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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
RIVERSIDE CHARITABLE CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
14131 YORBA ST

City or town, state or province, country, and ZIP or foreign postal code
TUSTIN, CA 92780

D Employer identification number
95-4158713

E Telephone number
(714) 628-1654

G Gross receipts \$ 2,449,701

F Name and address of principal officer
KENNETH S ROBERTSON
14131 YORBA ST
TUSTIN, CA 92780

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

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

J Website: ▶ www.riversidecharitable.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation 1988 **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE ORGANIZATION IS TO HELP THOSE WHO CANNOT AFFORD THE NECESSITIES OF LIFE, REDUCE THE BURDEN OF GOVERNMENT AND HELP THE LESS FORTUNATE OF OUR COMMUNITIES BY DEVELOPING AND OPERATING SOCIAL SERVICE-ENRICHED AFFORDABLE HOUSING FOR PEOPLE OF LOW INCOME		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	0
	9	Program service revenue (Part VIII, line 2g)	1,309,359
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,349
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,161
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,426,869
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	600,944
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	547,955
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,148,899
19	Revenue less expenses Subtract line 18 from line 12	277,970	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	17,393,180
	21	Total liabilities (Part X, line 26)	2,450,058
	22	Net assets or fund balances Subtract line 21 from line 20	14,943,122
			16,158,005

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: _____ Date: 2016-10-31

kenneth s robertson President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LAURA WILDER CPA
 Preparer's signature: LAURA WILDER CPA
 Date: _____
 Check if self-employed PTIN: P00541441
 Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099
 Firm's address: ▶ 400 CAPITOL MALL SUITE 1200 Sacramento, CA 95814 Phone no: (916) 442-9100

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

The mission of the organization is to help those who cannot afford the necessities of life, reduce the burden of government and help the less fortunate of our communities by developing and operating social service-enriched affordable housing for people of low income

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 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 \$	552,659	including grants of \$	(Revenue \$	2,374,437)
	PROVIDE AFFORDABLE HOUSING				

4b	(Code) (Expenses \$	176,478	including grants of \$	(Revenue \$	0)
	PROVIDE SOCIAL SERVICES				

4c	(Code) (Expenses \$	88,239	including grants of \$	(Revenue \$	0)
	PROVIDE EDUCATION				

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

4e	Total program service expenses ▶	817,376			
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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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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)

<p>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p></p>	<p>No</p>
<p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>	<p></p>	<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>	<p>Yes</p>	<p></p>
<p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p>	<p>24a</p>	<p></p>	<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	<p></p>	<p></p>
<p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p>	<p>24c</p>	<p></p>	<p></p>
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	<p></p>	<p></p>
<p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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></p>	<p>25a</p>	<p></p>	<p>No</p>
<p>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></p>	<p>25b</p>	<p></p>	<p>No</p>
<p>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>	<p></p>	<p>No</p>
<p>27 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></p>	<p>27</p>	<p></p>	<p>No</p>
<p>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>Yes</p>	<p></p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>Yes</p>	<p></p>
<p>c 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></p>	<p>28c</p>	<p></p>	<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p></p>	<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>	<p></p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>	<p></p>	<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>	<p></p>	<p>No</p>
<p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>	<p>Yes</p>	<p></p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>	<p>Yes</p>	<p></p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>Yes</p>	<p></p>
<p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>	<p></p>	<p>No</p>
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>	<p></p>	<p>No</p>
<p>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>	<p></p>	<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	<p></p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, sub-questions (1a-13c), Yes/No columns, and a checkbox for Schedule O. Rows include questions about backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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, address, and telephone number of the person who possesses the organization's books and records KENNETH S ROBERTSON PRESIDENT 14131 YORBA ST TUSTIN, CA 92780 (714) 628-1654	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	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	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	INCOME FROM AFFORDABLE _____ Business Code 531110	2,374,437	2,374,437			
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶	2,374,437				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	60,464			60,464	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
			b Less direct expenses b				
			c Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a					
			b Less direct expenses b				
			c Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
	Miscellaneous Revenue	Business Code					
11a	BAD DEBT RECOVERY _____ Business Code 900099	14,800	14,800				
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶	14,800					
12	Total revenue. See Instructions ▶	2,449,701	2,389,237	0	60,464		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	323,447	323,447		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	307,523	307,523		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	33,662		33,662	
b	Legal	42,400		42,400	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	77,315		77,315	
14	Information technology				
15	Royalties				
16	Occupancy	69,810		69,810	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	131,330		131,330	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,776		33,776	
23	Insurance	23,080	23,080		
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	BAD DEBT	86,543	86,543		
b	TAX AND INSURANCE	76,783	76,783		
c	OPERATING AND MAINTENAN	29,149		29,149	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,234,818	817,376	417,442	0
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	570,511	1	790,607
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	127,188	4	23,857
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	6,877,847	7	6,937,855
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 2,367,100		
	b Less accumulated depreciation	10b 78,174	1,438	10c 2,288,926
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	9,816,196	13	12,817,562
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	18,040
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,393,180	16	22,876,847	
Liabilities	17 Accounts payable and accrued expenses		17	55,540
	18 Grants payable		18	
	19 Deferred revenue		19	24,375
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,450,058	23	6,638,927
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	2,450,058	26	6,718,842
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,943,122	27	16,158,005
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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 Total net assets or fund balances	14,943,122	33	16,158,005	
34 Total liabilities and net assets/fund balances	17,393,180	34	22,876,847	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,449,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,234,818
3	Revenue less expenses Subtract line 2 from line 1	3	1,214,883
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,943,122
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,158,005

