

**COMMITTEE ON NATURAL RESOURCES**  
**Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

Oversight hearing on “*Questionable Fish Science and Environmental Lawsuits: Jobs and Water Supplies At Risk in The Inland Empire*”

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: Bob Stockton
2. Name of Organization(s) You are Representing at the Hearing:  
Greater Riverside Chamber of Commerce – Chair Economic Development Council
3. Business Address:  
1770 Iowa Avenue, Suite 100  
Riverside, CA 92507
4. Business Email Address:  
[Information redacted for privacy]
5. Business Phone Number:  
(951) 782-0707 [Information redacted for privacy]

Name/Organization Greater Riverside Chamber of Commerce Chair Economic Development Council  
Title/Date of Hearing Questionable Fish Science and Environmental Lawsuits: Jobs and Water Supplies  
At Risk in The Inland Empire 10/18/11

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a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

B.S. Construction Engineering California State University at Pomona  
LEED AP

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

California Registered Civil Engineer REC 33591

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Principal Rick Engineering Company

d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and/or other agencies invited)* that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Chair Economic Development Council Greater Riverside Chambers of Commerce  
Former Chair Riverside Public Utilities

h. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

C Name of organization: GREATER RIVERSIDE CHAMBERS OF COMMERCE. Doing Business As. Number and street (or P.O. box if mail is not delivered to street address): 3985 UNIVERSITY AVENUE. Room/suite. City or town, state or country, and ZIP + 4: RIVERSIDE, CA 925013256

D Employer identification number: 95-1154480. E Telephone number: (909) 683-7100. G Gross receipts \$ 1,537,568

F Name and address of principal officer: CINDY ROTH, 3985 UNIVERSITY AVENUE, RIVERSIDE, CA 92501

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(6) (Insert no) 4947(a)(1) or 527

J Website: WWW.RIVERSIDE-CHAMBER.COM

K Form of organization: Corporation. L Year of formation: 1943. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROMOTE, IMPROVE, STIMULATE AND SUPPORT THE RIVERSIDE ECONOMY AND COMMUNITY

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if discontinued operations, 3-6 Member/Employee/ Volunteer counts, 7a Total gross unrelated business revenue (130,568), 7b Net unrelated business taxable income (-31,504)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8-12 Revenue items (Total revenue: 1,252,000)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13-19 Expenses items (Total expenses: 1,236,055)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20-22 Net Assets or Fund Balances (Total assets: 1,475,957)

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: CINDY ROTH, PRESIDENT/CEO. Date: 2011-05-09

Paid Preparer's Use Only: Preparer's signature: LINDA S DEVLIN. Date: 2011-05-09. Firm's name: AHERN ADCOCK DEVLIN LLP. Address: 2155 CHICAGO AVENUE SUITE 100, RIVERSIDE, CA 92507. Phone: (951) 683-0672

May the IRS discuss this return with the preparer shown above? Yes No

**Part III Statement of Program Service Accomplishments**

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

TO PROMOTE, IMPROVE, STIMULATE AND SUPPORT THE RIVERSIDE ECONOMY AND COMMUNITY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

THE CHAMBERS OF COMMERCE SERVE THE GREATER RIVERSIDE AREA THROUGH 7 AFFILIATED CHAMBERS AND RELATED AGENCIES BY PROVIDING QUALITY SERVICES TO THE COMMUNITY AND AREA BUSINESSES DESIGNED TO PROMOTE AND PUBLICIZE THE CITY, STIMULATE COMMERCE, ATTRACT AND SERVE THE NEEDS OF NEW BUSINESSES AND INSTITUTIONS, BEAUTIFY THE RIVERSIDE AREA, ASSIST WITH FAIRS AND FESTIVALS THAT CELEBRATE RIVERSIDE'S RICH HISTORY AND DIVERSE COMMUNITY, SUPPORT EDUCATION, RETAIN ESTABLISHED BUSINESSES, ADVOCATE LEGISLATION, ENHANCE HEALTH AND SAFETY, IMPROVE RELATIONSHIPS WITH LOCAL GOVERNMENT, TRAIN NEW LEADERS, CHAMPION THE ADVANCEMENT OF WOMEN AND MINORITIES AND PROMOTE THE DEVELOPMENT OF NEW TECHNOLOGY

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

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

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

**4e Total program service expenses** \$

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	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> . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/> . . . . .	Yes	
<b>3</b>	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> <input checked="" type="checkbox"/> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .		No
<b>7</b>	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> <input checked="" type="checkbox"/> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .		No
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> . . . . . <input checked="" type="checkbox"/>	Yes	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . . <input checked="" type="checkbox"/> <b>12A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>14b</b>	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		No
<b>17</b>	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> . . . . .		No
<b>18</b>	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> . . . . .	Yes	
<b>19</b>	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
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 8		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 21		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
	<b>3b</b>		
<b>4a</b>	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)? . . . . .		No
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
	<b>5b</b>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	



**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.

**Section A. Governing Body and Management**

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1b, 2-9 regarding governing body structure and meeting documentation.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 10a-16b regarding organizational policies on chapters, conflicts of interest, whistleblower, and compensation.

**Section C. Disclosure**

Table with question numbers and text for disclosure requirements. Includes questions 17-20 regarding state filing, public availability of documents, and contact information for record keeping.

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

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

<b>1b Total</b> . . . . .	175,230	0	0
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**1

		Yes		No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>			No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>			No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>	557,448					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	234,880					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>		792,328				
<b>Program Service Revenue</b>	<b>2a</b>	ADVERTISING-GRB	541,800	93,129	93,129			
	<b>b</b>	ADMINISTRATION FEE	900,099	69,433	69,433			
	<b>c</b>	ADVERTISING-BUSINESS P	541,800	8,490	8,490			
	<b>d</b>	ADVERTISING-WEB	541,800	6,125	6,125			
	<b>e</b>	ADVERTISING-MEMBER DIR	541,800	2,956	2,956			
	<b>f</b>	All other program service revenue		3,700	1,600	2,100		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		183,833				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>		7,947		7,947		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>		17,768	17,768			
	<b>6a</b>	Gross Rents	(i) Real	26,761				
			(ii) Personal					
			<b>b</b>	Less rental expenses	21,145			
			<b>c</b>	Rental income or (loss)	5,616			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . <b>▶</b>		5,616		5,616		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses				
			<b>c</b>	Gain or (loss)				
<b>d</b>	<b>Net gain or (loss)</b> . . . . . <b>▶</b>							
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>		488,541					
		<b>b</b>	Less direct expenses . . . . . <b>b</b>	258,814				
		<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . . <b>▶</b>		229,727		229,727	
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
		<b>b</b>	Less direct expenses . . . . . <b>b</b>					
		<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . . <b>▶</b>					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		20,140					
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>	5,609				
		<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . . <b>▶</b>		14,531	14,531		
	Miscellaneous Revenue	Business Code						
<b>11a</b>	MISCELLANEOUS INCOME	900,099	250	250				
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		250					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		1,252,000	85,814	130,568	243,290		

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	175,230			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	366,884			
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	10,434			
<b>10</b>	Payroll taxes . . . . .	50,410			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	10,836			
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .				
<b>12</b>	Advertising and promotion . . . . .	2,400			
<b>13</b>	Office expenses . . . . .	7,359			
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	36,352			
<b>17</b>	Travel . . . . .	3,200			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	7,057			
<b>20</b>	Interest . . . . .	8,068			
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	27,069			
<b>23</b>	Insurance . . . . .	43,595			
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	GOVERNMENT CONTRACT EXP	189,672			
<b>b</b>	MEMBERSHIP COMMISSIONS	114,174			
<b>c</b>	GRB EXPENSE (COMMISSION	73,771			
<b>d</b>	MEMBERSHIP COSTS	32,074			
<b>e</b>	SELLING EXPENSES	16,884			
<b>f</b>	All other expenses	60,586			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	1,236,055			
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	112,041	<b>1</b>	530
	<b>2</b> Savings and temporary cash investments . . . . .	664,877	<b>2</b>	871,134
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	76,737	<b>4</b>	49,162
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	515	<b>8</b>	762
	<b>9</b> Prepaid expenses and deferred charges . . . . .	18,005	<b>9</b>	10,964
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	908,193		
	<b>b</b> Less accumulated depreciation . . . . .	374,478	<b>10c</b>	533,715
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	6,067	<b>15</b>	9,690
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,430,226	<b>16</b>	1,475,957	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	205,289	<b>17</b>	231,452
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	6,067	<b>25</b>	9,690
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	211,356	<b>26</b>	241,142
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,087,283	<b>27</b>	1,108,961
	<b>28</b> Temporarily restricted net assets . . . . .	131,587	<b>28</b>	125,854
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,218,870	<b>33</b>	1,234,815	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,430,226	<b>34</b>	1,475,957	

