

## Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning

, and ending

RIVERSIDE ARTS CENTER  
FOUNDATION, INC

38-3228817

**Net Asset / Fund Balance at Beginning of Year** 129,029

**Revenue**

Contributions	<u>44,818</u>	
Program service revenue	<u>70,791</u>	
Investment income	<u>20</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>21,855</u>	
Direct expenses	<u>8,181</u>	
Net income	<u>13,674</u>	
Other income	<u>2,531</u>	

**Total revenue** 131,834

**Expenses**

Program services		
Management and general		
Fundraising		

**Total expenses** 158,079

**Excess / (deficit)** -26,245

Changes                     

**Net Asset / Fund Balance at End of Year** 102,784

**Reconciliation of Revenue**

Total revenue per financial statements	<u>                    </u>
Less:	
Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u><u>                    </u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>                    </u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u><u>                    </u></u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>135,287</u>	<u>109,418</u>	
Liabilities	<u>6,258</u>	<u>6,634</u>	
Net assets	<u><u>129,029</u></u>	<u><u>102,784</u></u>	<u><u>-26,245</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/16/16  
 Failure to file penalty \_\_\_\_\_

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**u Do not send to the IRS. Keep for your records.**

**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

**2015**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

RIVERSIDE ARTS CENTER  
FOUNDATION, INC

Employer identification number

38-3228817

Name and title of officer

DONALD LOPPNOW  
PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	131,834
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Edwards, Ellis, Armstrong & Co., P. to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date }

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38081212345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date }

**ERO Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

# Short Form Return of Organization Exempt From Income Tax

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

## 2015

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

} Do not enter social security numbers on this form as it may be made public.  
} Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2015 calendar year, or tax year beginning _____, and ending _____																			
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 60%;"><b>C</b> Name of organization RIVERSIDE ARTS CENTER FOUNDATION, INC</td> <td style="width: 25%;"><b>D</b> Employer identification number 38-3228817</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P.O. box, if mail is not delivered to street address)</td> <td><b>E</b> Telephone number 734-480-2787</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td>Room/suite</td> <td><b>F</b> Group Exemption Number <b>u</b></td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td>76 N. HURON ST</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td>City or town, state or province, country, and ZIP or foreign postal code</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td>YPSILANTI MI 48197</td> <td></td> </tr> </table>	<input type="checkbox"/> Address change	<b>C</b> Name of organization RIVERSIDE ARTS CENTER FOUNDATION, INC	<b>D</b> Employer identification number 38-3228817	<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	<b>E</b> Telephone number 734-480-2787	<input type="checkbox"/> Initial return	Room/suite	<b>F</b> Group Exemption Number <b>u</b>	<input type="checkbox"/> Final return/terminated	76 N. HURON ST		<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		<input type="checkbox"/> Application pending	YPSILANTI MI 48197	
<input type="checkbox"/> Address change	<b>C</b> Name of organization RIVERSIDE ARTS CENTER FOUNDATION, INC	<b>D</b> Employer identification number 38-3228817																	
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<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code																		
<input type="checkbox"/> Application pending	YPSILANTI MI 48197																		
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) <b>u</b> _____																			
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																			
<b>I</b> Website: <b>u</b> WWW.RIVERSIDEARTS.ORG																			
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( )   (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____																			
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ <b>u</b> \$ 140,015																			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Column	Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	44,818
	2 Program service revenue including government fees and contracts	2	70,791
	3 Membership dues and assessments	3	
	4 Investment income	4	20
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	21,855
c Less: direct expenses from gaming and fundraising events	6c	8,181	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,674	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	2,531	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	131,834	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	7,150
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	47,497
	13 Professional fees and other payments to independent contractors	13	35,625
	14 Occupancy, rent, utilities, and maintenance	14	43,756
	15 Printing, publications, postage, and shipping	15	2,127
	16 Other expenses (describe in Schedule O)	16	21,924
17 <b>Total expenses.</b> Add lines 10 through 16	17	158,079	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-26,245
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	129,029
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	102,784

For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,345	49,982
23 Land and buildings	0	
24 Other assets (describe in Schedule O)	61,942	59,436
25 Total assets	135,287	109,418
26 Total liabilities (describe in Schedule O)	6,258	6,634
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	129,029	102,784