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for 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
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

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

Public Charity Status and Public Support

OMB No 1545-0047

2015

**Open to Public
Inspection**

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.

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

Department of the
Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
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 VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2014 Schedule A, Part II, line 14	15

16a 33 1/3% support test—2015. 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

b 33 1/3% support test—2014. 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—2015. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. 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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,507,983	793,662	941,862	1,309,359	2,374,437	7,927,303
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	2,507,983	793,662	941,862	1,309,359	2,374,437	7,927,303
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						7,927,303

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	2,507,983	793,662	941,862	1,309,359	2,374,437	7,927,303
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,056	60,212	61,370	60,349	60,464	302,451
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	60,056	60,212	61,370	60,349	60,464	302,451
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,129	8,205	37,308	57,161	14,800	133,603
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,584,168	862,079	1,040,540	1,426,869	2,449,701	8,363,357

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 2015 (line 8, column (f) divided by line 13, column (f))	15	94.790 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	92.320 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	3.620 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	4.830 %
19a 33 1/3% support tests—2015. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2014. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- | | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?
<i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?
<i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | 2 | |

Section C. Type II Supporting Organizations

- | | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?
<i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | 1 | |

Section D. All Type III Supporting Organizations

- | | Yes | No |
|--|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?
<i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?
<i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. **Answer (a) and (b) below.**

- | | Yes | No |
|---|-----------|----|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?
<i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | 2a | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?
<i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | 2b | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part III, Line 12, Explanation of Other Income	MISCELLANEOUS INCOME - 2011 Amount \$ 16,129 2012 Amount \$ 8,205 2013 Amount \$ 37,308 2014 Amount \$ 57,161 2015 Amount \$ 14,800

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
RIVERSIDE CHARITABLE CORPORATION

Employer identification number
95-4158713

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a)Current year	(b)Prior year	b (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 on 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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		703,692		703,692
b Buildings		1,611,183	30,892	1,580,291
c Leasehold improvements				
d Equipment		52,225	47,282	4,943
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				2,288,926

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part X, Line 2	RCC HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014. DUE TO ITS TAX-EXEMPT STATUS, RCC IS NOT SUBJECT TO INCOME TAXES. RCC IS REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND RCC HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. WHILE TO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2012 REMAIN OPEN.