**Part XI Financial Statements and Reporting**

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

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 95-1154480

**Name:** GREATER RIVERSIDE CHAMBERS OF COMMERCE

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE VANDERPOOL CHAIRMAN OF THE BOARD	5 00	X						0	0	0
SHARON TYRRELL VICE-CHAIR - CHAIR ELECT	2 00	X						0	0	0
HOWARD GOLDS VICE-CHAIR - GOVERNMENTAL AFFAIRS	2 00	X						0	0	0
WENDELL CLARK VICE-CHAIR - ECONOMIC DEVE	2 00	X						0	0	0
GEORGE HOANZL VICE-CHAIR - MEMBERSHIP	2 00	X						0	0	0
BRIAN HAWLEY VICE-CHAIR - COMMUNITY DEVELOPMENT	2 00	X						0	0	0
RITA NORTON VICE-CHAIR - DIVISIONS	2 00	X						0	0	0
TOM DONAHUE VICE-CHAIR - DIVISIONS	2 00	X						0	0	0
MARK WYATT VICE-CHAIR - DIVISIONS	2 00	X						0	0	0
JUDY CARPENTER VICE-CHAIR - FINANCE	1 00	X						0	0	0
KEN STREAM PAST CHAIRMAN OF THE BOARD	2 00	X						0	0	0
SHIRIN FOLSOM BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
PETER HUBBARD BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
DR JAN MUTO BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
LEA PETERSEN BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
RON REDFERN BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
MICHAEL REMBIS BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
ROGER RUPP BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
ELLA WARTELLA BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
DAVE WRIGHT BOARD MEMBER (3 YEARS TO S	1 00	X						0	0	0
AL ARGUELLO BOARD MEMBER (2 YEARS TO SE	1 00	X						0	0	0
KATHY BARR BOARD MEMBER (2 YEARS TO SE	1 00	X						0	0	0
MARLENE BURNETT BOARD MEMBER (2 YEARS TO SE	1 00	X						0	0	0
PATTY MOORMAN BOARD MEMBER (2 YEARS TO SE	1 00	X						0	0	0
BRIAN PEARCY BOARD MEMBER (2 YEARS TO SE	1 00	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE STULL BOARD MEMBER (2 YEARS TO SE	1 00	X						0	0	0
DR RANDAL WISBEY BOARD MEMBER (2 YEARS TO SE	1 00	X						0	0	0
DR RONALD ELLIS BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
ROSE GIRARD BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
DEBBI GUTHRIE BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
TOM HUNT BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
PAUL JESSUP BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
COLLETTE LEE BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
GEORGE REYES BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
VITA WILLETT BOARD MEMBER (1 YEAR TO SE	1 00	X						0	0	0
CARL DAMERON PRESIDENT - IE AFRICAN AMERICAN	2 00	X						0	0	0
SALLY ANDRIAMIARIOSA CHAIR - BUSINESS IN ACTION	2 00	X						0	0	0
ROBIN TREEN PRESIDENT - LA SIERRA DIVISION	2 00	X						0	0	0
LARRY BURNS CHAIR - GOLF	2 00	X						0	0	0
OLIVER ROCROI PRESIDENT - DOWNTOWN DIVISION	2 00	X						0	0	0
VICTORIA BRODIE CHAIR - EAST HILLS DIVISIO	2 00	X						0	0	0
ROBIN LANG CHAIR - KEEP RIVERSIDE CLE	2 00	X						0	0	0
KATHY BARTON PRESIDENT - HUNTER PARK DI	2 00	X						0	0	0
BOB STOCKTON CHAIR - LEADERSHIP RIVIVERSIDE	2 00	X						0	0	0
KATHLEEN PEACH CHAIR - MARKETING COMMITTE	2 00	X						0	0	0
PEGGY RICKS CHAIR - AMBASSADORS	2 00	X						0	0	0
RICHARD ROTH CHAIR - SILVER EAGLES	2 00	X						0	0	0
HARRISON HEUBLEIN PRESIDENT - MAGNOLIA CENTER	2 00	X						0	0	0
PATTY OSMON PRESIDENT - ARLINGTON DIVISION	2 00	X						0	0	0
CINDY ROTH PRESIDENT/CEO	40 00	X		X	X	X		175,230	0	0

**Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -**

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
ADVERTISING-GRB	541,800	93,129		93,129	
ADMINISTRATION FEE	900,099	69,433	69,433		
ADVERTISING-BUSINESS P	541,800	8,490		8,490	
ADVERTISING-WEB	541,800	6,125		6,125	
ADVERTISING-MEMBER DIR	541,800	2,956		2,956	

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GOVERNMENT CONTRACT EXP	189,672			
MEMBERSHIP COMMISSIONS	114,174			
GRB EXPENSE (COMMISSION	73,771			
MEMBERSHIP COSTS	32,074			
SELLING EXPENSES	16,884			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number

95-1154480

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	Yes	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number 95-1154480

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		113,980		113,980
<b>b</b> Buildings . . . . .		215,398	77,193	138,205
<b>c</b> Leasehold improvements . . . . .		392,642	137,632	255,010
<b>d</b> Equipment . . . . .		130,967	106,364	24,603
<b>e</b> Other . . . . .		55,206	53,289	1,917
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				533,715



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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERFUND PAYABLES	9,690
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	9,690

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

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	1,252,000
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	1,236,055
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	15,945
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	0
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	15,945

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,408,413
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	-129,155
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-129,155
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,537,568
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	-285,568
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-285,568
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,252,000

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,392,468
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	285,568
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	285,568
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,106,900
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	129,155
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	129,155
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,236,055

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUES PER FINANCIAL STATEMENTS -129155
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES NETTED AGAINST REVENUES -21145 FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUES PER FORM 990 -258814 COST OF GOODS SOLD NETTED AGAINST SALES -5609
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES NETTED AGAINST REVENUES 21145 FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUES PER FORM 990 258814 COST OF GOODS SOLD NETTED AGAINST SALES 5609
Part XIII, Line 4b - Other Adjustments		FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUES PER FINANCIAL STATEMENTS 129155

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number 95-1154480

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 e-mail 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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name 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. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>INAUGURAL CELEBRATION</b> (event type)	<b>GOOD MORNING RIVERSIDE</b> (event type)	<b>23</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	107,272	63,129	318,140	488,541
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	107,272	63,129	318,140	488,541
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	55,159	31,471	172,184	258,814
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				258,814
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				229,727	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain _____ _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

GREATER RIVERSIDE CHAMBERS OF COMMERCE

**Employer identification number**

95-1154480

**Part I Questions Regarding Compensation**

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

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- |  |   |
|--|---|
| <input 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 type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CINDY ROTH	(i)	175,230	0	0	0	0	175,230	170,113
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

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



**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 95-1154480

**Name:** GREATER RIVERSIDE CHAMBERS OF COMMERCE

**efile GRAPHIC print - DO NOT PROCESS** | **As Filed Data -** | **DLN: 93493133038751**

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

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

**Open to Public Inspection**

**Name of the organization**

GREATER RIVERSIDE CHAMBERS OF COMMERCE

**Employer identification number**

95-1154480

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THE ORGANIZATION'S PRESIDENT/CEO, CINDY ROTH, IS THE SPOUSE OF BOARD MEMBER, AND CHAIR OF THE SILVER EAGLES, RICHARD ROTH

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		FORM 990 WAS PRESENTED TO AND REVIEWED BY THE BOARD AT THE GENERAL BOARD MEETING HELD ON APRIL 28, 2011, PRIOR TO THE EXTENDED FILING DEADLINE OF MAY 15, 2011