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 The facility was rented out for activities that included theatrical plays, musicals, visual art displays, receptions and arts lessons for about 10,000 participants. (Grants \$ 7,150 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	140,204
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	140,204

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARTHA GRIMES TRUSTEE	1.00	0	0	0
MAUREEN HARDING TRUSTEE	2.00	0	0	0
WILLIAM KINLEY TRUSTEE	1.00	0	0	0
HEATHER NEFF TRUSTEE	1.00	0	0	0
DAVID ARMSTRONG TREASURER	3.00	0	0	0
BARRY LARUE TRUSTEE	1.00	0	0	0
DONALD LOPPNOW PRESIDENT	3.00	0	0	0
SALLY MCCRACKEN TRUSTEE	1.00	0	0	0
CAROLYN MCKEEVER SECRETARY	2.00	0	0	0
JAMES NELSON TRUSTEE	1.00	0	0	0
PAUL SCHREIBER TRUSTEE	1.00	0	0	0
BETTE WARREN TRUSTEE	2.00	0	0	0

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with rows 28-32. Each row includes a description of program services, a field for 'Grants \$', and a checkbox for 'If this amount includes foreign grants, check here'. Sub-rows 28a-31a are also present.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include: BRIAN FILIPIAK TRUSTEE, BETTY STREMICH VICE PRESIDENT, JOAN CHESLER TRUSTEE, WILL HATHAWAY EXECUTIVE DIRECTOR, CYNTHIA WILBANKS TRUSTEE, LINDA YOHN TRUSTEE, WILLIAM KNUDSTRUP TRUSTEE, EDWARD KRUPA TRUSTEE.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a 0
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization u
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed u MI
42a The organization's books are in care of u WILL HATHAWAY Telephone no. u 734-480-2787
76 N HURON STREET
Located at u YPSILANTI MI ZIP + 4 u 48197
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: u See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: u
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here u and enter the amount of tax-exempt interest received or accrued during the tax year u 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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
	DONALD LOPPNOW	PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID W. ARMSTRONG, C.P.A.				P00445393
	Firm's name } Edwards, Ellis, Armstrong & Co., P.C.	Firm's EIN }		38-2337970	
	Firm's address } 206 S 4th Ave Ann Arbor, MI 48104-2102	Phone no.		734-662-0277	

May the IRS discuss this return with the preparer shown above? See instructions

**Form 990-EZ General Footnote**Description

THE ORGANIZATION UTILIZES THE DONATED SERVICES OF VARIOUS BOARD MEMBERS TO ASSIST IN THE DAY-TO-DAY OPERATION OF THE FACILITY. SUCH SERVICES INCLUDE BUT ARE NOT LIMITED TO: THEATER AND DANCE STUDIO RENTAL, GENERAL FACILITY MAINTENANCE, LEGAL AND ACCOUNTING SERVICES AND INFO TECH SUPPORT SERVICES. THE ESTIMATED VALUE OF THESE SERVICES HAS BEEN INCLUDED IN THE ORGANIZATION'S REVENUES AND EXPENSES.



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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

RIVERSIDE ARTS CENTER  
FOUNDATION, INC

Employer identification number

38-3228817

**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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> 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 from 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) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,154	24,240	73,424	24,723	44,818	202,359
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	57,678	43,926	51,401	14,843	92,666	260,514
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					2,531	2,531
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	92,832	68,166	124,825	39,566	140,015	465,404
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						465,404

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6	92,832	68,166	124,825	39,566	140,015	465,404
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	92,832	68,166	124,825	39,566	140,015	465,404

**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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	100.00 %

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**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

**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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.		
<b>2a</b>		
<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**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 <b>Total annual distributions.</b> 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 <b>Total</b> 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 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 .....			
d Excess from 2014 .....			
e Excess 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.)

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

RIVERSIDE ARTS CENTER  
FOUNDATION, INC

Employer identification number

38-3228817

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Total** ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

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.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>OKTOBERFEST</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	17,187		17,187
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	17,187		17,187
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	1,500		1,500
	8	Entertainment	400		400
	9	Other direct expenses	3,761		3,761
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				11,526

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name u .....

