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

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: RIVERSIDE CHARITABLE CORPORATION. D Employer identification number: 95-4158713. E Telephone number: (714) 628-1654. G Gross receipts \$: 2,584,168. H(a) Is this a group return for affiliates? Yes [X] No [ ]. H(b) Are all affiliates included? Yes [ ] No [ ]. I Tax-exempt status: X 501(c)(3). J Website: N/A. K Form of organization: X Corporation. L Year of formation: 1988. M State of legal domicile: CA.

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (FACILITATING & COORDINATING THE DEVELOPMENT OF LOW INCOME HOUSING), governance details, revenue breakdown (Total revenue: 2,584,168), expense breakdown (Total expenses: 1,032,364), and net assets (Total assets: 16,859,854).

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.

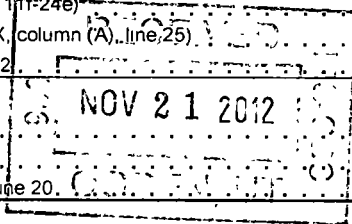
Sign Here: Signature of officer (Kenneth S. Robertson), Date (11/12/12), Type or print name and title (Kenneth S. Robertson).

Paid Preparer Use Only: Print/Type preparer's name (Eric Jones, CPA), Preparer's signature (Eric Jones), Date (11-8-12), Check self-employed [ ], PTIN (P00191219), Firm's name (REZNICK GROUP, P.C.), Firm's EIN (52-1088612), Firm's address (400 CAPITOL MALL, SUITE 900 SACRAMENTO, CA 95814-4424), Phone no (916-442-9100).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)

SCANNED DEC 21 2012



POB

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission

ATTACHMENT 1

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 615,502. including grants of \$ 23,000) (Revenue \$ 2,568,039.)

DEVELOP AND OPERATE AFFORDABLE HOUSING PROJECTS

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

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

**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 615,502.

**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 (see instructions)? . . . . .		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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c 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 . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		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, Parts II and IV . . . . .		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, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, prohibited transactions, and contributions.

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.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policy, whistleblower policy, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEN ROBERTSON PRESIDENT	40.00	X		X			117,500.	0	0	
(2) TRISHA HOCKINGS VICE PRESIDENT	2.00	X		X			0	0	0	
(3) GREGG ROGERS VICE PRESIDENT	2.00	X		X			0	0	0	
(4) PENNY LARUE SECRETARY-VICE PRESIDENT	2.00	X		X			0	0	0	
(5) STEWART HALL TREASURER-VP ASST. SECRETARY	2.00	X		X			0	0	0	
(6) CRAIG GILLETT VICE PRESIDENT	2.00	X		X			0	0	0	
(7) RONNIE FERENZ DIRECTOR	2.00	X					0	0	0	
(8) DENISE WEBSTER DIRECTOR	2.00	X					0	0	0	
(9) RECINDA SHAFER ASSISTANT EXECUTIVE DIRECTOR	40.00				X		170,474.	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	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	<b>Total. Add lines 1a-1f . . . . .</b>		0			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2a	INCOME FROM AFFORDABLE HOUSING PARTNERSH . . . . .	531110	2,507,983	2,507,983		
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
g	<b>Total. Add lines 2a-2f . . . . .</b>		2,507,983				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		60,056	60,056		
	4	Income from investment of tax-exempt bond proceeds . . . . .		0			
	5	Royalties . . . . .		0			
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .		0			
	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) . . . . .		0			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
b	Less direct expenses . . . . .	b					
c	Net income or (loss) from fundraising events . . . . .		0				
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 . . . . .		0				
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 . . . . .		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a	BAD DEBT RECOVERY . . . . .	900099	16,129				
b							
c							
d	All other revenue . . . . .						
e	<b>Total. Add lines 11a-11d . . . . .</b>		16,129				
12	<b>Total revenue. See instructions . . . . .</b>		2,584,168	2,568,039			