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION ANNUALLY MONITORS ITS CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		EMPLOYEE'S ARE EVALUATED ANNUALLY THE ORGANIZATION PRESIDENT/CEO IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAIALBLE UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	MIKE VANDERPOOL - 3403 TENTH STREET #380, RIVERSIDE, CA 92501 SHARON TYRRELL - 6735 BROCKTON AVENUE, RIVERSIDE, CA 92506 HOWARD GOLDS - 3750 UNIVERSITY AVENUE #300, RIVERSIDE, CA 92501 WENDELL CLARK - 6865 AIRPORT DRIVE, RIVERSIDE, CA 92503 GEORGE HOANZL - 4135 INDUS WAY, RIVERSIDE, CA 92503 BRIAN HAWLEY - 871 MARLBOROUGH AVENUE, RIVERSIDE, CA 92507 RITA NORTON - 8138 MAR VISTA COURT, RIVERSIDE, CA 92504 TOM DONAHUE - 3400 MARKET STREET, RIVERSIDE, CA 92501 MARK WYATT - 8432 MAGNOLIA AVENUE, RIVERSIDE, CA 92504 JUDY CARPENTER - 3660 BROCKTON AVENUE, RIVERSIDE, CA 92506 KEN STREAM - 3750 UNIVERSITY AVENUE #250, RIVERSIDE, CA 92501 SHIRIN FOLSOM - 8200 ARLINGTON AVENUE, RIVERSIDE, CA 92503 PETER HUBBARD - 879 MARLBOROUGH AVENUE, RIVERSIDE, CA 92507 DR JAN MUTO - 4800 MAGNOLIA AVENUE, RIVERSIDE, CA 92506 LEA PETERSEN - 3460 ORANGE STREET, RIVERSIDE, CA 92501 RON REDFERN - 3512 14TH STREET, RIVERSIDE, CA 92501 MICHAEL REMBIS - 4445 MAGNOLIA AVENUE, RIVERSIDE, CA 92501 ROGER RUPP - P O BOX 6382, MARCH ARB, CA 92518 ELLA WARTELLA - 900 UNIVERSITY AVENUE, RIVERSIDE, CA 92521 DAVE WRIGHT - 3900 MAIN STREET 4TH FLOOR, RIVERSIDE, CA 92522 AL ARGUELLO - 3650 14TH STREET, RIVERSIDE, CA 92501 KATHY BARR - 6800 INDIANA AVENUE #140, RIVERSIDE, CA 92506 MARLENE BURNETT - 3865 JACKSON STREET, RIVERSIDE, CA 92503 PATTY MOORMAN - 1200 COLUMBIA AVENUE, RIVERSIDE, CA 92507 BRIAN PEARCY - P O BOX 1583, RIVERSIDE, CA 92502 MIKE STULL - 5500 UNIVERSITY PARKWAY JB284, SAN BERNARDINO, CA 92407 DR RANDAL WISBEY - 4500 RIVERWALK PARKWAY, RIVERSIDE, CA 92515 DR RONALD ELLIS - 8432 MAGNOLIA AVENUE, RIVERSIDE, CA 92507 ROSE GIRARD - 15120 RIVERSIDE DRIVE, RIVERSIDE, CA 92518 DEBBI GUTHRIE - 5339 LOCHMOOR DRIVE, RIVERSIDE, CA 92507 TOM HUNT - 2010 IOWA #101, RIVERSIDE, CA 92507 PAUL JESSUP - 3939 13TH STREET, RIVERSIDE, CA 92501 COLLETTE LEE - 7197 BROCKTON AVENUE #6, RIVERSIDE, CA 92506 GEORGE REYES - P O BOX 1028, RIVERSIDE, CA 92505 VITA WILLETT - 10800 MAGNOLIA AVENUE, RIVERSIDE, CA 92505 CARL DAMERON - 1911 COMMERCECENTER DRIVE STE 313, SAN BERNARDINO, CA 92408 SALLY ANDRIAMARIOSIA - 4445-A MAGNOLIA AVENUE, RIVERSIDE, CA 92501 ROBIN TREEN - 11820 PIERCE STREET #200, RIVERSIDE, CA 92505 LARRY BURNS - 670 E CARNEGIE, SAN BERNARDINO, CA 92408 OLIVER ROCROI - 3403 TENTH STREET STE 10, RIVERSIDE, CA 92501 VICTORIA BRODIE - 5225 CANYON CREST #71 PMB 278, RIVERSIDE, CA 92507 ROBIN LANG - 321 E ALESSANDRO BLVD #2B, RIVERSIDE, CA 92508 KATHY BARTON - 900 UNIVERSITY AVENUE, RIVERSIDE, CA 92521 BOB STOCKTON - 1223 UNIVERSITY AVENUE #240, RIVERSIDE, CA 92507 KATHLEEN PEACH - 6144 OMEGA STREET, RIVERSIDE, CA 92506 PEGGY RICKS - 18055 WOOD EDGE LANE, RIVERSIDE, CA 92504 RICHARD ROTH - 1650 SPRUCE STREET #104, RIVERSIDE, CA 92507 HARRISON HEUBLEIN - 3500 PORSCHEWAY #300, ONTARIO, CA 91764 PATTY OSMON - 9800 INDIANA AVENUE #2, RIVERSIDE, CA 92503 CINDY ROTH - 3985 UNIVERSITY AVENUE, RIVERSIDE, CA 92501

**Return of Organization Exempt From Income Tax**

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

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

**C Name of organization**  
**GREATER RIVERSIDE CHAMBERS OF COMMERCE**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3985 UNIVERSITY AVENUE**  
 City or town, state or country, and ZIP + 4  
**RIVERSIDE, CA 92501-3256**

**D Employer identification number**  
**95-1154480**

**E Telephone number**  
**(909) 683-7100**

**G Gross receipts \$** **1,311,467.**

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

**F Name and address of principal officer** **CINDY ROTH**  
**3985 UNIVERSITY AVENUE, RIVERSIDE, CA 92501**

**I Tax-exempt status**  501(c) ( **6** ) ◀ (insert no)  4947(a)(1) or  527

**J Website:** ▶ **WWW.RIVERSIDE-CHAMBER.COM**

**K Type of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** **1943** **M State of legal domicile:** **CA**

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities **TO PROMOTE, IMPROVE, STIMULATE AND SUPPORT THE RIVERSIDE ECONOMY AND COMMUNITY.**

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	53
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53
5	Total number of employees (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	139,223.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-14,467.

	Prior Year	Current Year
8	855,045.	834,686.
9	153,956.	172,395.
10	18,794.	13,906.
11	295,860.	264,953.
12	1,323,655.	1,285,940.
13		3,000.
14		
15	562,309.	595,769.
16a		
b Total fundraising expenses (Part IX, column (D), line 25)		
17	736,960.	651,011.
18	1,299,269.	1,249,780.
19	24,386.	36,160.
	Beginning of Year	End of Year
20	1,370,798.	1,430,226.
21	188,090.	211,357.
22	1,182,708.	1,218,869.

20 Total assets (Part X, line 16)  
 21 Total liabilities (Part X, line 26)  
 22 Net assets or fund balances. Subtract line 21 from line 20

**Part II Signature Block**

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

Signature of officer: *Cynthia Roth*  
**CINDY ROTH, PRESIDENT/CEO**  
 Type or print name and title

Date: **5/11/10**

**Paid Preparer's Use Only**

Preparer's signature: *Andrew A. Devlin, CMA*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **AHERN ADCOCK DEVLIN LLP**  
**2155 CHICAGO AVENUE, SUITE 100**  
**RIVERSIDE, CA 92507**

Date: **05/11/10**  
 Check if self-employed:   
 Preparer's identifying number (see instructions): **P00153620**  
 EIN: **33-0919055**  
 Phone no.: **(951) 683-0672**

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

SCANNED JUL 2 2010 Activities & Governance Revenue Expenses Net Assets or Fund Balances

RECEIVED  
MAY 17 2010  
329 IRS-OSC

912 17

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission
TO PROMOTE, IMPROVE, STIMULATE AND SUPPORT THE RIVERSIDE ECONOMY AND COMMUNITY.

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 [X] 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 [X] No

If "Yes", describe these changes on Schedule O
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
THE CHAMBERS OF COMMERCE SERVE THE GREATER RIVERSIDE AREA THROUGH 7 AFFILIATED CHAMBERS AND RELATED AGENCIES BY PROVIDING QUALITY SERVICES TO THE COMMUNITY AND AREA BUSINESSES DESIGNED TO PROMOTE AND PUBLICIZE THE CITY, STIMULATE COMMERCE, ATTRACT AND SERVE THE NEEDS OF NEW BUSINESSES AND INSTITUTIONS, BEAUTIFY THE RIVERSIDE AREA, ASSIST WITH FAIRS AND FESTIVALS THAT CELEBRATE RIVERSIDE'S RICH HISTORY AND DIVERSE COMMUNITY, SUPPORT EDUCATION, RETAIN ESTABLISHED BUSINESSES, ADVOCATE LEGISLATION, ENHANCE HEALTH AND SAFETY, IMPROVE RELATIONSHIPS WITH LOCAL GOVERNMENT, TRAIN NEW LEADERS, CHAMPION THE ADVANCEMENT OF WOMEN AND MINORITIES AND PROMOTE THE DEVELOPMENT OF NEW TECHNOLOGY.

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

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

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

4e Total program service expenses \$ (Must equal Part IX, Line 25, column (B))

**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>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any accounts where 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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
<b>1a</b>			16
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		22
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter <b>N/A</b>		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter <b>N/A</b>		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **CINDY ROTH - (951) 683-7100**  
**3985 UNIVERSITY AVENUE, RIVERSIDE, CA 92501**