Address u .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

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

Name u .....

Address u .....

16 Gaming manager information:

Name u .....

Gaming manager compensation u \$ .....

Description of services provided u .....

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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DAA

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

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

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

RIVERSIDE ARTS CENTER  
FOUNDATION, INC

Employer identification number

38-3228817

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
UTILITY REIMBURSEMENT	\$ 2,531
<b>Total</b>	<b>\$ 2,531</b>

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address	Class of Activity	Date of Gift
Desc. of Property		
Cash Contrib.		Noncash Contrib.
Book Value	BV Expl.	FMV Expl.
EASTERN MICHIGAN UNIVERSITY		09/15/2015
875 ANN STREET, SUITE 122		
YPSILANTI, MI 48197	\$ 6,000	\$ 0
	\$ 0	

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
ART GALLERY	
ADVERTISING EXPENSE	\$ 1,110
OFFICE EXPENSE	\$ 1,419
Expenses	
SUPPLIES-THEATRE	\$ 613
SUPPLIES-FACILITY	\$ 1,662
INFORMATION TECHNOLOGY	\$ 2,678
DONATED SERVICES	\$ 1,000

Name of the organization

Employer identification number

RIVERSIDE ARTS CENTER

38-3228817

TRAVEL EXPENSE	\$	551
WORKER'S COMPENSATION INSURAN	\$	1,555
MISCELLANEOUS	\$	683
PENALTIES	\$	1,699
BANK & CREDIT CARD FEES	\$	417
LICENSE AND FEES	\$	1,114
OFFICE OPERATION	\$	2,104
DONATED SUPPLIES/MATERIAL	\$	3,200
Non-investment Depreciation	\$	2,119
Total	\$	21,924

## Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Other Loans Receivable	\$ 2,233	\$ 2,100
Prepaid Expenses and Deferred Charges	\$ 997	\$ 2,080
CAPITAL IMPROVEMENTS	\$ 92,926	\$ 92,926
Less Accumulated Depreciation	\$ 68,203	\$ 70,503
FURNITURE AND FIXTURES	\$ 5,295	\$ 5,295
Less Accumulated Depreciation	\$ 5,295	\$ 5,295
COMPUTER LAPTOP	\$ 653	\$ 653
Less Accumulated Depreciation	\$ 653	\$ 653
OFFICE EQUIPMENT	\$ 12,585	\$ 12,585
Less Accumulated Depreciation	\$ 11,476	\$ 12,585
OFFICE EQUIPMENT	\$ 6,373	\$ 6,373
Less Accumulated Depreciation	\$ 5,250	\$ 5,812
IMPROVEMENTS	\$ 9,499	\$ 9,499
Less Accumulated Depreciation	\$ 1,267	\$ 1,583

Name of the organization

Employer identification number

RIVERSIDE ARTS CENTER

38-3228817

IMPROVEMENTS	\$	7,471	\$	7,471
Less Accumulated Depreciation	\$	747	\$	996
ARTIST STUDIOS	\$	16,837	\$	18,365
Less Accumulated Depreciation	\$	36	\$	484
Total	\$	61,942	\$	59,436

## Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,122	\$ 1,530
SECURITY DEPOSITS	\$ 150	\$ 2,730
PAYROLL LIABILITIES	\$ 3,775	\$ 1,760
SALES TAX PAYABLE	\$ 211	\$ 411
CREDIT CARD PAYABLE	\$ 0	\$ 203

## Form 990-EZ, Part III - Primary Exempt Purpose

The organization is a multi-purpose cultural arts venue providing performance, exhibit, studio and reception space for artists and art cultural organizations to enrich the Ypsilanti community through the arts and cultural experiences.