**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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	23,000.	23,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	288,247.	288,247.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	207,788.	207,788.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	52,212.		52,212.	
c Accounting . . . . .	22,500.		22,500.	
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	0			
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	124,027.		124,027.	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	93,643.		93,643.	
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	86,600.		86,600.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	4,325.		4,325.	
23 Insurance . . . . .	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OPERATING AND MAINTENANCE -----	33,555.		33,555.	
b TAX AND INSURANCE -----	63,941.	63,941.		
c BAD DEBT -----	32,526.	32,526.		
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	1,032,364.	615,502.	416,862.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing	116,844.	1 278,438.
	2	Savings and temporary cash investments	0	2 0
	3	Pledges and grants receivable, net	0	3 0
	4	Accounts receivable, net	86,236.	4 74,120.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6 0
	7	Notes and loans receivable, net	6,660,815.	7 6,697,823.
	8	Inventories for sale or use	0	8 0
	9	Prepaid expenses and deferred charges	0	9 0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	45,828.	
	10b	Less: accumulated depreciation	38,306.	10c 7,522.
	11	Investments - publicly traded securities	0	11 0
	12	Investments - other securities See Part IV, line 11	0	12 0
	13	Investments - program-related See Part IV, line 11	0	13 0
	14	Intangible assets	0	14 0
	15	Other assets See Part IV, line 11	8,345,708.	15 9,801,951.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	15,221,450.	16 16,859,854.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	10,005.	17 10,005.
	18	Grants payable	0	18 0
	19	Deferred revenue	0	19 0
	20	Tax-exempt bond liabilities	0	20 0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21 0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22 0
	23	Secured mortgages and notes payable to unrelated third parties	2,103,658.	23 2,190,258.
	24	Unsecured notes and loans payable to unrelated third parties	0	24 0
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25 0	
26	<b>Total liabilities.</b> Add lines 17 through 25	2,113,663.	26 2,200,263.	
<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	13,107,787.	27 14,659,591.
	28	Temporarily restricted net assets	0	28 0
	29	Permanently restricted net assets	0	29 0
	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>	13,107,787.	33 14,659,591.	
34	<b>Total liabilities and net assets/fund balances.</b>	15,221,450.	34 16,859,854.	

Form 990 (2011)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	2,584,168.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,032,364.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	1,551,804.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	13,107,787.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	0
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	14,659,591.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>b</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		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box)
- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
  - 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
  - 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
  - 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
  - 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
  - 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, 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 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			2,300,000.			2,300,000.
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 . . . . .	9,426,661.	1,259,210.	7,338.	225,615.	2,507,983	13,426,807.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	9,426,661.	1,259,210	2,307,338.	225,615	2,507,983	15,726,807.
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 . . . . .		472,204				472,204.
c Add lines 7a and 7b. . . . .		472,204				472,204.
8 Public support (Subtract line 7c from line 6) . . . . .						15,254,603.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6. . . . .	9,426,661.	1,259,210	2,307,338	225,615	2,507,983.	15,726,807
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	429.	279	60,186	60,120	60,056.	181,070
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	429.	279.	60,186	60,120	60,056	181,070.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1. . . . .				60,002	16,129	76,131.
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	9,427,090	1,259,489	2,367,524	345,737.	2,584,168	15,984,008

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. . . . .

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). . . . .	15	95.44 %
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16	97.80 %

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1.13 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	.41 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS INCOME				60,002.	16,129.	76,131.
<b>TOTALS</b>				<u>60,002</u>	<u>16,129</u>	<u>76,131</u>

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2011**

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

RIVERSIDE CHARITABLE CORPORATION

95-4158713

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<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 . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  |    |
| (ii) related organizations . . . . .  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		33,009.	29,107.	3,902.
e Other . . . . .		12,819.	9,199.	3,620.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . ▶				7,522.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15

Table with 2 columns: (a) Description, (b) Book value. Row 1: PARTNERSHIP EQUITY with book value 9,801,951.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes. Includes a large blacked-out area on the right side.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include line numbers and descriptions like 'Total revenue', 'Total expenses', 'Excess or (deficit) for the year', etc.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation, including sub-rows (a, b, c, d, e) for adjustments. Columns include line numbers and descriptions.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation, including sub-rows (a, b, c, d, e) for adjustments. Columns include line numbers and descriptions.

