

Form **990**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">RIVERSIDE COMMUNITY HEALTH FOUNDATION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>4275 LEMON ST</p> City or town, state or province, country, and ZIP or foreign postal code <p>RIVERSIDE CA 92501-3844</p>	D Employer identification number <p align="center">23-7276444</p> E Telephone number <p align="center">951-788-3471</p> G Gross receipts\$ 36,921,739
F Name and address of principal officer: <p>DANIEL ANDERSON 4275 LEMON ST RIVERSIDE CA 92501-3844</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: HTTP://WWW.RCHF.ORG		L Year of formation: 1973
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">TO IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITY BY PROVIDING HEALTH EDUCATION AND OUTREACH PROGRAMS AS WELL AS GRANTS TO NON-PROFIT ORGANIZATIONS, SCHOOLS, AND GOVERNMENT AGENCIES.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	475
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,231,402	Current Year 1,934,386
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,542,617	5,454,977
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	749,905	827,555
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,523,924	8,216,918
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,320,977
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,721,625	3,356,721
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		59,317	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,262,317	1,869,369
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,304,919	5,981,968	
19 Revenue less expenses. Subtract line 18 from line 12	11,219,005	2,234,950	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 112,699,280	End of Year 96,007,978
	21 Total liabilities (Part X, line 26)	5,852,839	4,696,103
	22 Net assets or fund balances. Subtract line 21 from line 20	106,846,441	91,311,875

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	11.15.23 Date
	DANIEL ANDERSON Type or print name and title	PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name FERNANDO G. AYALA JR	Preparer's signature
	Firm's name ROORDA, PIQUET & BESSEE, INC.	Date 11/15/23
	Firm's address 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175	Check <input type="checkbox"/> if self-employed PTIN P01259082
		Firm's EIN 33-0252865
		Phone no. 951-684-7781

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITY BY PROVIDING HEALTH EDUCATION AND OUTREACH PROGRAMS AS WELL AS GRANTS TO NON-PROFIT ORGANIZATIONS, SCHOOLS, AND GOVERNMENT AGENCIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 521,924 including grants of \$) (Revenue \$) COMMUNITY EMPOWERMENT PROGRAMS: 13,823 ENCOUNTERS/CONTACTS GOAL: TO DEVELOP A THRIVING AND SELF-SUSTAINING COMMUNITY TO ENHANCE THE WELL-BEING OF INDIVIDUALS IN RIVERSIDE AND SURROUNDING AREAS. SEE SCHEUDLE O FOR FURTHER DETAILS ON THESE PROGRAMS.

4b (Code:) (Expenses \$ 1,214,688 including grants of \$) (Revenue \$) COMMUNITY WELLNESS PROGRAMS: 27,626 ENCOUNTERS/CONTACTS GOAL: TO CREATE AN ENVIRONMENT WHERE HEALTHY LIFESTYLE BEHAVIORS WILL BECOME THE SOCIAL NORM. SEE SCHEDULE O FOR FURTHER DETAILS ON THESE PROGRAMS.

4c (Code:) (Expenses \$ 78,420 including grants of \$) (Revenue \$) PINK RIBBON BREAST CANCER RESOURCE CENTER: 43,427 ENCOUNTERS/CONTACTS GOAL: TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY CANCER. SEE SCHEDULE O FOR FURTHER DETAILS ON THIS PROGRAM.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,894,789 including grants of \$ 755,878) (Revenue \$)

4e Total program service expenses 3,709,821

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	63		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
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, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