**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.

Name(s) shown on return **RIVERSIDE ARTS CENTER  
FOUNDATION, INC**

Identifying number  
**38-3228817**

Business or activity to which this form relates

Indirect Depreciation

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,984

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,984
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
2	FURNITURE & FIXTURES	10/01/95	5,295			5,295	10 HY 200DB	5,295	0
3	COMPUTER LAPTOP	8/06/08	653		X	327	5 HY 200DB	653	0
			<u>5,948</u>			<u>5,622</u>		<u>5,948</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	CAPITAL IMPROVEMENTS	10/01/95	92,926			92,926	30 MO 200DB	68,203	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585			12,585	7 MO 200DB	11,476	1,109
6	OFFICE EQUIPMENT	1/01/10	6,373			6,373	7 MO 200DB	5,250	562
8	IMPROVEMENTS	1/01/11	9,499			9,499	30 MO S/L	1,267	316
9	IMPROVEMENTS	1/01/12	7,471			7,471	30 MO S/L	747	249
10	ARTIST STUDIOS	12/01/14	16,837			16,837	39 MO S/L	36	432
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528			1,528	39 MO S/L	0	16
	<b>Total Other Depreciation</b>		<u>147,219</u>			<u>147,219</u>		<u>86,979</u>	<u>4,984</u>
	<b>Total ACRS and Other Depreciation</b>		<u>147,219</u>			<u>147,219</u>		<u>86,979</u>	<u>4,984</u>
	<b>Grand Totals</b>		153,167			152,841		92,927	4,984
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>153,167</u>			<u>152,841</u>		<u>92,927</u>	<u>4,984</u>



# MI Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
<b>Prior MACRS:</b>								
2	FURNITURE & FIXTURES	10/01/95	5,295	5,295	5,295	0	0	0
3	COMPUTER LAPTOP	8/06/08	653	653	653	0	0	0
			<u>5,948</u>	<u>5,948</u>	<u>5,948</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	CAPITAL IMPROVEMENTS	10/01/95	92,926	92,926	68,203	2,300	2,300	0
5	OFFICE EQUIPMENT	1/01/09	12,585	12,585	11,476	1,109	1,109	0
6	OFFICE EQUIPMENT	1/01/10	6,373	6,373	5,250	562	562	0
8	IMPROVEMENTS	1/01/11	9,499	9,499	1,267	316	316	0
9	IMPROVEMENTS	1/01/12	7,471	7,471	747	249	249	0
10	ARTIST STUDIOS	12/01/14	16,837	16,837	36	432	432	0
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528	1,528	0	16	16	0
	<b>Total Other Depreciation</b>		<u>147,219</u>	<u>147,219</u>	<u>86,979</u>	<u>4,984</u>	<u>4,984</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>147,219</u>	<u>147,219</u>	<u>86,979</u>	<u>4,984</u>	<u>4,984</u>	<u>0</u>
	<b>Grand Totals</b>		153,167	153,167	92,927	4,984	4,984	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>153,167</u>	<u>153,167</u>	<u>92,927</u>	<u>4,984</u>	<u>4,984</u>	<u>0</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
2	FURNITURE & FIXTURES	10/01/95	5,295			5,295	5 HY 200DB	5,295	0
3	COMPUTER LAPTOP	8/06/08	653		X	327	5 HY 200DB	653	0
			<u>5,948</u>			<u>5,622</u>		<u>5,948</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	CAPITAL IMPROVEMENTS	10/01/95	92,926			92,926	30 MO 200DB	68,203	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585			12,585	7 MO 200DB	11,476	1,109
6	OFFICE EQUIPMENT	1/01/10	6,373			6,373	7 MO 200DB	5,250	562
8	IMPROVEMENTS	1/01/11	9,499			9,499	30 MO S/L	1,267	316
9	IMPROVEMENTS	1/01/12	7,471			7,471	30 MO S/L	747	249
10	ARTIST STUDIOS	12/01/14	16,837			16,837	39 MO S/L	36	432
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528			1,528	39 MO S/L	0	16
	<b>Total Other Depreciation</b>		<u>147,219</u>			<u>147,219</u>		<u>86,979</u>	<u>4,984</u>
	<b>Total ACRS and Other Depreciation</b>		<u>147,219</u>			<u>147,219</u>		<u>86,979</u>	<u>4,984</u>
	<b>Grand Totals</b>		153,167			152,841		92,927	4,984
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>153,167</u>			<u>152,841</u>		<u>92,927</u>	<u>4,984</u>

