rfi20@aol.com">Rfi20@aol.com</a>
Deborah Rogers Associate Director/ Administrator	1903 Quaker Hollow Streamwood, Illinois 60107 (630) 621-6808  Cell (630) 872-0883	14588 W. Highway 22 Lincolnshire, IL 60069 (847) 634-3973 Email: <a href="mailto:Debbie@riversidefoundation.org">Debbie@riversidefoundation.org</a>

**Riverside Foundation  
2010 – 2011 Board of Directors**

\* Indicates mailing preference

Name/Title	Home Address Phone/Fax	Business Address Phone/Fax
<b><u>OFFICERS</u></b>		
Susan L. Lees President Joined: 09/05 Currently President	1705 Dartmouth Lane Deerfield, IL 60015 (847) 945-1810	* ALLSTATE VP, General Counsel & Secretary 3100 Sanders Rd. Suite J5B Northbrook, IL 60062-7154 (847) 402-2271 F (847) 326-6742 Email: <a href="mailto:slees@allstate.com">slees@allstate.com</a>
Paul Jarvie Vice President Joined: 04/09 1 <sup>st</sup> Term expires 4/12	* 417 Farrington Drive Lincolnshire, IL 60069 (847) 482-0124 Cell – (847) 800-4597 Email: <a href="mailto:Paul@Jarvieventures.com">Paul@Jarvieventures.com</a>	Alternate address: 4636 Foothill Drive Paradise Valley, AZ 85253
David Wood Treasurer Joined: 06/007 2 <sup>nd</sup> term expires 6/13	* 6 Briarwood Lane Lincolnshire, IL 60069 (847) 235-5164 Cell (312) 607-3399	US Bancorp Investments, Inc. MK-IL-RY4Q 209 S. LaSalle Street Chicago, IL 60604 Phone 312-325-8745 Fax: (312) 325-2008 Email: <a href="mailto:david.wood2@usbank.com">david.wood2@usbank.com</a>
Bettye Traylor Secretary Joined: 10/96	* 7 Court of Mohawk Valley Lincolnshire, IL 60069 (847) 948-7297→Phone if faxing	Email: <a href="mailto:bettye54@comcast.net">bettye54@comcast.net</a>
<b><u>MEMBERS</u></b>		
Karen Bruns RF Auxiliary President & Board Representative 2010 - 2011	2 Regent Lane Lincolnshire, IL 60069 (847) 940-0686 Cell (847) 308-0237	Email: <a href="mailto:kmbruns@comcast.net">kmbruns@comcast.net</a>
Prudence R. Hallarman Director Joined 08/10	25 Brunswick Lane Lincolnshire, IL 60069 (847) 945-8345 Cell (847) 477-7959	Fax (847) 945-3148 Email: <a href="mailto:rindy@prodigy.net">rindy@prodigy.net</a>
Robert McKay Director Joined: 02/05 2 <sup>nd</sup> Term expires 6/11	2324 Maple Ave Northbrook, IL 60062 (847) 291-7062	BCU * 340 N. Milwaukee Ave Vernon Hills, IL 60061 (847) 522-8804 F (847) 522-8809 Email: <a href="mailto:bob.mckay@bcu.org">bob.mckay@bcu.org</a>