KHYATI MEHTA **4275 LEMON ST** **CA 92501** **951-788-3471**
RIVERSIDE

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSE CAMPOS	2.00									
CHAIR	0.00	X		X				0	0	0
(2) ERIN PHILLIPS	2.00									
VICE-CHAIR	0.00	X		X				0	0	0
(3) ERNIE HWANG	2.00									
TREASURER	0.00	X		X				0	0	0
(4) CRAIG MARSHALL	2.00									
SECRETARY	0.00	X						0	0	0
(5) TINA COVINGTON	2.00									
MEMBER	0.00	X						0	0	0
(6) JEANNENE KELLY	2.00									
MEMBER	0.00	X						0	0	0
(7) BEN JOHNSON II	2.00									
MEMBER	0.00	X						0	0	0
(8) JONATHAN O'CONNELL	2.00									
MEMBER	0.00	X						0	0	0
(9) MICAH TOKUDA	2.00									
MEMBER	0.00	X						0	0	0
(10) HEATHER SANCHEZ	2.00									
MEMBER	0.00	X						0	0	0
(11) JAMIE WRAGE	2.00									
MEMBER	0.00	X						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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) RICH ERICKSON	2.00									
MEMBER	0.00	X						0	0	0
(13) JACKIE VAN BLARICUM	2.00									
MEMBER	0.00	X						0	0	0
(14) CHEYLYNDA BARNARD	2.00									
MEMBER	0.00	X						0	0	0
(15) RAFAEL ELIZALDE	2.00									
MEMBER	0.00	X						0	0	0
(16) KARL MCCLEARY	2.00									
MEMBER	0.00	X						0	0	0
(17) MICHELLE REYES	2.00									
MEMBER	0.00	X						0	0	0
(18) MICHELLE BURROUGHS	2.00									
MEMBER	0.00	X						0	0	0
(19) TOM PODGORSKI	2.00									
MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								906,480		53,712
d Total (add lines 1b and 1c)								906,480		53,712

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	30,726				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,606,306				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	297,354				
	g Noncash contributions included in lines 1a-1f	1g	\$ 43,229				
	h Total. Add lines 1a-1f			1,934,386			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,370,134		2,370,134	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a		710,453			
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	710,453				
	d Net rental income or (loss)			710,453			710,453
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a		31,789,664			
		b Less: cost or other basis and sales exps.	7b	28,704,821			
	c Gain or (loss)	7c	3,084,843				
	d Net gain or (loss)			3,084,843	3,084,843		
	8a Gross income from fundraising events (not including \$ 30,726 of contributions reported on line 1c). See Part IV, line 18						
		8a		15,448			
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events			15,448			15,448	
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a		101,654				
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory			101,654			101,654	
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			8,216,918	3,084,843	0	3,197,689	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	755,878	755,878		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	2,884,340	1,919,995	964,345	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,150	28,150		
9 Other employee benefits	228,109	164,784	63,325	
10 Payroll taxes	216,122	152,959	63,163	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	256,039		256,039	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	373,994	294,479	62,434	17,081
12 Advertising and promotion	2,788	2,127		661
13 Office expenses	64,905	42,405	20,287	2,213
14 Information technology	116,390	48,259	65,211	2,920
15 Royalties				
16 Occupancy	57,885	57,885		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,243	19,343	1,900	
20 Interest	141,226		141,226	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	366,158		366,158	
23 Insurance	116,685	67,304	48,473	908
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	84,090	1,898	82,192	
b HEALTH PROGRAMS / FAIRS	77,156	47,169	13,686	16,301
c SUPPLIES	70,106	49,125	7,432	13,549
d UTILITIES	67,169	20,920	46,249	
e All other expenses	53,535	37,141	10,710	5,684
25 Total functional expenses. Add lines 1 through 24e	5,981,968	3,709,821	2,212,830	59,317
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,298,948	1	1,148,401
	2	Savings and temporary cash investments	3,631,809	2	770,016
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	345,838	4	336,555
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	50,727	8	63,635
	9	Prepaid expenses and deferred charges	41,928	9	25,408
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,201,044		
	b	Less: accumulated depreciation	10b 4,212,650	10c	9,988,394
	11	Investments—publicly traded securities	96,931,379	11	83,252,378
	12	Investments—other securities. See Part IV, line 11	33,604	12	31,495
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	24,982	15	391,696
16	Total assets. Add lines 1 through 15 (must equal line 33)	112,699,280	16	96,007,978	
Liabilities	17	Accounts payable and accrued expenses	571,113	17	512,745
	18	Grants payable		18	
	19	Deferred revenue	10,000	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	4,408,493	24	3,241,199
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	863,233	25	942,159
	26	Total liabilities. Add lines 17 through 25	5,852,839	26	4,696,103
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	16,085,219	27	-6,183,488
	28	Net assets with donor restrictions	90,761,222	28	97,495,363
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	106,846,441	32	91,311,875	
33	Total liabilities and net assets/fund balances	112,699,280	33	96,007,978	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,216,918
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,981,968
3	Revenue less expenses. Subtract line 2 from line 1	3	2,234,950
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,846,441
5	Net unrealized gains (losses) on investments	5	-17,771,606
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,090
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	91,311,875