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEN STREAM CHAIRMAN OF THE BOARD	2.00							0.	0.	0.
MIKE VANDERPOOL VICE-CHAIRMAN/CHAIRMAN E	2.00							0.	0.	0.
CHRIS CARLSON VICE-CHAIR - GOVERNMENTA	2.00							0.	0.	0.
WENDELL CLARK VICE-CHAIR - ECONOMIC DE	2.00							0.	0.	0.
GEORGE HOANZL VICE-CHAIR - MEMBERSHIP	2.00							0.	0.	0.
BRIAN PEARCY VICE-CHAIR - COMMUNITY D	2.00							0.	0.	0.
RITA NORTON VICE-CHAIR - DIVISIONS	2.00							0.	0.	0.
BRIAN HAWLEY VICE-CHAIR - DIVISIONS	2.00							0.	0.	0.
SHARON TYRRELL VICE-CHAIR - DIVISIONS	2.00							0.	0.	0.
JUDY CARPENTER VICE-CHAIR - FINANCE	2.00							0.	0.	0.
GEORGE REYES VICE-CHAIR - LEGAL COUNS	2.00							0.	0.	0.
CRAIG BLUNDEN PAST CHAIRMAN OF THE BOA	2.00							0.	0.	0.
KATHY BARR BOARD MEMBER (3 YEARS TO	1.00							0.	0.	0.
MARLENE BURNETT BOARD MEMBER (3 YEARS TO	1.00							0.	0.	0.
PATTY MOORMAN BOARD MEMBER (3 YEARS TO	1.00							0.	0.	0.
BILL STEPHENS BOARD MEMBER (3 YEARS TO	2.00							0.	0.	0.
MIKE STULL BOARD MEMBER (3 YEARS TO	1.00							0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. RANDAL WISBEY BOARD MEMBER (3 YEARS TO	1.00							0.	0.	0.
DR. RONALD ELLIS BOARD MEMBER (2 YEARS TO	1.00							0.	0.	0.
ROSE GIRARD BOARD MEMBER (2 YEARS TO	1.00							0.	0.	0.
DEBBI GUTHRIE BOARD MEMBER (2 YEARS TO	1.00							0.	0.	0.
TOM HUNT BOARD MEMBER (2 YEARS TO	1.00							0.	0.	0.
PAUL JESSUP BOARD MEMBER (2 YEARS TO	1.00							0.	0.	0.
COLLETTE LEE BOARD MEMBER (2 YEARS TO	1.00							0.	0.	0.
VITA WILLETT BOARD MEMBER (2 YEARS TO	1.00							0.	0.	0.
JIM FUSON BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
PETER HUBBARD BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
<b>1b Total</b>								170,113.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	596,756.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	237,930.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>		<b>834,686.</b>			
Program Service Revenue	2 a <b>ADVERTISING-GRB</b>	Business Code 541800	97,016.		97,016.	
	b <b>ADMINISTRATION FEE</b>	900099	60,159.	60,159.		
	c <b>ADVERTISING-BUSINESS P</b>	541800	8,420.		8,420.	
	d <b>ADVERTISING-GOVERNMENT</b>	541800	2,100.		2,100.	
	e <b>ADVERTISING-MEMBER DIR</b>	541800	2,000.		2,000.	
	f All other program service revenue	900099	2,700.	1,400.	1,300.	
	<b>g Total. Add lines 2a-2f</b>		<b>172,395.</b>			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,906.		13,906.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			28,387.		28,387.	
6 a Gross Rents		(i) Real	17,305.			
		(ii) Personal				
		b Less rental expenses	20,610.			
		c Rental income or (loss)	-3,305.			
d Net rental income or (loss)			-3,305.		-3,305.	
7 a 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)						
8 a 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		222,085.	222,085.		
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	22,703.				
	b Less: cost of goods sold	b	4,917.			
	c Net income or (loss) from sales of inventory		17,786.	17,786.		
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
<b>12 Total Revenue</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			<b>1,285,940.</b>	<b>301,430.</b>	<b>139,223.</b>	<b>10,601.</b>

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,000.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	170,113.			
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	363,889.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,734.			
10 Payroll taxes	51,033.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,636.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	35,116.			
17 Travel	3,929.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,054.			
20 Interest	10,068.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,110.			
23 Insurance	41,036.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a GOVERNMENT CONTRACT EXP	189,685.			
b MEMBERSHIP COMMISSIONS	131,659.			
c GRB EXPENSE (COMMISSION	75,536.			
d MEMBERSHIP COSTS	36,988.			
e EQUIPMENT REPAIRS & MAI	20,867.			
f All other expenses	60,327.			
25 Total functional expenses. Add lines 1 through 24f	1,249,780.			
26 Joint Costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	100,943.	1	664,877.
	2	Savings and temporary cash investments	585,154.	2	112,041.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	96,226.	4	76,737.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	571.	8	515.
	9	Prepaid expenses and deferred charges	13,476.	9	18,005.
	10a	Land, buildings, and equipment cost basis	10a 899,393.		
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 347,409.		
			568,059.	10c	551,984.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets See Part IV, line 11	6,369.	15	6,067.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,370,798.	16	1,430,226.	
Liabilities	17	Accounts payable and accrued expenses	181,711.	17	205,290.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	6,379.	25	6,067.
	26	<b>Total liabilities.</b> Add lines 17 through 25	188,090.	26	211,357.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,053,451.	27	1,087,283.
	28	Temporarily restricted net assets	129,257.	28	131,586.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	1,182,708.	33	1,218,869.
	34	<b>Total liabilities and net assets/fund balances</b>	1,370,798.	34	1,430,226.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?

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

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2008**  
**Open to Public Inspection**

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number

**95-1154480**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization **GREATER RIVERSIDE CHAMBERS OF COMMERCE** Employer identification number **95-1154480**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 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
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____



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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_%
- b Permanent endowment ▶ \_\_\_\_\_%
- c Term endowment ▶ \_\_\_\_\_%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		113,980.		113,980.
b Buildings		214,708.	71,058.	143,650.
c Leasehold improvements		392,642.	126,594.	266,048.
d Equipment		122,857.	97,267.	25,590.
e Other		55,206.	52,490.	2,716.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				551,984.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>INTERFUND PAYABLES</b>	<b>6,067.</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	<b>6,067.</b>

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,285,940.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,249,780.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	36,160.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1.
9	Total adjustments (net) Add lines 4-8	9	1.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	36,161.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,556,769.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,556,769.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-270,829.
c	Add lines 4a and 4b	4c	-270,829.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,285,940.

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

1	Total expenses and losses per audited financial statements	1	1,520,609.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	270,829.
e	Add lines 2a through 2d	2e	270,829.
3	Subtract line 2e from line 1	3	1,249,780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,249,780.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**ROUNDING ADJUSTMENT: 1.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**RENTAL EXPENSES NETTED AGAINST REVENUES: -20610.**

**FUNDRAISING EXPENSES NETTED AGAINST REVENUES: -245303.**

**COST OF GOODS SOLD NETTED AGAINST SALES: -4917.**

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

ROUNDING ADJUSTMENT: 1.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST REVENUES: 20610.

FUNDRAISING EXPENSES NETTED AGAINST REVENUES: 245303.

COST OF GOODS SOLD NETTED AGAINST SALES: 4917.

ROUNDING ADJUSTMENT: -1.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008 Open To Public Inspection

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number

95-1154480

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

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

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

2 a Did the organization have a written or oral agreement with any individual... 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.

Table with 6 columns: (i) Name 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. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		INAUGURAL CELEBRATION (event type)	GOOD MORNING RIVERSIDE (event type)	19 (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	94,300.	61,355.	311,733.	467,388.
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	94,300.	61,355.	311,733.	467,388.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	54,574.	29,921.	160,808.	245,303.
	8	Direct expense summary Add lines 4 through 7 in column (d)				( 245,303.)
	9	Net income summary Combine lines 3 and 8 in column (d)				222,085.

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

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

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

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**b** An outside facility

<b>13a</b>		%
<b>13b</b>		%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

**15a**

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

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

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

**17a**

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number

**95-1154480**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- 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) and 501(c)(4) organizations must complete lines 5-8.**

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2008



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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CINDY ROTH	(i) 170,113.	(ii) 0.	(iii) 0.	0.	0.	170,113.	0.
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				

Continuation Sheet for Form 990

**2008**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer Identification number

**95-1154480**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. LINDA LACY BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
LEA PETERSEN BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
RON REDFERN BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
MICHAEL REMBIS BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
ROGER RUPP BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
ELLEN WARTELLA BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
DAVE WRIGHT BOARD MEMBER (1 YEAR TO	1.00							0.	0.	0.
DAWUD AKIL PRESIDENT-IE AFRICAN CHA	2.00							0.	0.	0.
SALLY ANDRIAMIARISOA CHAIR - BUSINESS IN ACTI	2.00							0.	0.	0.
LARRY BECKER PRESIDENT - LA SIERRA DI	2.00							0.	0.	0.
LARRY BURNS CHAIR - GOLF	2.00							0.	0.	0.
TOM DONAHUE PRESIDENT - DOWNTOWN DIV	2.00							0.	0.	0.
HOWARD GOLDS CHAIR - GOVERNMENTAL AFF	2.00							0.	0.	0.
ERLAN GONZALEZ PRESIDENT - G.R. HISPANI	2.00							0.	0.	0.
MARK HEDGES CHAIR - EAST HILLS DIVIS	2.00							0.	0.	0.
HARRISON HEUBLEIN CHAIR - MILITARY AFFAIRS	2.00							0.	0.	0.
ROBIN LANG CHAIR - KEEP RIVERSIDE C	2.00							0.	0.	0.
DARCY MCNABOE PRESIDENT - HUNTER PARK	2.00							0.	0.	0.
ANETTE NUNN CHAIR - LEADERSHIP RIVER	2.00							0.	0.	0.
KATHLEEN PEACH CHAIR - MARKETING COMMIT	2.00							0.	0.	0.