**Riverside Foundation  
2010 – 2011 Board of Directors**

**Name/Title**

<b>MEMBERS</b>	<b>* Indicates mailing preference</b>	<b>Business Address Phone/Fax</b>
Sally Salzer Director Joined: 3/07 2 <sup>nd</sup> Term expires 6/13	* 1724 West Bowling Green Dr. Lake Forest, IL 60045 (847) 295-3085 Email: ss@worldbridgepartners.com	WORLDBRIDGE PARTNERS 899 Skokie Blvd. Ste. 510 Northbrook, IL 60062 (847) 559 - 7000 F- (847) 559 - 0077
Jim Schneider Director Joined: 4/09 1 <sup>st</sup> Term expires 4/12	*200 Dover Circle Lake Forest, IL 60045 (847) 283-9324 Email: jas.schneider@comcast.net	America's MedSource, Inc. (847) 283-9326
Kenneth R. Walker Director Joined: 03/98	* 113 Pembroke Circle Lake Bluff, IL 60044 (847) 234-4914 Email: <a href="mailto:gentile.kim@comcast.net">gentile.kim@comcast.net</a> (Kim Gentile is the contact)	
Jim Walsh Director Joined: 2/05 2 <sup>nd</sup> Term expires 6/11	* 406 Farrington Drive Lincolnshire, IL 60069 (847) 235-5115 Cell (847) 450-9636 Jimwalsh18@gmail.com	
John Watson Director Joined 8/10 1 <sup>st</sup> Term expires 6/13	*15 Brunswick Lane Lincolnshire, IL 60069 (847) 405-9474	Baker & McKenzie 130 E. Randolph, Suite 3700 Chicago, IL 60601 (312) 861-2646
<b>ADMINISTRATION</b>		
Pete Mulé Executive Director	145 Braxton Way Grayslake, IL 60030 (847) 223-5220 (847) 223-6199 Cell (847) 204-1202	14588 W. Highway 22 Lincolnshire, IL 60069 (847) 634-3973 F (847) 634-0227 Email: <a href="mailto:Rfi20@aol.com">Rfi20@aol.com</a>
Deborah Rogers Associate Director/ Administrator	1903 Quaker Hollow Streamwood, Illinois 60107 (630) 621-6808  Cell (630) 872-0883	14588 W. Highway 22 Lincolnshire, IL 60069 (847) 634-3973 Email: <a href="mailto:Debbie@riversidefoundation.net">Debbie@riversidefoundation.net</a>

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

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>RIVERSIDE FOUNDATION</b>	Employer identification number <b>36-2880335</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>14588 W HWY #22</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LINCOLNSHIRE IL 60069</b>	

### Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ RIVERSIDE FOUNDATION 14588 W HWY#22 LINCOLNSHIRE IL 60069

Telephone No ▶ (847) 634-3973 FAX No. ▶ (847) 251-4705

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning 7/1/2009 and ending 6/30/2010

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3 a 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	3a	\$
b 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.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b> <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no If a P O box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

**Check type of return to be filed (File a separate application for each return):**

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of \_\_\_\_\_ Telephone No \_\_\_\_\_ FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until \_\_\_\_\_

5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_

8 a	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	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	<b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ HAROLD D. R Title ▶ CPA Date ▶ 9/7/2010

**THE RIVERSIDE FOUNDATION**

**FINANCIAL STATEMENTS**

**JUNE 30, 2010 AND 2009**

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Notes to Financial Statements

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Accountant's Report on Supplemental Information

Schedule of Revenues and Expenditures

Schedule 1

The Board of Directors  
THE RIVERSIDE FOUNDATION

I have audited the accompanying Statement of Financial Position of the Riverside Foundation (a nonprofit organization) as of June 30, 2010 and 2009, and the related Statement of Activities and Statement of Cash Flows for the years then ended. These financial statements are the responsibility of the Organization's management and directors. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Riverside Foundation as of June 30, 2010 and 2009 and the results of its operations and the changes in its net assets and financial position for the years then ended are in conformity with generally accepted accounting principles.



Harold D. Blackburn, Inc.  
Certified Public Accountant

August 26, 2010  
Wilmette, Illinois

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**STATEMENT OF FINANCIAL POSITION**

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## EXHIBIT A

THE RIVERSIDE FOUNDATION  
STATEMENT OF FINANCIAL POSITION  
AS OF JUNE 30, 2010 AND 2009

ASSETS	<u>2010</u>	<u>2009</u>
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	\$ 909,686	\$ 1,120,143
Accounts Receivable	1,782,246	1,396,750
Inventory of Food	<u>2,000</u>	<u>2,000</u>
Total Current Assets	<u>\$ 2,693,932</u>	<u>\$ 2,518,893</u>
<b>PROPERTY AND EQUIPMENT, AT COST</b>		
Vehicles	\$ 247,614	\$ 233,818
Furniture and Fixtures	468,844	438,548
Equipment	214,781	208,706
Land and Building Improvements	<u>3,548,188</u>	<u>3,477,485</u>
Total	<u>\$ 4,479,427</u>	<u>\$ 4,358,557</u>
Less: Accumulated Amortization and Depreciation	<u>2,916,893</u>	<u>2,775,974</u>
Net Property and Equipment	<u>\$ 1,562,534</u>	<u>\$ 1,582,583</u>
<b>LONG TERM ASSETS</b>		
Prepaid Deferred Compensation	\$ 196,550	\$ 197,100
Loan Fees, net of amortization	4,038	5,468
Security Deposit	<u>17,000</u>	<u>17,000</u>
Total Long Term Assets	<u>\$ 217,588</u>	<u>\$ 219,568</u>
<b>TOTAL ASSETS</b>	<u><u>\$ 4,474,054</u></u>	<u><u>\$ 4,321,044</u></u>

The accompanying notes are an integral part of these financial statements.