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(20) SHERRY VITZELIO-CAROTHERS MEMBER	2.00 0.00	X						0	0	0
(21) DANIEL ANDERSON PRESIDENT	40.00 0.00	X		X				235,719	0	17,201
(22) SHENE BOWIE-HUSSEY VP HEALTH STRATEGY	40.00 0.00					X		153,500	0	8,526
(23) NINFA DELGADO VP	40.00 0.00					X		146,617	0	11,142
(24) STEPHANIE HERNANDEZ DIRECTOR OF HR	40.00 0.00					X		104,859	0	4,914
(25) ANNA LE MARKETING DIRECTOR	40.00 0.00					X		120,016	0	5,381
(26) KHYATI MEHTA DIRECTOR OF FINANCE	40.00 0.00					X		145,769	0	6,548
1b Subtotal								906,480		53,712
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization RIVERSIDE COMMUNITY HEALTH FOUNDATION	Employer identification number 23-7276444
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

Area with horizontal dotted lines for supplemental information.

**Schedule B
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceAttach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.**2022**

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALTURA CREDIT UNION P.O. BOX 908 RIVERSIDE CA 92502	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	I&E - CA DEPARTMENT OF PUBLIC HEALTH 351 N MOUNTAIN VIEW AVENUE SAN BERNARDINO CA 92415	\$ 60,090	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CANTERBURY CONSULTING 610 NEWPORT CENTER DR. #500 NEWPORT BEACH CA 92660	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CA DEPARTMENT OF PUBLIC HEALTH PO BOX 997377, MS 0500 SACRAMENTO CA 95899-7377	\$ 256,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CITY OF RIVERSIDE - ARPA GRANT 4275 LEMON ST. RIVERSIDE CA 92501	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DOULA ACCESS PROGRAM 4275 LEMON ST. RIVERSIDE CA 92501	\$ 322,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	INLAND EMPIRE COMMUNITY FOUNDATION 3700 SIXTH STREET, SUITE 200 RIVERSIDE CA 92501	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	INLAND EMPIRE HEALTH PLAN PO BOX 1800 RANCHO CUCAMONGA CA 91729-1800	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KAISER PERMANETE 75 N. FAIR OAKS, 4TH FLOOR PASADENA CA 91103	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	LIVIA WILSON CHARITABLE TRUST PO BOX 11382 TORRANCE CA 90510	\$ 26,814	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	LOMA LINDA MERCANTILE 24887 TAYLOR ST, STE 106 LOMA LINDA CA 92354	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MAMAS Y BEBES - RIVERSIDE UNI.HEALTH 3865 JACKSON STREET RIVERSIDE CA 92503	\$ 77,229	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MOLINA HEALTHCARE OF CALIFORNIA 200 OCEANGATE SUITE 100 LONG BEACH CA 90802	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PEPSICO FOUNDATION 700 ANDERSON HILL RD. PURCHASE NY 10577-1401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	RIVERSIDE POLICE FOUNDATION 4102 ORANGE ST. RIVERSIDE CA 92501-3671	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	RIVERSIDE UNIVERSITY HEALTH SYSTEM 26520 CACTUS AVENUE MORENO VALLEY CA 92555	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SAN MANUEL BAND OF MISSION INDIANS 26569 COMMUNITY CENTER DR. HIGHLAND CA 92346	\$ 10,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	SE BUILDERS, INC. 7022 MILTON AVENUE WHITTIER CA 90602	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SEIU LOCAL 721, CTW, CLC COMMERCIAL 1545 WILSHIRE BLVD., STE. 100 LOS ANGELES CA 90017	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	STATER BROS CHARITIES- BELIEVE WALK PO BOX 150 SAN BERNARDINO CA 92402	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	STREAM KIM HICKS WRAGE AND ALFARO PC 3403 TENTH ST., STE 700 RIVERSIDE CA 92501	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SYSTEM GO IT 3410 LA SIERRA AVE., #F85 RIVERSIDE CA 92503	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	TRANSFORMATIVE CLIMATE COMMUNITIES 1400 TENTH ST. SACRAMENTO CA 95814	\$ 56,827	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	STOCK	\$ 26,814	01/01/22

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	95,416,504	88,727,778	82,042,485	74,882,139	84,336,590
b Contributions					
c Net investment earnings, gains, and losses	-14,970,337	9,245,906	9,245,907	13,431,142	-5,406,023
d Grants or scholarships					
e Other expenditures for facilities and programs	663,855	2,557,180	2,557,180	6,270,796	4,048,428
f Administrative expenses			3,433		
g End of year balance	79,782,312	95,416,504	88,727,778	82,042,485	74,882,139