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

Schedule J-2 (Form 990) 2008

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **GREATER RIVERSIDE CHAMBERS OF COMMERCE**  
Employer Identification number: **95-1154480**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VED PRAKASH, M.D. PRESIDENT - ASIAN INDIAN	2.00							0.	0.	0.
PEGGY RICK CHAIR - AMBASSADORS	2.00							0.	0.	0.
RICHARD ROTH CHAIR - SILVER EAGLE CLU	2.00							0.	0.	0.
RUTHAN SMITH PRESIDENT - MAGNOLIA CEN	2.00							0.	0.	0.
MARK WYATT PRESIDENT - ARLINGTON DI	2.00							0.	0.	0.
CINDY ROTH PRESIDENT/CEO	40.00			X	X			170,113.	0.	0.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number

95-1154480

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S PRESIDENT/CEO PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY MONITORS ITS CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: EMPLOYEE'S ARE EVALUATED ANNUALLY. THE ORGANIZATION PRESIDENT/CEO IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILBLE UPON WRITTEN REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

KEN STREAM - 3750 UNIVERSITY AVENUE #250  
RIVERSIDE, CA 92501

MIKE VANDERPOOL - 3403 TENTH STREET #830  
RIVERSIDE, CA 92501

CHRIS CARLSON - 4800 MAGNOLIA AVENUE  
RIVERSIDE, CA 92506

WENDELL CLARK - 6865 AIRPORT DRIVE  
RIVERSIDE, CA 92504

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number

**95-1154480**

**GEORGE HOANZL - 4135 INDUS WAY**

**RIVERSIDE, CA 92503**

**BRIAN PEARCY - P.O. BOX 1583**

**RIVERSIDE, CA 92502-1583**

**RITA NORTON - 8138 MAR VISTA COURT**

**RIVERSIDE, CA 92504**

**BRIAN HAWLEY - 871 MARLBOROUGH AVENUE**

**RIVERSIDE, CA 92507**

**SHARON TYRRELL - 6735 BROCKTON AVENUE**

**RIVERSIDE, CA 92506**

**JUDY CARPENTER - 3660 BROCKTON AVENUE**

**RIVERSIDE, CA 92506**

**GEORGE REYES - P.O. BOX 1028**

**RIVERSIDE, CA 92502**

**CRAIG BLUNDEN - 3756 CENTRAL AVENUE**

**RIVERSIDE, CA 92506**

**KATHY BARR - 6800 INDIANA AVENUE #140**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number

**95-1154480**

**RIVERSIDE, CA 92506**

**MARLENE BURNETT - 3865 JACKSON STREET**

**RIVERSIDE, CA 92503**

**PATTY MOORMAN - 1200 COLUMBIA AVENUE**

**RIVERSIDE, CA 92507**

**BILL STEPHENS - 3040 ADAMS STREET**

**RIVERSIDE, CA 92504**

**MIKE STULL - 5500 UNIVERSITY PARKWAY JB284**

**SAN BERNARDINO, CA 92407**

**DR. RANDAL WISBEY - 4500 RIVERWALK PARKWAY**

**RIVERSIDE, CA 92515**

**DR. RONALD ELLIS - 8432 MAGNOLIA AVENUE**

**RIVERSIDE, CA 92504**

**ROSE GIRARD - 2305 CHICAGO AVENUE**

**RIVERSIDE, CA 92507**

**DEBBI GUTHRIE - 4225 GARNER ROAD**

**RIVERSIDE, CA 92501**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number

**95-1154480**

**TOM HUNT - 8308 MAGNOLIA AVENUE #2**

**RIVERSIDE, CA 92504**

**PAUL JESSUP - 3939 13TH STREET**

**RIVERSIDE, CA 92501**

**COLLETTE LEE - 7197 BROCKTON AVENUE #6**

**RIVERSIDE, CA 92506**

**VITA WILLET - 10800 MAGNOLIA AVENUE**

**RIVERSIDE, CA 92505**

**JIM FUSON - 1299 GALLERIA AT TYLER**

**RIVERSIDE, CA 92503**

**PETER HUBBARD - 879 MARLBOROUGH AVENUE**

**RIVERSIDE, CA 92507**

**DR. LINDA LACY - 4800 MAGNOLIA AVENUE**

**RIVERSIDE, CA 92506**

**LEA PETERSEN - 3460 ORANGE STREET**

**RIVERSIDE, CA 92501**

**RON REDFERN - 3512 14TH STREET**

**RIVERSIDE, CA 92501**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number  
**95-1154480**

**MICHAEL REMBIS - 4445 MAGNOLIA AVENUE**

**RIVERSIDE, CA 92501**

**ROGER RUPP - P.O. BOX 6382**

**MARCH ARB, CA 92518**

**ELLEN WARTELLA - 900 UNIVERSITY AVENUE**

**RIVERSIDE, CA 92521**

**DAVE WRIGHT - 3900 MAIN STREET 4TH FLOOR**

**RIVERSIDE, CA 92522**

**DAWUD AKIL - 1911 COMMERCECENTER SRIVE SUITE 313**

**SAN BERNARDINO, CA 92408**

**SALLY ANDRIAMIARISOA - 4445-A MAGNOLIA AVENUE**

**RIVERSIDE, CA 92501**

**LARRY BECKER - 4500 RIVERWALK PARKWAY**

**RIVERSIDE, CA 92515**

**LARRY BURNS - 670 E. CARNEGIE**

**SAN BERNARDINO, CA 92408**

**TOM DONAHUE - 3400 MARKET STREET**

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

Schedule O (Form 990) 2008

832211  
12-18-08



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**  
**Open to Public**  
**Inspection**

Name of the organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number

**95-1154480**

**RIVERSIDE, CA 92501**

**HOWARD GOLDS - 3750 UNIVERSITY AVENUE #300**

**RIVERSIDE, CA 92501**

**ERLAN GONZALEZ - P.O. BOX 5872**

**RIVERSIDE, CA 92517**

**MARK HEDGES - 17130 VAN BUREN BLVD., PMB #83**

**RIVERSIDE, CA 92521**

**HARRISON HEUBLEIN - 3269 HIGHCLIFF ROAD**

**RIVERSIDE, CA 92506**

**ROBIN LANG - 321 E. ALESSANDRO BLVD. #2B**

**RIVERSIDE, CA 92508**

**DARCY MCNABOE - 11846 PRESTON STREET**

**GRAND TERRACE, CA 92313**

**ANETTE NUNN - 7117 BROCKTON AVENUE**

**RIVERSIDE, CA 92506**

**KATHLEEN PEACH - 6144 OMEGA STREET**

**RIVERSIDE, CA 92506**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

**GREATER RIVERSIDE CHAMBERS OF COMMERCE**

Employer identification number

**95-1154480**

**VED PRAKASH, M.D. - 225 W. HOSPITALITY LANE #100**

**SAN BERNARDINO, CA 92408**

**PEGGY RICK - 18055 WOOD EDGE LANE**

**RIVERSIDE, CA 92504**

**RICHARD ROTH - 3801 UNIVERSITY AVENUE #750**

**RIVERSIDE, CA 92501**

**RUTHAN SMITH - 3660 ARLINGTON AVENUE**

**RIVERSIDE, CA 92506**

**MARK WYATT - 3211 VAN BUREN BLVD.**

**RIVERSIDE, CA 92503**

**CINDY ROTH - 3985 UNIVERSITY AVENUE**

**RIVERSIDE, CA 92501**

**FORM 990, PART XI, LINE 1**

**ACCOUNTING METHOD USED TO PREPARE FORM 990:**

**MODIFIED ACCRUAL**

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

▶ **File a separate application for each return.**

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>GREATER RIVERSIDE CHAMBERS OF COMMERCE</b>	Employer identification number <b>95-1154480</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3985 UNIVERSITY AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RIVERSIDE, CA 92501-3256</b>	

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

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

**CINDY ROTH**

- The books are in the care of ▶ **3985 UNIVERSITY AVENUE - RIVERSIDE, CA 92501**  
Telephone No. ▶ **(951) 683-7100** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

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

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	GREATER RIVERSIDE CHAMBERS OF COMMERCE	95-1154480
	Number, street, and room or suite no. If a P.O. box, see instructions. 3985 UNIVERSITY AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RIVERSIDE, CA 92501-3256	

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

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

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

CINDY ROTH

• The books are in the care of  3985 UNIVERSITY AVENUE - RIVERSIDE, CA 92501  
Telephone No.  (951) 683-7100      FAX No.

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

- 4 I request an additional 3-month extension of time until MAY 15, 2010.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPILE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification**

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

Signature  *[Signature]*      Title  CPA      Date  FEB 01 2010

**Return of Organization Exempt From Income Tax**

**2007**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

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

**C** Name of organization: **GREATER RIVERSIDE CHAMBERS OF COMMERCE**  
 Number and street (or P.O. box if mail is not delivered to street address): **3985 UNIVERSITY AVENUE**  
 City or town, state or country, and ZIP + 4: **RIVERSIDE, CA 92501-3256**

**D** Employer identification number: **95-1154480**

**E** Telephone number: **(909) 683-7100**

**F** Accounting method:  Cash,  Accrual,  Other (specify) **MODIFIED AC**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

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

**H(b)** If "Yes," enter number of affiliates: **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: **N/A**

**G** Website: **WWW.RIVERSIDE-CHAMBER.COM**

**J** Organization type (check only one)  501(c) ( **6** ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

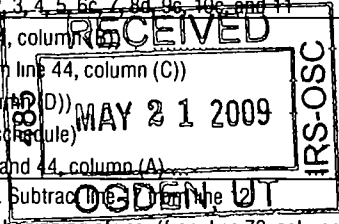
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,684,383.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)											
<b>c</b> Indirect public support (not included on line 1a)											
<b>d</b> Government contributions (grants) (not included on line 1a)											
<b>e</b> Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)										<b>0.</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										<b>431,568.</b>	
<b>3</b> Membership dues and assessments										<b>602,882.</b>	
<b>4</b> Interest on savings and temporary cash investments										<b>18,794.</b>	
<b>5</b> Dividends and interest from securities											
<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>		<b>6a</b>		<b>24,171.</b>							
<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>		<b>6b</b>		<b>29,695.</b>							
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										<b>6c -5,524.</b>	
<b>7</b> Other investment income (describe _____)											
<b>8 a</b> Gross amount from sales of assets other than inventory		<b>(A) Securities</b>		<b>(B) Other</b>							
<b>b</b> Less: cost or other basis and sales expenses		<b>8a</b>		<b>8b</b>							
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>									
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)										<b>8d</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)		<b>9a</b>		<b>579,905.</b>							
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>		<b>326,896.</b>							
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a						<b>SEE STATEMENT 3</b>				<b>9c 253,009.</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>		<b>25,563.</b>							
<b>b</b> Less: cost of goods sold		<b>10b</b>		<b>4,137.</b>							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a						<b>STMT 4</b>				<b>10c 21,426.</b>	
<b>11</b> Other revenue (from Part VII, line 103)										<b>11 1,500.</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										<b>12 1,323,655.</b>	
<b>13</b> Program services (from line 44, column (B))											
<b>14</b> Management and general (from line 44, column (C))											
<b>15</b> Fundraising (from line 44, column (D))											
<b>16</b> Payments to affiliates (attach schedule)											
<b>17</b> Total expenses. Add lines 16 and 44, column (A)										<b>17 1,299,269.</b>	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										<b>18 24,386.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										<b>19 1,158,322.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)										<b>20 0.</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										<b>21 1,182,708.</b>	