## EXHIBIT A

THE RIVERSIDE FOUNDATION  
STATEMENT OF FINANCIAL POSITION  
AS OF JUNE 30, 2010 AND 2009

## LIABILITIES AND NET ASSETS

	<u>2010</u>	<u>2009</u>
CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	\$ 264,393	\$ 282,141
Current Portion of Long-Term Debt	<u>20,472</u>	<u>19,497</u>
Total Current Liabilities	<u>\$ 284,865</u>	<u>\$ 301,638</u>
LONG-TERM LIABILITIES		
Deferred Compensation Liability	\$ 178,867	\$ 147,135
Note Payable-Mortgage	<u>694,862</u>	<u>715,334</u>
Total Long-Term Liabilities	<u>\$ 873,729</u>	<u>\$ 862,469</u>
NET ASSETS - UNRESTRICTED	<u>\$ 3,315,460</u>	<u>\$ 3,156,937</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 4,474,054</u></u>	<u><u>\$ 4,321,044</u></u>

The accompanying notes are an integral part of these financial statements.

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**STATEMENT OF ACTIVITIES**

## EXHIBIT B

THE RIVERSIDE FOUNDATION  
STATEMENT OF ACTIVITIES  
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
REVENUE		
Public Aid	\$ 4,875,449	\$ 4,848,022
Social Security, V.A. and Private	953,740	884,806
Resident Disregard	58,756	48,340
Program Aid Training	20,283	14,122
Contract Income	<u>79,434</u>	<u>62,198</u>
Total Revenue	\$ <u>5,987,661</u>	\$ <u>5,857,488</u>
EXPENDITURES		
Nursing Service	\$ 893,827	\$ 897,470
Social Service	83,622	66,791
Program Service	1,965,712	1,969,389
Dietary	658,825	669,665
Laundry and Linen	102,043	109,663
Housekeeping	167,147	161,082
Building and Maintenance	585,697	631,163
Administration	791,940	813,951
Employee Welfare	618,243	658,930
Taxes and Interest	<u>295,168</u>	<u>293,201</u>
Total Expenditures	\$ <u>6,162,223</u>	\$ <u>6,271,305</u>
EXPENDITURES (OVER) / UNDER OPERATING REVENUE	\$ <u>(174,562)</u>	\$ <u>(413,817)</u>
OTHER INCOME/(LOSS)		
Non Allowable Cost	\$ (10,000)	\$ -
Fund Raising and Donations, Net	336,389	305,973
Interest Income	8,853	15,522
(Loss) on Redemption of Securities	<u>(2,157)</u>	<u>(19,400)</u>
Total Other Income	\$ <u>333,085</u>	\$ <u>302,095</u>
EXCESS OF REVENUE OVER / (UNDER) EXPENDITURES	<u>158,523</u>	<u>(111,722)</u>
NET ASSETS, BEGINNING OF YEAR	<u>3,156,937</u>	<u>3,268,659</u>
NET ASSETS, END OF YEAR - UNRESTRICTED	<u>\$ 3,315,460</u>	<u>\$ 3,156,937</u>

The accompanying notes are an integral part of these financial statements.

**STATEMENT OF CASH FLOWS**

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## EXHIBIT C

THE RIVERSIDE FOUNDATION  
STATEMENT OF CASH FLOWS  
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
CASH FLOW FROM OPERATIONS		
Excess of Revenue Over/(Under) Expenditures	\$ 158,523	\$ (111,722)
Add Back: Depreciation	140,919	128,832
 Increase (Decrease) in Cash and Cash Equivalents		
Accounts Receivable	(385,496)	(213,459)
Accounts Payable and Accrued Expenses	(17,748)	(87,840)
Deferred Compensation Liability	<u>31,732</u>	<u>(7,965)</u>
Net Cash Flow (Deficit) From Operations	\$ <u>(72,070)</u>	\$ <u>(292,154)</u>
 Cash (Outlays) / Receipts From Investing Activities:		
Note Payable-Mortgage	\$ (20,472)	\$ (333,223)
Current Portion of Long-Term Debt	975	-
Fixed Assets Acquisitions	(120,870)	(74,417)
Prepaid Deferred Compensation	550	(35,000)
(Increase) / Decrease in Mkt. Securities	-	1,455,504
Loan Fees	<u>1,430</u>	<u>(5,468)</u>
Sub-Total	\$ <u>(210,457)</u>	\$ <u>715,242</u>
 CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	\$ <u>1,120,143</u>	\$ <u>404,901</u>
 CASH AND CASH EQUIVALENTS - END OF YEAR	\$ <u><u>909,686</u></u>	\$ <u><u>1,120,143</u></u>