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

Series of horizontal dashed lines provided for entering supplemental information.

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

RIVERSIDE CHARITABLE CORPORATION

Employer identification number

95-4158713

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	-----							
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2011)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	UNIS & ASSOCIATES, PLC.	1	5,400.			
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SSCHEDULE I, PART III, LINE 1: ASSISTANCE WAS PROVIDED TO AN INDIVIDUAL THROUGH THE LAW FIRM OF UNIS & ASSOCIATES, PLC, WHERE IT WAS HELD IN TRUST AND DISBURSED AS HOUSING RENTAL ASSISTANCE.

**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

**2011**

**Open to Public Inspection**

Name of the organization <b>RIVERSIDE CHARITABLE CORPORATION</b>	Employer identification number <b>95-4158713</b>
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**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<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input 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? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- 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? **5a** X
- b** Any related organization? **5b** X
- 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? **6a** X
- b** Any related organization? **6b** X
- 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 **7** X

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

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

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

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

Schedule J (Form 990) 2011

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RECINDA SHAFER	(i) 166,974. (ii) 0 (iii) 0	3,500. 0	0 0	0 0	0 0	170,474. 0	0 0
2		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
3		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
4		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
5		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
6		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
7		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
8		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
9		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
10		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
11		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
12		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
13		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
14		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
15		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
16		(i) --- (ii) --- (iii) ---	---	---	---	---	---	---

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

RIVERSIDE CHARITABLE CORPORATION

Employer identification number

95-4158713

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

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

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

ALL DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST SHALL BE MADE A MATTER  
OF CORPORATION RECORD. ALL ABSTENTIONS FROM VOTING OR OTHER ACTIVITIES  
BECAUSE OF POTENTIAL CONFLICTS OF INTEREST SHALL BE NOTED IN THE MINUTES

Name of the organization RIVERSIDE CHARITABLE CORPORATION	Employer identification number 95-4158713
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OF MEETING AND RECORD OF PROCEEDINGS CONCERNING THE MATTER IN QUESTION.

A DISCLOSED INTEREST SHALL NOT PREVENT THE BOARD FROM TAKING ANY ACTION ON THE MATTER IN QUESTION, PROVIDED AN OPEN AND FRANK DISCUSSION IS HAD, NOR SHALL THE DISCLOSURE OF SUCH INTEREST PREVENT THE BOARD FROM TAKING ANY INQUIRIES OR OBTAINING SUCH INFORMATION OR ASSISTANCE FROM THE OFFICER OR DIRECTOR IN QUESTION AS IT DEEMS ADVISABLE UNDER THE CIRCUMSTANCES.

FORM 990, PART VI, LINE 15: DATA USED TO ASSIST IN THE EVALUATION AND DETERMINING THE COMPENSATION OF THE ORGANIZATION'S EMPLOYEES INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING: ANNUAL BOARD OF DIRECTORS REVIEW OF COMPARABILITY DATA OBTAINED FROM THE IRS FORM 990'S REPORTED BY EMPLOYERS IN SIMILAR BUSINESSES AND/OR FROM OTHER RESOURCES SUCH AS GOVERNMENT LABOR STATISTICS, LEGAL, ACCOUNTING, AND FINANCIAL SERVICE PROFESSIONALS.