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
9	IMPROVEMENTS	1/01/12	7,471		0	0	0	7,471
3	COMPUTER LAPTOP	8/06/08	653		0	0	326	327
	<b>Form 990, Page 1</b>		<u>8,124</u>		<u>0</u>	<u>0</u>	<u>326</u>	<u>7,798</u>
	<b>Grand Total</b>		<u>8,124</u>		<u>0</u>	<u>0</u>	<u>326</u>	<u>7,798</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	2	FURNITURE & FIXTURES	0	0	0
Page 1	1	3	COMPUTER LAPTOP	<u>0</u>	<u>0</u>	<u>0</u>
				<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

# Future Depreciation Report    FYE: 12/31/16

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b><u>Prior MACRS:</u></b>					
2	FURNITURE & FIXTURES	10/01/95	5,295	0	0
3	COMPUTER LAPTOP	8/06/08	653	0	0
			<u>5,948</u>	<u>0</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>					
1	CAPITAL IMPROVEMENTS	10/01/95	92,926	2,300	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585	0	0
6	OFFICE EQUIPMENT	1/01/10	6,373	561	561
8	IMPROVEMENTS	1/01/11	9,499	317	317
9	IMPROVEMENTS	1/01/12	7,471	249	249
10	ARTIST STUDIOS	12/01/14	16,837	431	431
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528	40	40
	<b>Total Other Depreciation</b>		<u>147,219</u>	<u>3,898</u>	<u>3,898</u>
	<b>Total ACRS and Other Depreciation</b>		<u>147,219</u>	<u>3,898</u>	<u>3,898</u>
	<b>Grand Totals</b>		<u>153,167</u>	<u>3,898</u>	<u>3,898</u>

# MI Future Depreciation Report    FYE: 12/31/16

## Form 990, Page 1

Asset	Description	Date In Service	Cost	MI
<b><u>Prior MACRS:</u></b>				
2	FURNITURE & FIXTURES	10/01/95	5,295	0
3	COMPUTER LAPTOP	8/06/08	653	0
			<u>5,948</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>				
1	CAPITAL IMPROVEMENTS	10/01/95	92,926	2,300
5	OFFICE EQUIPMENT	1/01/09	12,585	0
6	OFFICE EQUIPMENT	1/01/10	6,373	561
8	IMPROVEMENTS	1/01/11	9,499	317
9	IMPROVEMENTS	1/01/12	7,471	249
10	ARTIST STUDIOS	12/01/14	16,837	431
11	LEASEHOLD IMPROVEMENTS	7/16/15	1,528	40
	<b>Total Other Depreciation</b>		<u>147,219</u>	<u>3,898</u>
	<b>Total ACRS and Other Depreciation</b>		<u>147,219</u>	<u>3,898</u>
	<b>Grand Totals</b>		<u>153,167</u>	<u>3,898</u>

Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

RIVERSIDE ARTS CENTER  
FOUNDATION, INC

Taxpayer Identification Number

38-3228817

		2014	2015	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1.		
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3.		
	4. Program service revenue .....	4.		
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11.		
	<b>12. Total revenue.</b> Add lines 1 through 11 .....	<b>12.</b>		
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15.		
	16. Salaries, other compensation, and employee benefits .....	16.		
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18.		
	19. Occupancy, rent, utilities, and maintenance .....	19.		
	20. Depreciation and Depletion .....	20.		
	21. Other expenses .....	21.		
	<b>22. Total expenses.</b> Add lines 13 through 21 .....	<b>22.</b>		
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12 .....	<b>23.</b>		
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24.		
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26.		
	27. Total assets .....	27.		
	28. Total liabilities .....	28.		
	29. Retained earnings .....	29.		
	30. Number of voting members of governing body .....	30.	18	
31. Number of independent voting members of governing body .....	31.			
32. Number of employees .....	32.	1		
33. Number of volunteers .....	33.			