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RIVERSIDE CHARITABLE CORPORATION

Employer identification number
95-4158713

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in 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 directors, trustees, officers, including 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, but explain in Part III.
- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on 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.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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 on 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 and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RECINDA kay SHAFER ASSISTANT EXECUTIVE DIRECTor	(i)	194,447 -----	7,500 -----	0 -----	0 -----	0 -----	201,947 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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.

Return Reference	Explanation
------------------	-------------

Schedule L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

Name of the organization RIVERSIDE CHARITABLE CORPORATION

Employer identification number 95-4158713

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) penny larue	secretary of the board	40,546	lease of office		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**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.

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

2015

**Open to Public
Inspection**

Name of the organization
RIVERSIDE CHARITABLE CORPORATION

Employer identification number

95-4158713

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 A, line 8b	The organization does not currently have committees

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	the president of the board e-mails the draft copy of the 990 to each member of the board for their review and comment the e-mail also includes a notice of the date of the board meeting when the board meets, it addresses the matter following discussion and review of the draft 990 and 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 such matters and providing a written 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 corporate record all abstentions from voting or other activities because of potential conflicts of interest shall be noted in the meeting minutes 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 an 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, 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 SERVICES PROFESSIONALS
Form 990, Part VI, Section C, line 19	UPON WRITTEN REQUEST THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
from 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 ITS BYLAWS, ITS 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
RIVERSIDE CHARITABLE CORPORATION

Employer identification number

95-4158713

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

(a) Name, address, and EIN (if applicable) 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) RCC MGP LLC 14131 YORBA ST TUSTIN, CA 92780 95-4158713	Affd Housing	CA	0	0	RCC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) RCC VINTAGE OAKS LLC 14131 Yorba St Tustin, CA 92780 27-1349373	RELATED	CA	N/A	C	9,689	1,578,859	100.000 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 95-4158713
Name: RIVERSIDE CHARITABLE CORPORATION

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
Amanda Park Apartments LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-4940272	Affd Housing	CA	N/A	RELATED	-7	187,999		No		Yes		
Arbor Creek Family Apartments LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-2495493	Affd Housing	CA	N/A	RELATED		405,501		No		Yes		
ARBOR CREEK SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-2495547	Affd Housing	CA	N/A	RELATED	-6	2,711		No		Yes		
ARCADIA HERITAGE PARK LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 22-3884423	Affd Housing	CA	N/A	RELATED	-6	3,072		No		Yes		
BADILLO STREET SENIOR APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 68-0427694	Affd Housing	CA	N/A	RELATED	43	20,512		No		Yes		0 010 %
BRUCEVILLELAGUNA APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0435835	Affd Housing	CA	N/A	RELATED	-45	16,388		No		Yes		0 010 %
BUSH STREET SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 32-0014530	Affd Housing	CA	N/A	RELATED	19	8,852		No		Yes		0 010 %
CAL WEBER ASSOCIATES LP 119 E WEBER AVENUE Stockton, CA 95202 47-2967569	Affd Housing	CA	N/A	RELATED		355,454		No		Yes		
CAMBAY WEST APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0484976	Affd Housing	CA	N/A	RELATED	-29	8,163		No		Yes		0 010 %
CARLSBAD FAMILY HOUSING PARTNERSHIP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 33-0768272	Affd Housing	CA	N/A	RELATED		12		No		Yes		
CATHEDRAL CITY HERITAGE PARK LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-0025356	Affd Housing	CA	N/A	RELATED	-11	92,737		No		Yes		
COLGAN AVENUE SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 91-1843563	Affd Housing	CA	N/A	RELATED	-484	13,102		No		Yes		0 500 %
COMPTON GARDEN LP 17782 SKY PARK CIRCLE IRVINE, CA 92614 95-4555428	Affd Housing	CA	N/A	RELATED	-7	40,574		No		Yes		0 010 %
CONCORD FAMILY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0427695	Affd Housing	CA	N/A	RELATED		-2		No		Yes		
COPPERSTONE I FAMILY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 26-1290963	Affd Housing	CA	N/A	RELATED	-7	2,741,861		No		Yes		