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

Name of the organization RIVERSIDE CHARITABLE CORPORATION	Employer identification number 95-4158713
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FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST OR THROUGH THE ERI ECONOMIC RESEARCH INSTITUTE WEBSITE, THE ORGANIZATION MAKES GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

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

THE MISSION OF THE ORGANIZATION IS TO HELP THOSE WHO CANNOT AFFORD THE NECESSITIES OF LIFE. OUR MISSION INCLUDES REDUCING THE BURDEN OF GOVERNMENT AND HELPING THE LESS FORTUNATE BY DEVELOPING AND OFFERING SOCIAL-SERVICE ENRICHED AFFORDABLE HOUSING COMMUNITIES FOR PEOPLE WITH LOW INCOME.

ATTACHMENT 2

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

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

BEGINNING BALANCE DUE .....	2,080,000.
ENDING BALANCE DUE .....	<u>2,080,000.</u>

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

BEGINNING BALANCE DUE .....	2,300,000.
ENDING BALANCE DUE .....	<u>2,300,000.</u>

Name of the organization RIVERSIDE CHARITABLE CORPORATION	Employer identification number 95-4158713
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ATTACHMENT 2 (CONT'D)

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

BEGINNING BALANCE DUE ..... 2,257,815.  
 ENDING BALANCE DUE ..... 2,317,823.

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

BEGINNING BALANCE DUE ..... 23,000.  
 ENDING BALANCE DUE .....

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 6,660,815.

TOTAL ENDING NOTES AND LOANS RECEIVABLES 6,697,823.

ATTACHMENT 3

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

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

BEGINNING BALANCE DUE ..... 2,103,658.  
 ENDING BALANCE DUE ..... 2,190,258.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,103,658.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 2,190,258.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

**2011**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public  
Inspection

Name of the organization

RIVERSIDE CHARITABLE CORPORATION

Employer identification number  
95-4158713

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----					
(2)	-----					
(3)	-----					
(4)	-----					
(5)	-----					
(6)	-----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	-----							
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AMANDA PARK APARTMENTS, LP 27- 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	0	0		X			X	49.5000
(2) ARBOR CREEK FAMILY APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	0	1,048,252		X			X	49.5000
(3) ARBOR CREEK SENIOR APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	0	513,982		X			X	49.5000
(4) ARCADIA HERITAGE PARK LP 22-3 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-3	3,210		X			X	0010
(5) BADILLO STREET SENIOR APARTMEN 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	32	4,975		X			X	0100
(6) BRUCEVILLE/LAGUNA APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	27	13,676		X			X	0100
(7) BUSH STREET SENIOR APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	5	6,446		X			X	0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ECC VINTAGE OAKS LLC 2440 PROFESSIONAL DRIVE, SUITE 100 ROSEVILLE, CA 95661-77 27-1349373	RELATED	CA	N/A	LLC	0	1,463,124	100.0000
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CAMBAY WEST APARTMENTS, LP 68-2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-43	6,725.		X			X	.0100
(2) CATHEDRAL CITY HERITAGE PARK, 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-4.	72,115.		X			X	.0010
(3) COLGAN AVENUE SENIOR APARTMENT 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-1,083	13,494		X			X	5000
(4) COMPTON GARDEN, LP 95-4555428 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-7	31,206		X			X	0050
(5) CONCORD FAMILY APARTMENTS, LP 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-162.	52,391		X			X	0100
(6) CONVERSE APARTMENTS, LP 68-0333 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	152	0		X			X	0100
(7) COPPERSTONE I FAMILY APARTMENT 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-9	2,737,136.		X			X	.0010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u> CREEKSIDE VILLAGE SENIOR APART 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-88	159,763		X			X	.0100
<u>(2)</u> DUNNE-BUTTERFIELD APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-79	47,866		X			X	.0500
<u>(3)</u> EL PATIO COMMUNITY HOUSING PAR 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-2	-471		X			X	0500
<u>(4)</u> ELDERLY DEVELOPMENT - WESTMINSTE 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-7,572	925,702		X			X	10.0000
<u>(5)</u> FAIRLY PLAZA SENIOR APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-3	363,494		X			X	.0010
<u>(6)</u> FORESTWOOD, LP 27-0280434 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	56	6,682,233		X			X	0010
<u>(7)</u> FULLERTON-MAGNOLIA SENIOR APAR 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-70	28,419		X			X	0500