The accompanying notes are an integral part of these financial statements.

THE RIVERSIDE FOUNDATION  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2010 AND 2009

**Note 1 - Summary of Significant Accounting Policies**

A summary of the significant accounting policies consistently applied in the accompanying financial statements follows.

Fixed Assets

Fixed assets are depreciated over their estimated useful lives on the straight-line method. Depreciation and amortization amounted to \$140,919 and \$128,832 for the two (2) years ended June 30, 2010 and 2009, respectively.

Revenue and Expenditures

The Foundation has two functions of which revenues and expenses are categorized: A service to provide an intermediate care facility for the developmentally disabled, and a service to provide day training (Riverside Developmental Services). Riverside Developmental Services leases a facility in Vernon Hills, Illinois and performs outside contract work for local businesses and organizations (See Footnote 4-Lease Agreements). Administrative salaries are allocated between the two facilities based on a pro rata share of revenues.

Not-For-Profit-Status

The Riverside Foundation is a not-for-profit corporation organized under the laws of the State of Illinois. It operates under Section 501 (c) (3) of the Internal Revenue Code.

**Note 2 - Note Payable - Mortgage**

The note is secured by a first mortgage on the residential facility with Baxter Credit Union. There is no prepayment penalty should the Organization decide to accelerate a reduction in principle or re-finance the debt.

The Organization also has a \$500,000 and an additional \$250,000 revolving line of credit available through Baxter Credit Union.

Other terms of the loan are as follows:

Original amount of loan	\$	750,000
Inception date of loan		September 8, 2008
Interest rate		5.95%
Monthly payment	\$	5,372
Repayment terms		5 year balloon (due 10-01-2013) with a 20 year amortization.

Continued on Next Page

THE RIVERSIDE FOUNDATION  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2010 AND 2009

**Note 2 - Note Payable - Mortgage (Continued)**

Outstanding loan balances at June 30, 2010 and 2009 were \$715,334 and \$734,831.

Interest expense for the years ended June 30, 2010 and 2009 was \$46,540 and \$47,417.

**Note 3 - Commitments and Contingencies**

Deferred Compensation

As of June 30, 1998 The Board of Directors approved a Deferred Compensation Plan for the executive director and associate director. The Plan is governed by Section 457 of the Internal Revenue Code. This is a non-qualified Plan and as such the assets of such a Plan are not held in a Trust governed by The Employee Retirement Income Security Act of 1974 as amended (ERISA). The Plan assets belong to the Organization until such time they are disbursed to the participants under the Plan provisions. The Plan is still governed by other provisions of ERISA. The Plan has been filed with the United States Department of Labor and is not subject to the reporting requirements of ERISA.

In 2010, it came to the attention of Management and the Board of Directors that the Plan had been over funded by \$32,000 for the executive director. This took place from June 30, 2003 through June 30, 2009. The over funding was the result of applying the catch-up provisions of ERISA which account for \$24,200 of the excess amount. These catch-up provisions apply to qualified not non-qualified Plans. The additional \$7,800 represents amounts that should have been paid as salary, but instead were deferred by contributing those funds to the Plan.

The excess Plan contribution of \$24,200 was transferred to the operating account in October 2010 and the \$7,800 of salary has been accrued at June 30, 2010 and paid on October 8, 2010. Both of these amounts were adjusted to their fair market value at June 30, 2010, currently 93.26% of their cost before liquidating them from the investment account. Since the 457 Plan is an asset of the Foundation, this correction results in transferring funds between the foundation assets only.