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							Yes	No		Yes	No	
CREEKSIDE VILLAGE SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 20-2727446	Affd Housing	CA	N/A	RELATED	-80	183,849		No		Yes		0 010 %
DUNNE-BUTTERFIELD APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 68-0422289	Affd Housing	CA	N/A	RELATED	-66	49,984		No		Yes		0 050 %
DFA GARDEN VALLEY ASSOCIATES LP 119 E WEBER AVENUE Stockton, CA 95202 47-4245690	Affd Housing	CA	N/A	RELATED	-66	49,984		No		Yes		0 050 %
ELDERLY DEV WESTMINSTER (new successor) 1199 HARBOUR COVE COURT SPARKS, NV 89434 80-0578542	Affd Housing	NV	N/A	RELATED	17,127	862,542		No		Yes		10 000 %
FAIR PLAZA SENIOR APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 26-1290661	Affd Housing	CA	N/A	RELATED	-3	1,061		No		Yes		
FORESTWOOD LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 27-0280434	Affd Housing	CA	N/A	RELATED	-3	4,052		No		Yes		
FRANKLINLAGUNA APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 68-0370979	Affd Housing	CA	N/A	RELATED	4	2,835		No		Yes		0 010 %
FULLERTON-MAGNOLIA SENIOR APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 91-1843561	Affd Housing	CA	N/A	RELATED	-71	35,582		No		Yes		0 050 %
GLENDALE HERITAGE PARK LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 72-1527550	Affd Housing	CA	N/A	RELATED	-6	53,665		No		Yes		
HILLTOP GROUP LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 91-1843561	Affd Housing	CA	N/A	RELATED	8,418	-36,125		No		Yes		0 010 %
HOSTMARK VILLAGE COVE LLC 14131 YORBA STREET TUSTIN, CA 92780 72-1557514	Affd Housing	CA	N/A	RELATED	-256,751			No		Yes		0 010 %
HUNTINGTON PARK 607 LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 61-1702213	Affd Housing	CA	N/A	RELATED		28,867		No		Yes		
LA MESA 614 LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 61-1716668	Affd Housing	CA	N/A	RELATED	-1	8,068		No		Yes		
LA QUINTA FAMILY APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 68-0363443	Affd Housing	CA	N/A	RELATED	82,119	-229		No		Yes		
LAGUNA SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 33-1074941	Affd Housing	CA	N/A	RELATED	-3	330,833		No		Yes		

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							Yes	No		Yes	No	
LAGUNA SENIORS II LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-4261929	Affd Housing	CA	N/A	RELATED	-5	1,910		No		Yes		
LANCASTER 637 LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 47-3390916	Affd Housing	CA	N/A	RELATED	-4	6,371		No		Yes		
LANDON LANE APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 68-0449444	Affd Housing	CA	N/A	RELATED	-41	8,962		No		Yes		0 010 %
LAS SERENAS SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-1710107	Affd Housing	CA	N/A	RELATED		6,026		No		Yes		
LE FAMILY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 68-0363953	Affd Housing	CA	N/A	RELATED		-3,024		No		Yes		
LINCOLN 644 LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 35-2539556	Affd Housing	CA	N/A	RELATED	1	15,552		No		Yes		
MADISON HAZEL APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 68-0449442	Affd Housing	CA	N/A	RELATED	-160	8,608		No		Yes		0 010 %
MAIN PLAZA LP 720 OLIVE BLVD SUITE 2500 ST LOUIS, MO 63101 33-0967641	Affd Housing	MO	N/A	RELATED	-101			No		Yes		
MARIANNA RANCH LP 14131 YORBA STREET TUSTIN, CA 92780 46-5281277	Affd Housing	CA	N/A	RELATED	-3	152		No		Yes		0 010 %
MERCED PACIFIC ASSOCIATES 430 E STATE ST SUITE 100 EAGLE, ID 83616 45-1958880	Affd Housing	ID	N/A	RELATED	-18	104,716		No		Yes		
MH FAMILY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0363442	Affd Housing	CA	N/A	RELATED	203	17,647		No		Yes		0 100 %
MOM'S LP 425 EAST COTA STREET SANTA BARBARA, CA 93101 37-1611119	Affd Housing	CA	N/A	RELATED	-9	79,651		No		Yes		
MONROVIA 612 LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 35-2485074	Affd Housing	CA	N/A	RELATED	-9	415,821		No		Yes		
MONROVIA HERITAGE PARK LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 33-0877696	Affd Housing	CA	N/A	RELATED	-20	4,798		No		Yes		0 010 %
NATOMAS FIELD SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 20-4787643	Affd Housing	CA	N/A	RELATED	-5	5,857,459		No		Yes		