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<u>(1)</u> -----							
<u>(2)</u> -----							
<u>(3)</u> -----							
<u>(4)</u> -----							
<u>(5)</u> -----							
<u>(6)</u> -----							
<u>(7)</u> -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GLENDALE HERITAGE PARK, LP 72-2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-2	41,209		X			X	0010
(2) HILTOP GROUP, LP 91-1972815 2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	2,199	-3,793		X			X	0100
(3) HOSTMARK VILLAGE COVE, LLC 72-2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-31	497		X			X	0100
(4) LA QUINTA FAMILY APARTMENTS, L 2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	248	-378		X			X	0010
(5) LAGUNA SENIOR APARTMENTS, LP 3 2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-4	245,965		X			X	0010
(6) LONDON LANE APARTMENTS, LP 68-2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-32	12,170		X			X	0100
(7) LAS SERENAS SENIOR APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	1	8,663		X			X	0010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LE FAMILY APARTMENTS, LP 68-03 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	550	-2,151.		X			X	0010
(2) MADISON HAZEL APARTMENTS, LP 6 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-25	4,490.		X			X	0100
(3) MAIN PLAZA, LP 33-0967641 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-454	1,166,941		X			X	0500
(4) MONROVIA HERITAGE PARK, LP 33- 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-5.	3,996.		X			X	0100
(5) NATOMAS FIELD SENIOR APARTMENT 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-7	5,913,731		X			X	0010
(6) NO NATOMAS APARTMENTS I, LP 68 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	14.	9,583.		X			X	0100
(7) NO NATOMAS APARTMENTS II, LP 6 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-27	162,489		X			X	0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OCEAN RIDGE FEDERAL WAY, LLC 9 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-30	92,794		X			X	0100
(2) OCEANSIDE FAMILY APARTMENTS, L 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	26	-11,604		X			X	0100
(3) PANORAMA HERITAGE PARK, LP 33- 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	28	20,206		X			X	0100
(4) PASEO SIMI SENIOR APARTMENTS, L 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-18	7,682		X			X	0100
(5) QUAIL RUN APARTMENTS, LP 32-00 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-47	297,098		X			X	0100
(6) QUIET KNOLLS SENIOR APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	-11	1,470		X			X	0100
(7) RANCHO NIGUEL PARTNERS, LP 83- 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING		CA	N/A	RELATED	12	44,490		X			X	0045