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **100.00** %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,105,322		1,105,322
b Buildings		11,902,841	3,096,845	8,805,996
c Leasehold improvements				
d Equipment		1,192,881	1,115,805	77,076
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,988,394

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	721,240
(3) OPERATING LEASE LIABILITY	167,333
(4) ESTIMATED FUTURE ANNUITY LIAB	53,586
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	942,159

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

A PORTION OF THE RETURN DERIVED BY THE PORTFOLIO WILL BE USED TO ADVANCE AND SUPPORT THE MISSION OF THE FOUNDATION. IT IS EXPECTED THAT 5% OF THE AVERAGE PORTFOLIO MARKET VALUE OF PRECEEDING THREE YEARS WILL BE WITHDRAWN EACH YEAR. THIS SPENDING RATE IS DETERMINED IN A SPENDING POLICY APPROVED BY THE BOARD.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS ORGANIZED AS A CALIFORNIA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS

Part XIII Supplemental Information (continued)

170(B)(1)(A)(VI) AND (VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGNANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ORGANIZATION DID NOT INCUR FEDERAL AND CALIFORNIA INCOME TAX EXPENSE RELATED TO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2022 AND DECEMBER 31, 2021. THE ORGANIZATION FILES RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Dotted lines for supplemental information input.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PINK ON PARADE (event type)	_____ (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	46,174		46,174
	2	Less: Contributions	30,726		30,726
	3	Gross income (line 1 minus line 2)	15,448		15,448
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				15,448

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c** If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

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? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization **RIVERSIDE COMMUNITY HEALTH FOUNDATION** Employer identification number **23-7276444**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BIG BROTHERS AND SISTERS OF THE IE 2155 CHICAGO AVE, SUITE 100 RIVERSIDE CA 92507	95-1992702	501C3	11,000				GENERAL DISTRIBUTION
(2)	COMMUNITY NOW 28604 MARANDA COUNR MORENO VALLEY CA 92555	46-2624331	501C3	25,000				GENERAL DISTRIBUTION
(3)	COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE CA 92507	95-0642985	501C3	525,878				GENERAL DISTRIBUTION
(4)	EMPOWER YOU EDUTAINMENT 1427 MURDOCK COURT RIVERSIDE CA 92507	81-3060285	501C3	15,000				GENERAL DISTRIBUTION
(5)	NORTH COUNTY HEALTH PROJECT INC. 150 VALPREDA ROAD SAN MARCOS CA 92609	95-2847102	501C3	10,000				GENERAL DISTRIBUTION
(6)	OLIVE CREST 2130 EAST FOURTH ST. STE 200 SANTA ANA CA 92705	95-2877102	501C3	30,000				STEBLER DISTRIBUTION
(7)	OLIVE CREST 2130 EAST FOURTH ST. STE 200 SANTA ANA CA 92705	95-2877102	501C3	25,000				GENERAL DISTRIBUTION
(8)	PLANNED PARENTHOOD 1075 CAMINO DEL RIO SOUTH SAN DIEGO CA 92108	95-6111785	501C3	25,000				GENERAL DISTRIBUTION
(9)	RIVERSIDE UNIVERSTIY HEALTH SYSTEM P.O. BOX 9850 MORENO VALLEY CA 92552	33-0374018	501C3	29,000				STEBLER DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 10**
- 3 Enter total number of other organizations listed in the line 1 table **▶ 0**

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WALDEN FAMILY SERVICES 3576 ARLINGOTN AVENUE, STE. 106 RIVERSIDE CA 92506	94-2358632	501C3	30,000				STEBLER DISTRIBUTION
(2)	WALDEN FAMILY SERVICES 3576 ARLINGOTN AVENUE, STE. 106 RIVERSIDE CA 92506	94-2358632	501C3	15,000				GENERAL DISTRIBUTION
(3)	YOUNG SCHOLARS FOR ACADEMIC 4164 BROCKTON AVENUE, SUITE A RIVERSIDE CA 92501	26-2350778	501C3	15,000				GENERAL DISTRIBUTION
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2022)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION REQUIRES WRITTEN PROGRESS REPORTS FROM GRANTEEES WHICH

INCLUDE STATISTICAL INFORMATION ON SERVICES RENDERED AND FINANCIAL

INFORMATION ON THE DISPOSITION OF THE GRANT FUNDS.