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							Yes	No		Yes	No	
NO NATOMAS APARTMENTS I LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0460471	Affd Housing	CA	N/A	RELATED	-11,509	199,454		No		Yes		0 010 %
NO NATOMAS APARTMENTS II LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0460470	Affd Housing	CA	N/A	RELATED	-20	55,362		No		Yes		0 010 %
OCEAN RIDGEFEDERAL WAY LLC 14131 YORBA STREET TUSTIN, CA 92780 91-2149604	Affd Housing	CA	N/A	RELATED	-2,224,722	206,028		No		Yes		0 010 %
OCEANSIDE FAMILY APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 68-0335744	Affd Housing	CA	N/A	RELATED	11	-274,548		No		Yes		0 010 %
ORCHARD VILLAGE 188 LP 550 S California Ave Suite 330 Palo Alto, CA 94306 47-2014232	Affd Housing	CA	N/A	RELATED	-8	150		No		Yes		
PANORAMA HERITAGE PARK LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 33-0855695	Affd Housing	CA	N/A	RELATED	19	69,268		No		Yes		0 010 %
PASEO SIMI SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 32-0022739	Affd Housing	CA	N/A	RELATED	-18	8,500		No		Yes		0 010 %
PAVILION PARK SENIOR I HOUSING PARTNERS LP 18201 VON KARMAN AVE SUITE 900 IRVINE, CA 92612 46-4230551	Affd Housing	CA	N/A	RELATED				No		Yes		
PK RIVERLAND LP 1784 HAMILTON ROAD OKEMOS, MI 48865 46-4907258	Affd Housing	MI	N/A	RELATED	-5	682,229		No		Yes		
QUAIL RUN APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 32-0014528	Affd Housing	CA	N/A	RELATED	-37	293,592		No		Yes		0 010 %
QUARTZ RIDGE FAMILY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-1710521	Affd Housing	CA	N/A	RELATED		19,214		No		Yes		
QUIET KNOLLS SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0421712	Affd Housing	CA	N/A	RELATED	-16	2,628		No		Yes		0 010 %
RANCHO NIGUEL PARTNER LP 17782 SKY PARK CIRCLE IRVINE, CA 92614 83-0391291	Affd Housing	CA	N/A	RELATED	1,897	32,873		No		Yes		
RIVERSTONE APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 20-8593749	Affd Housing	CA	N/A	RELATED	-1	374,959		No		Yes		
SAN BERNANDINO 611 LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 35-2450426	Affd Housing	CA	N/A	RELATED	-11	127,418		No		Yes		