SCANNED JUN 26 2009 Revenue



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	145,344.			
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	405,782.			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	11,183.			
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes	47,098.			
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	9,745.			
<b>32</b> Legal fees				
<b>33</b> Supplies	7,851.			
<b>34</b> Telephone	12,994.			
<b>35</b> Postage and shipping	8,621.			
<b>36</b> Occupancy	45,627.			
<b>37</b> Equipment rental and maintenance	12,604.			
<b>38</b> Printing and publications	11,012.			
<b>39</b> Travel	3,577.			
<b>40</b> Conferences, conventions, and meetings	9,119.			
<b>41</b> Interest	13,190.			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	33,082.			
<b>43</b> Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> SEE STATEMENT 5	522,440.			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,299,269.			

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a THE CHAMBERS OF COMMERCE SERVE THE GREATER RIVERSIDE AREA THROUGH 7 AFFILIATED CHAMBERS, PROVIDING QUALITY SERVICES TO THE COMMUNITY AND AREA BUSINESSES DESIGNED TO PROMOTE AND IMPROVE THE RIVERSIDE AREA.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b THE AGENCY FUNDS ARE AFFILIATED AGENCIES THAT WORK CLOSELY WITH THE CHAMBERS OF COMMERCE TO PROMOTE AND IMPROVE THE GREATER RIVERSIDE AREA THROUGH QUALITY SERVICES PROVIDED TO COMMUNITY AND AREA BUSINESSES.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b> ►	

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	82,506.	45	100,943.
	46 Savings and temporary cash investments	597,740.	46	585,154.
	47 a Accounts receivable	47a 96,226.		
	b Less allowance for doubtful accounts	47b	47c	96,226.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	465.	52	571.
	53 Prepaid expenses and deferred charges	8,253.	53	13,476.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55 a Investments - land, buildings, and equipment - basis	55a			
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 930,225.			
b Less accumulated depreciation	57b 362,166.	57c	568,059.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,345,868.	59	1,364,429.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	187,546.	60	181,711.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> <b>INTERFUND PAYABLES</b> )	0.	65	10.
66 <b>Total liabilities.</b> Add lines 60 through 65	187,546.	66	181,721.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	1,053,463.	67	1,053,451.
	68 Temporarily restricted	104,859.	68	129,257.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,158,322.	73	1,182,708.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,345,868.	74	1,364,429.	



Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for revenue reconciliation. Total revenue is 1,323,655.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for expense reconciliation. Total expenses are 1,299,269.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE ATTACHED FOOTNOTE 2, 0.00, 145,344., 0., 0.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 55
- b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b
- c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  
If "Yes," attach a statement that includes the information described in the instructions. 75c
- d Does the organization have a written conflict of interest policy? 75d

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI** Other Information (See the instructions)

Yes No

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76
- 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77
- 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a
- b If "Yes," has it filed a tax return on Form 990-T for this year? 78b
- 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79
- 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a
- b If "Yes," enter the name of the organization ▶ N/A
- 81 a Enter direct and indirect political expenditures. (See line 81 instructions)  exempt or  nonexempt  
81a 0.
- b Did the organization file Form 1120-POL for this year? 81b

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) table with columns for question number, question text, and Yes/No columns. Includes questions 82a through 91b regarding organization services, dues, lobbying, and financial accounts.

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 9		144,469.			287,099.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					602,882.
95 Interest on savings and temporary cash investments			14	18,794.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	-5,524.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					253,009.
102 Gross profit or (loss) from sales of inventory					21,426.
103 Other revenue:					
a OTHER MISCELLANEOUS					
b INCOME					1,500.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		144,469.		13,270.	1,165,916.
105 Total (add line 104, columns (B), (D), and (E))					1,323,655.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Cynthia G. Roth* Signature of officer, Date: *5/13/09*

Type or print name and title: *CYNTHIA G. ROTH, PRESIDENT / CEO*

Paid Preparer's Use Only: Preparer's signature: *Shannon M Carlson*, Date: *05/12/09*, Check if self-employed: , Preparer's SSN or PTIN (See Gen. Inst. X): *P00107248*

Firm's name (or yours if self-employed), address, and ZIP + 4: *AHERN ADCOCK DEVLIN LLP, 2155 CHICAGO AVENUE, SUITE 100, RIVERSIDE, CA 92507*

EIN: *33-0919055*, Phone no.: *(951) 683-0672*

FORM 990

FOOTNOTE 1

## FORM 990, LINE 9 - SPECIAL EVENTS &amp; ACTIVITIES

DESCRIPTION OF EVENT	GROSS RECEIPTS	DIRECT EXPENSES	NET INCOME
Business Seminar	5,890	126	5,764
Candidates Academy	2,900	731	2,169
Community Meetings	59,090	34,413	24,677
Festival of Lights	37,875	27,875	10,000
	64,120	27,348	36,772
Golf Tournament	58,090	9,267	48,823
Inaugural Celebration	113,834	63,976	49,858
Leadership Graduation	14,795	7,541	7,254
Legislative Luncheon	19,030	6,589	12,441
Mayors State of the City Address	65,340	38,715	26,625
Military Honor Roll	6,396	-	6,396
Monthly Mixers	35,566	4,954	30,612
Riverside College & Campus Fair	18,000	9,104	8,896
Military Affairs Committee Events	54,670	38,714	15,956
Other Special Events	24,309	57,543	(33,234)
<b>GRAND TOTAL SPECIAL EVENTS</b>	<b>579,905</b>	<b>326,896</b>	<b>253,009</b>

**GREATER RIVERSIDE CHAMBERS OF COMMERCE  
BOARD OF DIRECTORS  
2007 - 2008**

**CHAIRMAN OF THE BOARD**

\*Craig Blunden                      Provident Savings Bank                      782-6188  
(2 yrs)                                      3756 Central Avenue                      FAX 782-6132  
Riverside, CA 92506                      Email: [cblunden@myprovident.com](mailto:cblunden@myprovident.com)

**VICE CHAIRMAN-CHAIRMAN ELECT**

\*Ken Stream                              Gresham Savage Nolan & Tilden LLP                      276-8444  
(3 yrs)                                      3750 University Ave #250                      FAX 686-4768  
Riverside CA 92501                      Email: [ken.stream@greshamsavage.com](mailto:ken.stream@greshamsavage.com)

**VICE CHAIR-GOVERNMENTAL AFFAIRS**

\*Rod Ballance                              KBR (Holdings) Ltd LLC                      680-1774  
3985 University Ave                      FAX 784-5072  
Riverside, CA 92501                      Email: [rballance@kbrltd.com](mailto:rballance@kbrltd.com)

**VICE CHAIR-ECONOMIC DEVELOPMENT**

\*Judy Carpenter                              Riverside Medical Clinic                      782-3744  
(1 yrs)                                      3660 Brockton Ave                      FAX 782-3834  
Riverside, CA 92506                      Email: [judy.carpenter@rmcps.com](mailto:judy.carpenter@rmcps.com)

**VICE CHAIRMAN-MEMBERSHIP**

\*George Hoanzl                              Jaguar Computer Systems                      273-7950  
4135 Indus Way                      FAX 734-5615  
Riverside, CA 92503                      Email: [ghoanzl@jaguar.net](mailto:ghoanzl@jaguar.net)

**VICE CHAIR-COMMUNITY DEVELOPMENT**

\*Chris Carlson                              Riverside Community College District                      222-8044  
4800 Magnolia Ave                      FAX 222-8035  
Riverside CA 92506                      Email: [chris.carlson@rcc.edu](mailto:chris.carlson@rcc.edu)

**VICE CHAIRMAN-DIVISIONS**

\*Rita Norton                                      ARC Riverside                      688-5141  
(1 yrs)                                      8138 Mar Vista Court                      FAX 688-7207  
Riverside, CA 92504                      Email: [morton@arcriderside.org](mailto:morton@arcriderside.org)

**VICE CHAIRMAN-DIVISIONS**

\*Brian Percy                                      Law Offices of Brian C Percy APC                      686-1584  
PO Box 1583                      FAX 686-1619  
Riverside CA 92502-1583                      Email: [bpercy@bpercylaw.com](mailto:bpercy@bpercylaw.com)