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

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

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

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL ANDERSON PRESIDENT	(i)	235,719	0	0	0	17,201	252,920	0
	(ii)	0	0	0	0	0	0	0
2 SHENE BOWIE-HUSSEY VP HEALTH STRATEGY	(i)	153,500	0	0	0	8,526	162,026	0
	(ii)	0	0	0	0	0	0	0
3 NINFA DELGADO VP	(i)	146,617	0	0	0	11,142	157,759	0
	(ii)	0	0	0	0	0	0	0
4 KHYATI MEHTA DIRECTOR OF FINANCE	(i)	145,769	0	0	0	6,548	152,317	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION

Employer identification number

23-7276444

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		16,415	HUMAN HAIR WIGS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	1	26,814	STOCK
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		X
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
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b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O
(Form 990)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2022**Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**FORM 990, PART I, LINE 6****RCHF USES VOLUNTEERS FOR SUPPORT ON VARIOUS EVENTS HELD THROUGHOUT THE
YEAR.****FORM 990, PART III - ADDITIONAL INFORMATION****COMMUNITY EMPOWERMENT PROGRAM****THE COMMUNITY EMPOWERMENT PROGRAM (CEP) RECORDED 90,922 ENCOUNTERS WITH
COMMUNITY RESIDENTS IN 2022. CEP RECORDED ENCOUNTERS WITH COMMUNITY
RESIDENTS THROUGH 216 EVENTS, CONFERENCES, CLINIC SERVICES, AND HEALTH
EDUCATION CLASSES AND SEMINARS - A 33% INCREASE FROM 2021.****HEAL RX PROGRAM:****-----
THE HEAL RX PROGRAM WAS DEVELOPED TO ADDRESS THE LACK OF HEALTHY FOOD
OPTIONS IN THE CITY OF RIVERSIDE BY PROVIDING ACCESS TO FRUITS AND
VEGETABLES TO RESIDENTS AT REDUCED COST. IN 2022, 261 PARTICIPANTS
COMPLETED A SHORT SURVEY ASKING WHETHER THEY HAD BEEN DIAGNOSED WITH A
CHRONIC ILLNESS AND HOW LIKELY THEY WERE TO USE THE PRODUCE THEY RECEIVED
FROM THE PROGRAM.****-HALF OF THE PARTICIPANTS (50%) ACCESSING THE PROGRAM HAD A DIAGNOSED
CHRONIC ILLNESS. SIXTY-THREE PERCENT (63%) HAD A FAMILY MEMBER THAT BEEN
DIAGNOSED WITH A CHRONIC ILLNESS.****-NEARLY ALL PARTICIPANTS (95%) WERE VERY LIKELY TO USE THE PRODUCE THEY
RECEIVED.**

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-ALL (100%) OF THOSE WITH A CHRONIC ILLNESS SAID THEY WERE AT LEAST SOMEWHAT LIKELY TO USE THE PRODUCE THEY RECEIVED.

-92% OF THOSE WITH A CHRONIC ILLNESS WERE VERY LIKELY TO USE THE PRODUCE THEY RECEIVED.

DENTAL HEALTH EDUCATION:

THE ADOLESCENT DENTAL EDUCATION SESSION WAS ADMINISTERED IN ELEMENTARY SCHOOLS IN THE RIVERSIDE, JURUPA, AND ARLINGTON UNIFIED SCHOOL DISTRICTS. THE EDUCATIONAL SESSIONS, TAUGHT VIA A PRE-RECORDED SESSION OR LIVE VIRTUAL CLASS, SOUGHT TO INCREASE PARTICIPANTS' KNOWLEDGE OF PROPER ORAL HEALTH AND TO INCREASE THE LIKELIHOOD THAT PARTICIPANTS WOULD PRACTICE HEALTHY ORAL HEALTH HABITS.

-73% OF TEACHERS BELIEVED THE STUDENTS BENEFITED FROM THE INFORMATION OFFERED IN THE SESSION

-45% OF TEACHERS SURVEYED RATED THE USEFULNESS OF THE INFORMATION PRESENTED AS "EXCELLENT"

-65% OF TEACHERS WERE "VERY LIKELY" TO RECOMMEND THE SESSION TO OTHERS.