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							Yes	No		Yes	No	
SAN CLEMENTE SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0460473	Affd Housing	CA	N/A	RELATED	-1	5,963		No		Yes		
SANTA ROSA 624 LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 30-0828698	Affd Housing	CA	N/A	RELATED	3	9,037		No		Yes		0 010 %
SIERRA SUNRISE SENIOR APARTMENTS II LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 20-4527859	Affd Housing	CA	N/A	RELATED	-1	432		No		Yes		
SIERRA SUNRISE SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 83-0392837	Affd Housing	CA	N/A	RELATED	8	23,484		No		Yes		
SILVERADO FAMILY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 20-2381679	Affd Housing	CA	N/A	RELATED	-35	1,106,826		No		Yes		
SLP SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0374128	Affd Housing	CA	N/A	RELATED	39	288		No		Yes		0 010 %
SNOWBERRY SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 26-4314197	Affd Housing	CA	N/A	RELATED	-5	9,426		No		Yes		
SPRINGLAKE FAMILY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 20-4069557	Affd Housing	CA	N/A	RELATED	-58	3,305,048		No		Yes		
SUNCREST I LLC 14131 YORBA STREET TUSTIN, CA 92780 20-4132217	Affd Housing	CA	N/A	RELATED	-17	39,571		No		Yes		0 010 %
TERRACINA CATHEDRAL CITY APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-1710405	Affd Housing	CA	N/A	RELATED	-2	4,193		No		Yes		
TERRACINA ELK GROVE LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 26-2445930	Affd Housing	CA	N/A	RELATED	-2	128,688		No		Yes		
TERRACINA OAKS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 37-1696126	Affd Housing	CA	N/A	RELATED	-3	54,683		No		Yes		
TERRACINA PARK MEADOWS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 32-0014532	Affd Housing	CA	N/A	RELATED	-11,599	12,522		No		Yes		0 010 %
TERRACINA VINEYARD APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-1710255	Affd Housing	CA	N/A	RELATED	-1	5,853		No		Yes		
TIERRA SPRINGS APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 27-3170926	Affd Housing	CA	N/A	RELATED	-22	5,458		No		Yes		

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							Yes	No		Yes	No	
TUSTIN HERITAGE PLACE LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 90-0233443	Affd Housing	CA	N/A	RELATED	-2	3,927		No		Yes		
VERBENA APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 37-1656580	Affd Housing	CA	N/A	RELATED	-5	7,607		No		Yes		
VINEYARD CROSSING APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 94-3356171	Affd Housing	CA	N/A	RELATED	-18	7,508		No		Yes		0 010 %
VINTAGE BROOK SENIOR APARTMENTS LP 3200 Douglas Boulevard Suite 200 Roseville, CA 95661 68-0435834	Affd Housing	CA	N/A	RELATED	13	32,083		No		Yes		0 010 %
VINTAGE CHATEAU LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 26-3454440	Affd Housing	CA	N/A	RELATED	-5	3,304		No		Yes		
VINTAGE COURT SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 91-1767373	Affd Housing	CA	N/A	RELATED	8	17,121		No		Yes		0 010 %
VINTAGE CREEK SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 91-1796344	Affd Housing	CA	N/A	RELATED	7	25,813		No		Yes		0 050 %
VINTAGE CREST SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 35-2175866	Affd Housing	CA	N/A	RELATED	4	9,103		No		Yes		
VINTAGE GOLD SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 Roseville, CA 95661 68-0405272	Affd Housing	CA	N/A	RELATED	1	12,367		No		Yes		0 010 %
VINTAGE GROVE SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 68-0417423	AFFD HOUSING	CA	N/A	RELATED	-21	21,204		No		Yes		0 050 %
VINTAGE OAKS SENIOR APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 26-4710509	AFFD HOUSING	CA	N/A	RELATED	-4	1,344,424		No		Yes		
VINTAGE WILLOW CREEK LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 32-0014531	AFF HOUSING	CA	N/A	RELATED		6,458		No		Yes		0 010 %
WEST COLLEGE APARTMENTS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 20-2355606	AFFD HOUSING	CA	N/A	RELATED	-7	20,598		No		Yes		
WEST SACRAMENTO PACIFIC ASSOCIATES LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 26-2229542	AFFD HOUSING	CA	N/A	RELATED	-9	4,048		No		Yes		
WESTPARK SENIORS LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 26-2172291	AFFD HOUSING	CA	N/A	RELATED	-6	3,696,387		No		Yes		

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							Yes	No		Yes	No	
YORBA LINDA 610 LP 3200 DOUGLAS BLVD SUITE 200 ROSEVILLE, CA 95661 35-2450042	AFFD HOUSING	CA	N/A	RELATED	-6	71,368		No		Yes		