**VICE CHAIR-DIVISIONS**

\*Sharon Tyrrell                                      Capree Escrow                      778-1370  
6735 Brockton Avenue                      FAX 778-1380  
Riverside, CA 92506                      Email: [sharon@capreeescrow.com](mailto:sharon@capreeescrow.com)

**VICE CHAIR-FINANCE**

\*Mike Vanderpool Security Bank of California 368-2267  
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Riverside, CA 92501 Email: [mvanderpool@securitybankca.com](mailto:mvanderpool@securitybankca.com)

**VICE CHAIR – LEGAL COUNSEL**

\*George Reyes Best Best & Krieger 686-1450  
(3 yrs) PO Box 1028 FAX 686-3083  
Riverside, CA 92502 Email: [george.reyes@bbklaw.com](mailto:george.reyes@bbklaw.com)

**PAST CHAIRMAN OF THE BOARD/CHAIR - GRCCPAC**

\*Dr. Larry Geraty La Sierra University 785-2020  
(1 yr) 4700 Pierce St FAX 785-2019  
Riverside, CA 92505 Email: [lgeraty@lasierra.edu](mailto:lgeraty@lasierra.edu)

**\*Denotes Executive Committee**

\*\*\*\*\*

**THREE YEARS TO SERVE**

Dr. Ronald Ellis California Baptist University 343-4210  
8432 Magnolia Avenue FAX 343-4511  
Riverside, CA 92504 Email: [rellis@calbaptist.edu](mailto:rellis@calbaptist.edu)

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Tom Hunt Hunt Public Relations 588-1776  
8308 Magnolia Avenue, #2 FAX 588-1976  
Riverside, CA 92504 Email: [tom@huntgroup.us](mailto:tom@huntgroup.us)

Paul Jessup Alvord Unified School District 509-5070  
10365 Keller Avenue FAX 509-6070  
Riverside, CA 92505 Email: [pjessup@alvord.k12.ca.us](mailto:pjessup@alvord.k12.ca.us)

Collette Lee Tower Realty 369-8002  
7197 Brockton Avenue, #6 FAX 369-8059  
Riverside, CA 92506 Email: [cleentz@aol.com](mailto:cleentz@aol.com)

Vita Willett Kaiser Permanente Medical Center Riverside 353-4601  
10800 Magnolia Avenue FAX 353-3002  
Riverside, CA 92505 Email: [vita.m.willett@kp.org](mailto:vita.m.willett@kp.org)



## TWO YEARS TO SERVE

Ramon Alvarez	Alvarez Lincoln/Mercury Jaguar 8051 Auto Drive Riverside, CA 92504	867-1212 FAX 687-1288 Email: <a href="mailto:ramon@alvarezlm.com">ramon@alvarezlm.com</a>
Jim Fuson	Galleria at Tyler 1299 Galleria at Tyler Riverside, CA 92503	351-3112 FAX 686-1528 Email: <a href="mailto:jim.fuson@generalgrowth.com">jim.fuson@generalgrowth.com</a>
Peter Hubbard	American Medical Response 879 Marlborough Avenue Riverside, CA 92507	782-5240 FAX 782-5610 Email: <a href="mailto:peter_hubbard@amr-ems.com">peter_hubbard@amr-ems.com</a>
Dr. Linda Lacy	Riverside Community College District 4800 Magnolia Ave Riverside, CA 92506	222-8105 FAX 222-8136 Email: <a href="mailto:linda.lacy@rcc.edu">linda.lacy@rcc.edu</a>
Lea Petersen	Southern California Gas Co 3460 Orange St. Riverside, CA 92501	(909) 335-7631 FAX 788-2576 Email: <a href="mailto:lpetersen@semprautilities.com">lpetersen@semprautilities.com</a>
Ron Redfern	The Press-Enterprise Company 3512 14th St Riverside CA 92501	368-9515 FAX 368-9020 Email: <a href="mailto:rredfern@pe.com">rredfern@pe.com</a>
Roger Rupp	The Boeing Company PO Box 6382 March ARB CA 92518	655-7089 FAX 655-7081 Email: <a href="mailto:roger.h.rupp@boeing.com">roger.h.rupp@boeing.com</a>
Jaime Wesolowski	Riverside Community Hospital 4445 Magnolia Ave Riverside, CA 92501	788-3150 FAX 788-3174 Email: <a href="mailto:jaime.wesolowski@hcahealthcare.com">jaime.wesolowski@hcahealthcare.com</a>
Dave Wright	Riverside Public Utilities 3900 Main ST. 4 <sup>th</sup> Fl Riverside, CA 92522	826-5784 FAX 369-0548 Email: <a href="mailto:dwright@riversideca.gov">dwright@riversideca.gov</a>

## ONE YEAR TO SERVE

Kathy Barr	AT & T 6800 Indiana Ave #140 Riverside, CA 92506	680-8977 FAX 680-8975 Email: <a href="mailto:kb9761@att.com">kb9761@att.com</a>
Bill Boldt	University of California Riverside 900 University Ave Riverside, CA 92521	827-5203 FAX 827-6341 Email: <a href="mailto:william.boldt@ucr.edu">william.boldt@ucr.edu</a>

Marlene Burnett Parkview Community Hospital Medical Center 352-5647  
 3865 Jackson St FAX 352-5427  
 Riverside, CA 92503 Email: [mburnett@pchmc.org](mailto:mburnett@pchmc.org)

Robin Lang Alemar Management Corp 780-5099  
 321 E. Alessandro Blvd. #2B FAX 780-3663  
 Riverside, CA 92508 Email: [rbnroo@aol.com](mailto:rbnroo@aol.com)

Patty Moorman Bourns Inc 781-5690  
 1200 Columbia Ave FAX 781-5273  
 Riverside, CA 92507 Email: [patricia.moorman@bourns.com](mailto:patricia.moorman@bourns.com)

Mike Stull California State University San Bernardino (909) 880-5000  
 5500 University Parkway JB284 FAX (909) 880-7578  
 San Bernardino, CA 92407 Email: [mstull@csusb.edu](mailto:mstull@csusb.edu)

Mike Teer Teer One Properties Inc 784-1342  
 3978 Brockton Ave FAX 784-6712  
 Riverside, CA 92501 Email: [teer1@sbcglobal.net](mailto:teer1@sbcglobal.net)

**ONE YEAR TO SERVE (APPOINTED)**

Troy Adams Chair – Ambassadors/Golf  
 Adams Kart Track 686-3826  
 5292 24th St FAX 369-3527  
 Riverside CA 92509 Email: [troy@adamskarttrack.com](mailto:troy@adamskarttrack.com)

Dawud Akil President – IE African American Chamber of Commerce  
 1911 Commecercenter Drive Suite 313 (909) 888-5223  
 San Bernardino, CA 92408 Email: [dawudakil@earthlink.net](mailto:dawudakil@earthlink.net)

Rod Ballance Chair – Silver Eagle Club  
 3985 University Ave 680-1774  
 Riverside, CA 92501 FAX 784-5072  
 Email: [rbalance@kbrltd.com](mailto:rbalance@kbrltd.com)

Larry Becker President – La Sierra Division  
 La Sierra University 785-2460  
 4500 Riverwalk Prkwy FAX 785-2019  
 Riverside CA 92515 Email: [lbecker@lasierra.edu](mailto:lbecker@lasierra.edu)

Wendell Clark Chair – Economic Development Committee  
 JD Diffenbaugh Inc 351-6865  
 6865 Airport Dr FAX 351-6880  
 Riverside, CA 92504 Email: [wclark@diffenbaugh.com](mailto:wclark@diffenbaugh.com)

Bill Cole	<u>Chair – EastHills Division</u> UCR – Alumni Association 100 A Highlander Hall Riverside, CA 92521	827-4511 FAX 827-3186 Email: <a href="mailto:bill.cole@ucr.edu">bill.cole@ucr.edu</a>
Tom Donahue	<u>Chair – Business Education Partnership</u> Marriott Riverside 3400 Market St Riverside CA 92501	784-8000 FAX 369-7127 Email: <a href="mailto:tdonahue@sunstonehotels.com">tdonahue@sunstonehotels.com</a>
Bud Fish	<u>Chair – Keep Riverside Clean &amp; Beautiful</u> Riverside Parks & Recreation 3936 Chestnut St Riverside, CA 92501	826-2027 Email: <a href="mailto:bfish@riversideca.gov">bfish@riversideca.gov</a>
Matt Friedlander	<u>President – Arlington Division</u> Enterprise Car Sales 3211 Van Buren Blvd Riverside, CA 92503	509-5800 FAX 509-5830 Email: <a href="mailto:matt.friedlander@erac.com">matt.friedlander@erac.com</a>
Howard Golds	<u>Chair – Governmental Affairs Council</u> Best Best & Krieger 3750 University Ave #300 Riverside, CA 92501	826-8339 FAX 686-3083 Email: <a href="mailto:hbgolds@bbklaw.com">hbgolds@bbklaw.com</a>
Erlan Gonzalez	<u>President – Greater Riverside Hispanic Chamber of Commerce</u> Greater Riverside Hispanic Chamber P.O. Box 5872 Riverside, CA 92517	955-2968 FAX 784-1587 Email: <a href="mailto:ergonzalez@rivcoeda.org">ergonzalez@rivcoeda.org</a>
Brian Hawley	<u>President – Hunter Park Division</u> Luminex Software Inc 871 Marlborough Ave Riverside CA 92507	781-4100 FAX 781-4105 Email: <a href="mailto:bhawley@luminex.com">bhawley@luminex.com</a>
Harrison Heublein	<u>Chair – Military Affairs Committee</u> 3269 Highcliff Rd Riverside CA 92506	222-2235 FAX 222-2235 Email: <a href="mailto:Heubleinhotline@hotmail.com">Heubleinhotline@hotmail.com</a>
Lou Monville	<u>Chair – GRCCPAC</u> O'Reilly Public Relations Inc 3403 10th St #110 Riverside, CA 92501	781-2240 FAX 781-0845 Email: <a href="mailto:lmonville@oreillypr.com">lmonville@oreillypr.com</a>
John Patterson	<u>Chair – Business In Action</u> AG Edwards & Sons Inc 3850 Vine ST #100 Riverside, CA 92507	784-8700 FAX 682-2517 Email: <a href="mailto:john.patterson@agedwards.com">john.patterson@agedwards.com</a>