CLIMATE CHANGE AND THE RESIDENT LEADERSHIP ACADEMY:

THE RESIDENT LEADERSHIP ACADEMY (RLA), A 10 TO 12-WEEK PROGRAM THROUGH THE RCHF'S HEAL ZONE INITIATIVE, EQUIPS EASTSIDE RESIDENTS WITH THE KNOWLEDGE, TOOLS, STRATEGIES, AND COMMITMENT TO MAKE POSITIVE CHANGES IN THEIR NEIGHBORHOOD. THE CURRICULUM INSPIRES RESIDENTS TO DECIDE FOR THEMSELVES HOW THEY WANT TO CREATE A BETTER, HEALTHIER NEIGHBORHOOD, ENCOURAGES RESIDENTS TO COLLABORATE WITH LOCAL GRASSROOTS NETWORKS, AND ENGAGES

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RESIDENTS IN ACTIVITIES DESIGNED TO REDUCE NEIGHBORHOOD-LEVEL FACTORS LEADING TO POOR HEALTH OUTCOMES. THE 2022 COHORTS WERE FOCUSED ON CLIMATE CHANGE AS A PART OF A LARGER INITIATIVE OF THE CITY OF RIVERSIDE - EASTSIDE PARTNERSHIP - TRANSFORMATIVE CLIMATE COLLABORATIVE.

IN LATE APRIL 2022, RCHF BEGAN RECRUITING PARTICIPANTS FOR RLA THROUGH NEIGHBORHOOD CANVASSING, REACHING MORE THAN 1,200 HOMES AND RECORDING 14 FACE-TO-FACE ENCOUNTERS WITH RESIDENTS BEFORE SEPTEMBER'S FIRST RLA MEETING. TO DATE, RCHF RECRUITED 25 PARTICIPANTS FOR ITS TWO COHORTS - 7 VOLUNTEERS FOR THE ENGLISH-SPEAKING SESSIONS AND 18 VOLUNTEERS FOR THE SPANISH-SPEAKING SESSIONS. EACH COHORT WILL PLAN AND IMPLEMENT THEIR OWN PROJECT IN THE EASTSIDE. PLANNING AND IMPLEMENTING THE COMMUNITY IMPROVEMENT PROJECT REQUIRES SUBSTANTIAL COMMITMENT FROM VOLUNTEERS, BUT ONE THEY ARE EAGER TO SUSTAIN AND ACHIEVE. "I'VE ALWAYS BEEN CIVIC-MINDED AND BEING A NEW RESIDENT OF THE EASTSIDE, I WANTED TO LEARN ABOUT WHAT'S HAPPENING HERE, AND WAS LOOKING FOR WAYS TO GET INVOLVED," SAYS MARQUIS PALMER.

WEEKLY SESSIONS BEGAN IN LATE SEPTEMBER OF 2022. RLA MEMBERS LEARNED ABOUT THE SOCIAL DETERMINANTS OF HEALTH, LAND USE, ACTIVE TRANSPORTATION, AND FOOD SYSTEMS. THEY WERE ALSO INTRODUCED TO THE OTHER TCC-FUNDED PROJECTS TO HELP RESIDENTS IMAGINE HOW THEIR OWN PROJECT CAN COMPLEMENT AND BUILD ON EXISTING EFFORTS IN THE EASTSIDE. THROUGHOUT THE PROGRAM, MEMBERS LEARNED HOW THEY CAN INFLUENCE LOCAL DECISION-MAKING.

THE PLANNING PHASE OF RLA'S PROJECT BEGAN IN NOVEMBER 2022, WITH THE IMPLEMENTATION PHASE OF THE PROJECT CONTINUING INTO 2023. IN EARLY 2023, RLA VOLUNTEERS WILL GATHER AT THE CÉSAR E. CHÁVEZ COMMUNITY CENTER IN THE

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EASTSIDE TO CELEBRATE THEIR PROGRESS AND ANNOUNCE THEIR PROJECT. VOLUNTEERS ARE EXCITED ABOUT THE OPPORTUNITY TO MAKE POSITIVE CHANGES IN THE EASTSIDE. SCOTT KOSTKA, AN EASTSIDE RESIDENT AND RLA MEMBER REMARKED, "I'M HOPING TO BE A PART OF SOMETHING WHERE I CAN LEARN, MAKE CONTACTS, AND RECEIVE TOOLS TO HELP NAVIGATE CHANGES IN MY NEIGHBORHOOD."