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
(2) -----							
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**Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) RIVERSTONE APARTMENT, LP 20-85 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-9	350,831		X		X	0010
(2) SAN CLEMENTE SENIOR APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	0	2,949		X		X	0010
(3) SIERRA SUNRISE SENIOR APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-2	328		X		X	0010
(4) SIERRA SUNRISE SENIOR APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	0	461,605		X		X	0050
(5) SILVERADO FAMILY APARTMENTS, L.P. 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-32	1,106,755		X		X	0050
(6) SIMI VALLEY SENIOR APARTMENTS, L.P. 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-2	0		X		X	0100
(7) SLP SENIOR APARTMENTS, L.P. 68-0 2440 PROFESSIONAL DRIVE, SUITE AFFD HOUSING CA N/A		CA	N/A	RELATED	-15	503		X		X	0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
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**Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u> SPRINGLAKE FAMILY APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-59.	3,003,870		X			X	0.050
<u>(2)</u> STOCK RANCH SENIOR APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	18.	0		X			X	.0100
<u>(3)</u> SUNCREST I, LLC 20-132217, 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-12	30,594.		X			X	0.100
<u>(4)</u> TERRACINA CATHEDRAL CITY APART, 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	1.	6,182		X			X	0.010
<u>(5)</u> TERRACINA ELK GROVE, LP 26-244, 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-5.	129,472		X			X	0.010
<u>(6)</u> TERRACINA PARK MEADOWS, LP 32-244, 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-51	49,977.		X			X	0.100
<u>(7)</u> TERRACINA VINEYARD APARTMENTS, 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-1	4,297		X			X	0.010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<u>(1)</u> -----							
<u>(2)</u> -----							
<u>(3)</u> -----							
<u>(4)</u> -----							
<u>(5)</u> -----							
<u>(6)</u> -----							
<u>(7)</u> -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TIERRA SPRINGS APARTMENTS, LP 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	0	847,965.		X			X	49.5000
(2) TUSTIN HERITAGE PLACE, LP 90-0 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-2.	2,312		X			X	0.010
(3) VERBENA CROSSING APARTMENTS, L 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	6,388	64,446.		X			X	5000
(4) VINEYARD CROSSING APARTMENTS, L 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	28.	5,110.		X			X	0.100
(5) VINTAGE BROOK SENIOR APARTMENT 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-8	18,942		X			X	.0100
(6) VINTAGE CHATEAU, LP 26-3454440 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	0	1,635,632		X			X	49.5000
(7) VINTAGE COURT SENIOR APARTMENT 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-2	17,146.		X			X	0.100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							
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(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u> VINTAGE CREEK SENIOR APARTMENT 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-14.	16,700.		X			X	0500
<u>(2)</u> VINTAGE CREST SENIOR APARTMENT 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-1.	7,586.		X			X	0010
<u>(3)</u> VINTAGE GOLD SENIOR APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	12.	7,736		X			X	0100
<u>(4)</u> VINTAGE GROVE SENIOR APARTMENT 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	128.	15,006.		X			X	0500
<u>(5)</u> VINTAGE OAKS SENIOR APARTMENTS 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-14	1,244,756.		X			X	0010
<u>(6)</u> VINTAGE WILLOW CREEK LP 32-00 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	0	4,601		X			X	0100
<u>(7)</u> WEST COLLEGE APARTMENTS LP 20 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-7.	81,598		X			X	0010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<u>(1)</u> -----							
<u>(2)</u> -----							
<u>(3)</u> -----							
<u>(4)</u> -----							
<u>(5)</u> -----							
<u>(6)</u> -----							
<u>(7)</u> -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u> WEST SACRAMENTO PACIFIC ASSOCI 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-9.	3,496		X			X	0010
<u>(2)</u> WESTPARK SENIORS, LP 26-217229 2440 PROFESSIONAL DRIVE, SUITE	AFFD HOUSING	CA	N/A	RELATED	-8.	598,884.		X			X	0010
<u>(3)</u> -----												
<u>(4)</u> -----												
<u>(5)</u> -----												
<u>(6)</u> -----												
<u>(7)</u> -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
<u>(1)</u> -----							
<u>(2)</u> -----							
<u>(3)</u> -----							
<u>(4)</u> -----							
<u>(5)</u> -----							
<u>(6)</u> -----							
<u>(7)</u> -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

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

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
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(16) -----													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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# 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**

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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*

### 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. Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	RIVERSIDE CHARITABLE CORPORATION	<input checked="" type="checkbox"/> 95-4158713
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	3803 E. CASSELLE AVE	<input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
ORANGE, CA 92869		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► KEN ROBERTSON, PRESIDENT
- Telephone No ► 714 628-1654 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 11 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

**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  **X**
- 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>  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	RIVERSIDE CHARITABLE CORPORATION		<input checked="" type="checkbox"/> X	Employer identification number (EIN) or 95-4158713
	Number, street, and room or suite no If a P O box, see instructions		<input type="checkbox"/>	Social security number (SSN)
	3803 E. CASSELLE AVE			
City, town or post office, state, and ZIP code For a foreign address, see instructions				
ORANGE, CA 92869				

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**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  KEN ROBERTSON, PRESIDENT  
 Telephone No  714 628-1654 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 11/15, 2012

5 For calendar year 2011, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

6 If the tax year entered in line 5 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 INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

**Signature and Verification must be completed for Part II only.**

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  Title  Date