Form **990T**

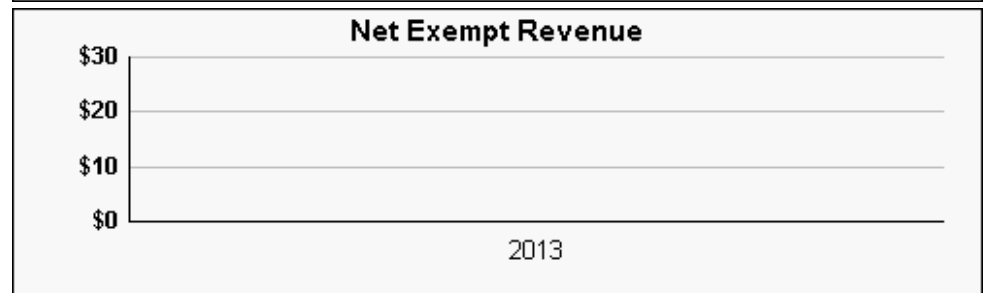
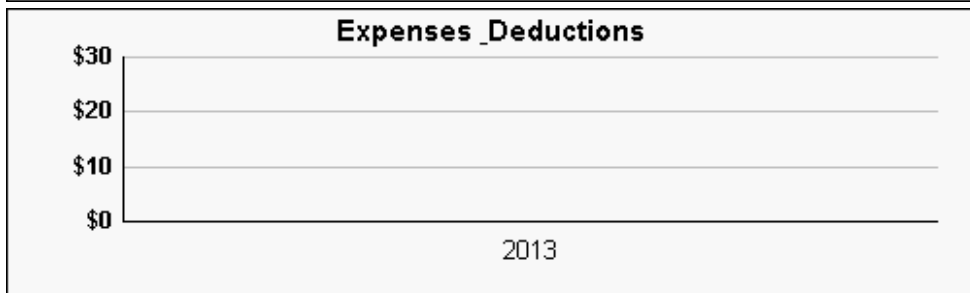
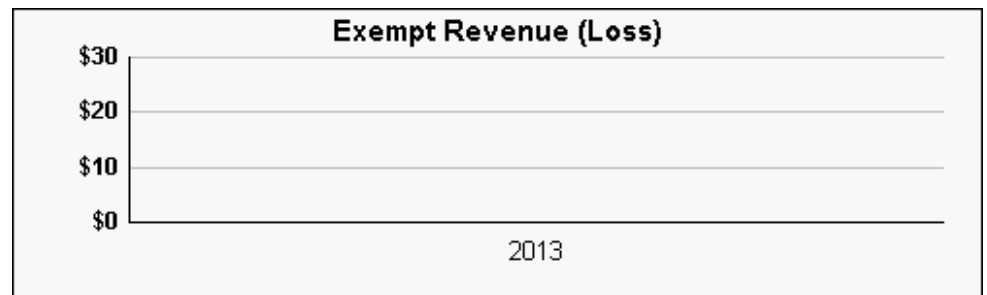
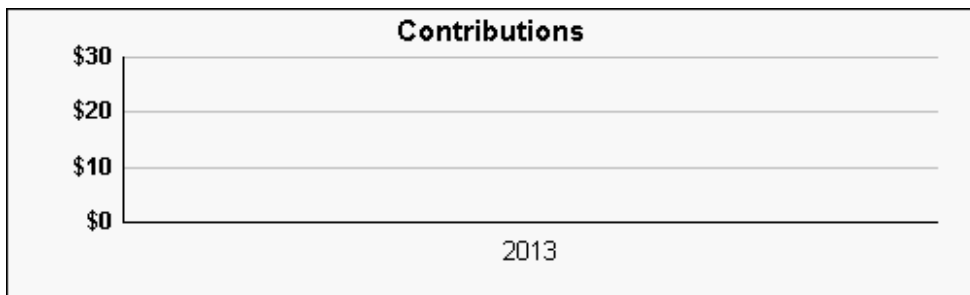
**Tax Return History**

**2015**

Name **RIVERSIDE ARTS CENTER  
FOUNDATION, INC**

Employer Identification Number  
**38-3228817**

	2011	2012	2013	2014	2015	2016
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