Continued on Next Page

THE RIVERSIDE FOUNDATION  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2010 AND 2009

**Note 3 - Commitments and Contingencies (Continued)**

In 2010 and 2009 the Plan contributions were \$31,450 and \$29,500 for the (2) key employees. Benefits are to be paid at the earlier of (a) the date the participant separates from service with the Foundation; or (b) the calendar year in which the Participant attains age 70 1/2 . Death and disability distributions are payable in a lump sum within 60 days of the event entitling the Participant or a designated beneficiary to a distribution.

The Board of Directors voted to freeze the Plan subsequent to making the June 30, 2010 contributions. Afterwards, no future contributions will be made by the Foundation.

The fair market value of the account including accrued current year contributions is \$178,867 at June 30, 2010. The investments are held at Merrill Lynch Wealth Management.

**Lease Agreements**

On October 15, 2009 the Foundation entered into a new operating lease agreement for its developmental center with its current lessor Corporate Woods Associates LLC.

The term of the lease is from August 01, 2010 and shall end July 31, 2015. This is an operating lease and the Foundation is responsible for its share of real estate taxes, insurance, and maintenance.


Minimum lease payments for the next five years are as follows:

<u>Year End</u>	<u>Amount</u>
July 31, 2011	156,005
July 31, 2012	160,685
July 31, 2013	165,505
July 31, 2014	170,471
July 31, 2015	175,584

ACCOUNTANT'S REPORT  
ON SUPPLEMENTAL INFORMATION

The Board of Directors  
THE RIVERSIDE FOUNDATION

Our report on my audit of the basic financial statements of Riverside Foundation for 2010 and 2009 appears on page 1. That audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in my opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

  
Harold D. Blackburn, Inc.  
Certified Public Accountant

August 26, 2010  
Wilmette, Illinois

## SCHEDULE 1

THE RIVERSIDE FOUNDATION  
SCHEDULE OF REVENUES AND EXPENDITURES  
FOR THE YEAR ENDED JUNE 30, 2010

	RIVERSIDE RESIDENTIAL	RIVERSIDE DEVELOPMENTAL	COMBINED TOTAL
<b>INCOME</b>			
Public Aid	\$ 3,792,318	\$ 1,083,131	\$ 4,875,449
DPA Mt. St. Joseph	-	197,151	197,151
Social Security VA and Private	712,745	43,844	756,589
Resident Disregard	58,756	-	58,756
Program Aid Training	20,283	-	20,283
Contract Income	-	79,434	79,434
	<u>          </u>	<u>          </u>	<u>          </u>
Total Income	\$ <u>4,584,102</u>	\$ <u>1,403,559</u>	\$ <u>5,987,661</u>
<b>OPERATING EXPENSES</b>			
<b>Nursing Service</b>			
Wages-Skilled	\$ 455,657	\$ 35,787	\$ 491,444
Wages-Aides	305,131	-	305,131
Contracted-Services	72,188	-	72,188
Nursing Supplies	24,804	259	25,063
	<u>          </u>	<u>          </u>	<u>          </u>
Total Nursing Service	\$ <u>857,780</u>	\$ <u>36,047</u>	\$ <u>893,827</u>
<b>Social Service</b>			
Wages-Staff	\$ 61,728	\$ -	\$ 61,728
Resident Welfare	21,894	-	21,894
	<u>          </u>	<u>          </u>	<u>          </u>
Total Social Service	\$ <u>83,622</u>	\$ <u>-</u>	\$ <u>83,622</u>
<b>Program Service</b>			
Wages-Production	\$ -	\$ 82,167	\$ 82,167
Wages-Staff	1,143,202	460,558	1,603,760
Wages-Clients	-	15,409	15,409
Contracted-Services	87,909	-	87,909
Transportation	-	101,234	101,234
Supplies	19,585	4,527	24,112
Contractual Supplies	-	2,782	2,782
Training Supplies	51	-	51
Depreciation Expense	33,600	14,688	48,288
	<u>          </u>	<u>          </u>	<u>          </u>
Total Program Service	\$ <u>1,284,347</u>	\$ <u>681,365</u>	\$ <u>1,965,712</u>

See Accountant's Report on Supplemental Information.