Kathleen Peach   Chair – Marketing Committee  
6144 Omega St   334-0531  
Riverside CA 92506   FAX 369-7233  
Email: [kpeach@sbcglobal.net](mailto:kpeach@sbcglobal.net)

Ved Prakash, M.D.   President – Asian Indian Chamber of Commerce  
225 West Hospitality Lane, #100   (909) 890-5856  
San Bernardino, CA 92408   Email: [vedprak@aol.com](mailto:vedprak@aol.com)

Adolfo Saldana   President – Magnolia Center  
State Farm Insurance   686-9754  
6667 Indiana Ave #E   FAX 781-9714  
Riverside CA 92506   Email: [adolfo.saldana.jvn1@statefarm.com](mailto:adolfo.saldana.jvn1@statefarm.com)

Greg Seiler   President- Downtown Division  
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4445 Magnolia Ave   FAX 788-3494  
Riverside, CA 92501   Email: [greg.seiler@hcahealthcare.com](mailto:greg.seiler@hcahealthcare.com)

*Rita Norton*  
~~Cynthia Wright~~   Chair - Leadership Riverside Steering  
California Baptist University   343-4343  
8432 Magnolia Ave   FAX 343-4544  
Riverside, CA 92504   Email: [cwright@calbaptist.edu](mailto:cwright@calbaptist.edu)

**STAFF**

Cindy Roth   President/ CEO   683-7100  
3985 University Avenue   FAX 683-2670  
Riverside, CA 92501   Email: [croth@riverside-chamber.com](mailto:croth@riverside-chamber.com)

Revised: 05/10/07

Compensation =  
\$145,343.62

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
NONRESIDENTIAL RENTAL - 3985 UNIVERSITY AVE., RIVERSIDE, CA	1	24,171.
TOTAL TO FORM 990, PART I, LINE 6A		24,171.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
JANITORIAL EXPENSE		3,204.	
UTILITIES		5,554.	
SECURITY		119.	
MAINTENANCE		4,298.	
PROPERTY TAXES		2,783.	
DEPRECIATION		6,013.	
INTEREST		4,620.	
INSURANCE		3,079.	
BUILDING SUPPLIES		25.	
- SUBTOTAL -	1		29,695.
TOTAL TO FORM 990, PART I, LINE 6B			29,695.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
SEE ATTACHED FOOTNOTE 1	579,905.		579,905.	326,896.	253,009.
TO FM 990, PART I, LINE 9	579,905.		579,905.	326,896.	253,009.

FORM 990 INCOME AND COST OF GOODS SOLD STATEMENT 4  
 INCLUDED ON PART I, LINE 10

INCOME		
1. GROSS RECEIPTS . . . . .	25,563	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		25,563
4. COST OF GOODS SOLD (LINE 13) . . . . .	4,137	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		21,426
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .	465	
7. MERCHANDISE PURCHASED . . . . .	4,243	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		4,708
12. INVENTORY AT END OF YEAR . . . . .	571	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		4,137

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	51,031.				
ADVERTISING EXPENSE (GRB)	79,804.				
MEMBERSHIP COMMISSIONS	114,874.				
CONTRIBUTIONS	4,250.				
SELLING EXPENSES	14,092.				
EDUCATION & TRAINING	1,460.				
RECRUITMENT	5,000.				
AUTO EXPENSE	7,240.				
STAFF EXPENSE	5,940.				
BANK CHARGES	4,238.				
BAD DEBT	242.				
EQUIPMENT LEASE	12,768.				
DUES & PUBLICATIONS	7,451.				
AWARDS, PLAQUES & GIFTS	700.				
ADVERTISING EXPENSE (OTHER)	2,500.				
MEMBERSHIP COSTS	22,953.				
MISCELLANEOUS GENERAL & ADMINISTRATIVE	33,642.				
LESS RENTAL EXPENSES REPORTED ON PART I, LINE 6B	-29,695.				
GOVERNMENT CONTRACTS EXPENSE	183,950.				
TOTAL TO FM 990, LN 43	522,440.				

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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## EXPLANATION

TO PROMOTE, IMPROVE, AND PROVIDE QUALITY SERVICES FOR THE RIVERSIDE AREA THROUGH VARIOUS AFFILIATED CHAMBERS AND AFFILIATED AGENCIES.

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	326,896.
COST OF GOODS SOLD	4,137.
RENTAL EXPENSE	29,695.
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TOTAL TO FORM 990, PART IV-B	360,728.

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FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	-326,896.
COST OF GOODS SOLD	-4,137.
RENTAL EXPENSE	-29,695.
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TOTAL TO FORM 990, PART IV-A	-360,728.

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FORM 990	PROGRAM SERVICE REVENUE	STATEMENT	9
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
ADMINISTRATION FEE					34,936.
GOVERNMENT GRANTS					252,163.
MAP ROYALTY	541900	1,500.			
OFFICE DEPOT ROYALTY	541900	23,949.			
ADVERTISING-GRB	541800	100,925.			
ADVERTISING-BUSINESS PRESS	541800	9,010.			
ADVERTISING-WEB	541800	3,225.			
ADVERTISING-MEMBER DIR.	541800	5,860.			
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TO FORM 990, PART VII, LINE 93		144,469.			287,099.

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FORM 990      PART VIII - RELATIONSHIP OF ACTIVITIES TO      STATEMENT 10  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ADMINISTRATION FEES ARE DERIVED FROM MEMBERSHIP DUES, PLEDGE CONTRIBUTIONS AND FUNDRAISERS. THE FEES ASSIST THE CHAMBER IN COORDINATING AFFILIATES IN THE PROMOTION OF GREATER RIVERSIDE.
93A	THE CITY OF RIVERSIDE GRANTS FUNDS TO THE CHAMBER FOR VARIOUS PROJECTS THAT HELP PROMOTE THE CITY OF RIVERSIDE, INCLUDING THE KEEP RIVERSIDE CLEAN CAMPAIGN, THE RIVERSIDE AGAINST TAGGERS, THE RIVERSIDE ECONOMIC DEVELOPMENT AND COMMUNITY DEVELOPMENT BLOCKS, THE COMMUNITY CALENDAR, PUBLIC UTILITIES GRANTS & OTHER SPECIAL PROJECTS
94	THROUGH MEMBERSHIP IN THE CHAMBER, LOCAL BUSINESSES AND INDIVIDUALS PARTICIPATE IN THE PROMOTION OF THE RIVERSIDE AREA.
101	SPECIAL EVENTS ARE USED AS A MECHANISM FOR GENERATING COMMUNITY SUPPORT FOR AND PROMOTION OF THE GREATER RIVERSIDE AREA.
102	THE CHAMBER SELLS PRODUCTS SUCH AS AREA MAPS, THE RIVEROPOLY GAME, MEMBERSHIP DIRECTORIES, ETC. THAT ARE GEARED TOWARDS PROMOTING THE RIVERSIDE AREA. REVENUES ARE USED TO COVER THE COSTS OF THE PRODUCTS.
103A	MISCELLANEOUS INCOME IS COLLECTED THROUGH VARIOUS SMALL ENDEAVORS THAT HELP PROMOTE THE RIVERSIDE AREA.

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

▶ File a separate application for each return.

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>GREATER RIVERSIDE CHAMBERS OF COMMERCE</b>	Employer identification number <b>95-1154480</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3985 UNIVERSITY AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RIVERSIDE, CA 92501-3256</b>	

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

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

- The books are in the care of ▶ **CINDY ROTH**  
 Telephone No. ▶ **(951) 683-7100** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

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

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**COPY**

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and copy.

Type or print File by the extended due date for filing the return See Instructions	Name of Exempt Organization <b>GREATER RIVERSIDE CHAMBERS OF COMMERCE</b>	Employer identification number <b>95-1154480</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3985 UNIVERSITY AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RIVERSIDE, CA 92501-3256</b>	

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

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

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

• The books are in the care of **CINDY ROTH**  
Telephone No. **(951) 683-7100** FAX No. \_\_\_\_\_

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

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO COMPILE ALL OF THE INFORMATION REQUIRED TO FILE A COMPLETE RETURN.**

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

**Signature and Verification**

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

Signature **[Signature]** Title **CPA** Date **FEB 11 2009**