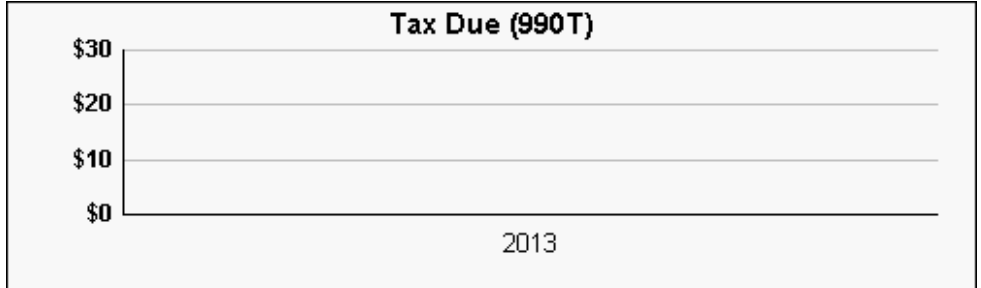
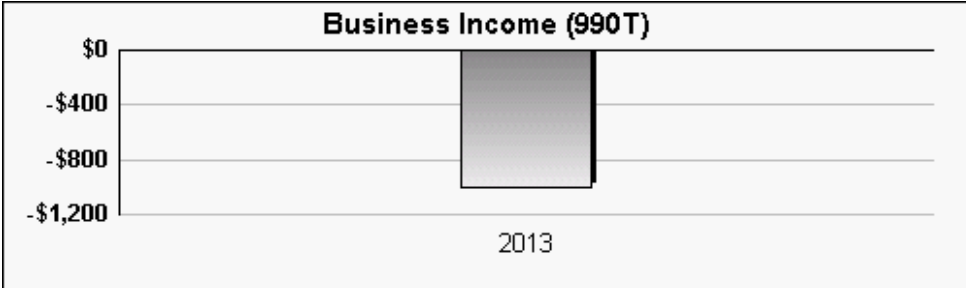
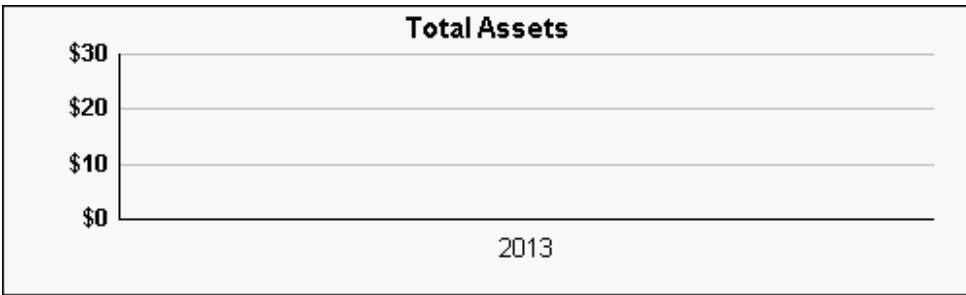




Name **RIVERSIDE ARTS CENTER FOUNDATION, INC** Employer Identification Number  
**38-3228817**

	2011	2012	2013	2014	2015	2016
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000			
Income after expense and deductions .....			-1,000			
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



## Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
INDIVIDUAL CONTRIBUTION	\$ 13,355
BOARD MEMBER CONTRIBUTION	8,750
CORPORATE CONTRIBUTION	4,871
GRANT-OPERATING	1,250
GRANT-CAPITAL	2,392
DONATED SERVICES	14,200
Total	\$ <u>44,818</u>

Schedule A, Part III, Line 2(e)

Description	Amount
THEATER RENTAL	\$ 30,093
DANCE STUDIO RENTAL	15,996
ARTIST STUDIO RENTAL	6,060
RAC FLOOR 2 RENTAL	1,911
OFF-CENTER FLOOR 1 RENTAL	5,615
Taxable Interest on Savings and Temporary Cash Investments	20
ART GALLERY	11,116
OKTOBERFEST	17,187
DIYPSI	4,668
Total	\$ <u>92,666</u>

Schedule A, Part III, Line 3(e)

Description	Amount
UTILITY REIMBURSEMENT	\$ 2,531
Total	\$ <u>2,531</u>

## OKTOBERFEST

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 300
LIQUR LICENSE	75
Total	<u>\$ 375</u>