SCHEDULE 1

THE RIVERSIDE FOUNDATION  
 SCHEDULE OF REVENUES AND EXPENDITURES  
 FOR THE YEAR ENDED JUNE 30, 2010

	RIVERSIDE RESIDENTIAL	RIVERSIDE DEVELOPMENTAL	COMBINED TOTAL
<b>Dietary</b>			
Wages-Kitchen	\$ 385,082	\$ -	\$ 385,082
Contracted Service	14,083	-	14,083
Kitchen Supplies	23,616	4,721	28,337
Food Products	225,328	201	225,529
Depreciation Expense	4,176	-	4,176
Repairs & Maintenance	1,617	-	1,617
<b>Total Dietary</b>	<b>\$ 653,902</b>	<b>\$ 4,923</b>	<b>\$ 658,825</b>
<b>Laundry &amp; Linen</b>			
Wages-Staff	\$ 44,034	\$ -	\$ 44,034
Supplies-Laundry	2,531	-	2,531
Linen Replacement	427	-	427
Contracted Service	48,185	-	48,185
Repairs & Maintenance	-	-	-
Resident Laundry	6,866	-	6,866
<b>Total Laundry &amp; Linen</b>	<b>\$ 102,043</b>	<b>\$ -</b>	<b>\$ 102,043</b>
<b>Housekeeping</b>			
Wages-Staff	\$ 136,925	\$ -	\$ 136,925
Supplies	30,222	-	30,222
<b>Total Housekeeping</b>	<b>\$ 167,147</b>	<b>\$ -</b>	<b>\$ 167,147</b>
<b>Building &amp; Maintenance</b>			
Wages-Staff	\$ 51,835	\$ 63,262	\$ 115,097
Contracted Service	44,626	14,858	59,484
Maintenance Supplies	24,450	10,873	35,323
Utilities	96,001	14,731	110,732
Rent	-	205,963	205,963
Furnishings	1,750	1,041	2,791
Depreciation Expense	48,627	7,680	56,307
<b>Total Building and Maintenance</b>	<b>\$ 267,289</b>	<b>\$ 318,408</b>	<b>\$ 585,697</b>

See Accountant's Report on Supplemental Information.

**SCHEDULE 1**

**THE RIVERSIDE FOUNDATION  
SCHEDULE OF REVENUES AND EXPENDITURES  
FOR THE YEAR ENDED JUNE 30, 2010**

	RIVERSIDE RESIDENTIAL	RIVERSIDE DEVELOPMENTAL	COMBINED TOTAL
<b>Administration</b>			
Wages-Staff	\$ 214,017	\$ 130,641	\$ 344,658
Wages-Office	183,460	31,769	215,229
Contracted Service	2,531	956	3,487
Insurance-Liability	34,800	10,886	45,686
Public Relations	-	-	-
Office Supplies	20,490	6,527	27,017
Postage	-	3,143	3,143
Automobiles	21,989	10,744	32,733
Help Wanted & Agencies	2,554	567	3,121
Background Check Fees	744	64	808
Telephone	11,994	6,245	18,238
Professional Fees	61,546	2,696	64,241
Depreciation Expense	<u>30,782</u>	<u>2,796</u>	<u>33,578</u>
<b>Total Administration</b>	<b><u>\$ 584,907</u></b>	<b><u>\$ 207,034</u></b>	<b><u>\$ 791,940</u></b>
<b>Employee Welfare</b>			
FICA & Unemployment Tax	\$ 206,548	\$ 63,038	\$ 269,586
Insurance-Health & W/C	219,733	84,570	304,303
Deferred Compensation	31,732	-	31,732
Seminar & Training	8,410	2,918	11,328
Miscellaneous	<u>903</u>	<u>391</u>	<u>1,294</u>
<b>Total Employee Welfare</b>	<b><u>\$ 467,326</u></b>	<b><u>\$ 150,916</u></b>	<b><u>\$ 618,243</u></b>
<b>Taxes and Interest</b>			
Interest	\$ 46,540	\$ -	\$ 46,540
Assessment Tax	<u>248,628</u>	<u>-</u>	<u>248,628</u>
<b>Total Taxes and Interest</b>	<b><u>\$ 295,168</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 295,168</u></b>
<b>Total Expenditures</b>	<b><u>\$ 4,763,531</u></b>	<b><u>\$ 1,398,693</u></b>	<b><u>\$ 6,162,223</u></b>
<b>EXPENDITURES (OVER) / UNDER OPERATING REVENUE</b>	<b><u>\$ (179,429)</u></b>	<b><u>\$ 4,866</u></b>	<b><u>\$ (174,562)</u></b>

See Accountant's Report on Supplemental Information.