COMMUNITY WELLNESS PROGRAM

IN 2022, RCHF'S COMMUNITY WELLNESS TEAM PROVIDED CLASSES, SEMINARS, AND WORKSHOPS PROMOTING HEALTH AND WELLBEING REACHING 19,372 ENCOUNTERS IN THE FOLLOWING AREAS:

- CHRONIC DISEASE PREVENTION AND MANAGEMENT
- HEALTHY LIFESTYLE PRACTICES (E.G., NUTRITION AND EXERCISE)
- WOMEN'S AND MATERNAL HEALTH

THROUGH ITS HEALTH EDUCATION PROGRAMS AND OUTREACH, THE COMMUNITY WELLNESS PROGRAM RECORDED 19,372 ENCOUNTERS WITH COMMUNITY RESIDENTS THROUGH 475 EVENTS, OVER HALF OF WHICH (56%) WERE MADE THROUGH A HEALTH EDUCATION CLASS OR SERIES. FITNESS LESSONS AND CLASSES ALSO ACCOUNTED FOR A LARGE SHARE OF ALL ENCOUNTERS (21%).

COMMUNITY WELLNESS ACTIVITIES WERE ALSO PROMOTED ON SOCIAL MEDIA, REACHING 5,841 NEW UNDUPLICATED INDIVIDUALS (REACH), RECORDING 4,360 VIEWS (IMPRESSIONS), AND ENGAGING OVER 900 PEOPLE VIA COMMENTS, LIKES, DIRECT MESSAGES, AND SHARES (ENGAGEMENT).

IMPROVING CHRONIC DISEASE PREVENTION AND MANAGEMENT:

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RCHF OFFERS PROGRAMS SUCH AS SOLUTIONS, PREVENT DIABETES, ROAD TO HEALTH, AND THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) TO HELP PARTICIPANTS PREVENT AND/OR MANAGE CHRONIC DISEASES. THROUGH THESE PROGRAMS, PARTICIPANTS LEARNED HOW TO PREVENT AND MANAGE CHRONIC DISEASES AND ARE ENCOURAGED TO TAKE STEPS TO IMPROVE THEIR HEALTH THROUGH NUTRITION AND EXERCISE.

NEARLY HALF (45%) OF THE PARTICIPANTS IN OUR CHRONIC DISEASE EDUCATION SEMINARS IMPROVED THEIR KNOWLEDGE OF CHRONIC DISEASE PREVENTION AND MANAGEMENT, WHILE NEARLY ALL OTHERS (48%) SHOWED NO SIGNIFICANT CHANGE IN KNOWLEDGE, HAVING ENTERED THE PROGRAM WITH A GOOD UNDERSTANDING OF CHRONIC DISEASE, INCLUDING THEIR CAUSES AND SYMPTOMS.

WHERE THESE PROGRAMS HAD THEIR BIGGEST IMPACT WAS IN GIVING PARTICIPANTS CONCRETE TECHNIQUES AND STRATEGIES THAT THEY CAN USE TO ADOPT A HEALTHIER LIFESTYLE SUCCESSFULLY. FOR INSTANCE, 86% OF PARTICIPANTS COMPLETING THE NDPP, A CDC-RECOGNIZED LIFESTYLE CHANGE PROGRAM EFFECTIVE IN PREVENTING OR DELAYING TYPE 2 DIABETES, REPORTED THAT THE PROGRAM HELPED THEM SELECT HEALTHIER FOODS WHEN EATING OUT. EIGHTY ONE PERCENT (81%) OF NDPP GRADUATES INDICATED THAT THEY LEARNED STRATEGIES TO HELP THEM INCORPORATE REGULAR PHYSICAL ACTIVITY INTO THEIR DAILY LIFE.

INCREASING PARTICIPANTS' KNOWLEDGE AND SKILLS IS JUST ONE AIM OF OUR PROGRAMS ADDRESSING CHRONIC DISEASE. THE PROGRAMS ALSO HELP PARTICIPANTS REACH SHORT-TERM DIET AND FITNESS GOALS AND MOTIVATE THEM TO CONTINUE TO PRACTICE HEALTHY HABITS LONG AFTER THEY COMPLETE THE PROGRAM.

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ALL PARTICIPANTS ATTENDING OUR PREVENT DIABETES SESSION INDICATED THAT THEY WOULD MAKE SOME LIFESTYLE CHANGES (E.G., IMPROVE THEIR DIET OR EXERCISE MORE OFTEN). OVER HALF (57%) OF THOSE COMPLETING THE NDPP REPORTED THAT THEY HAD LOST 5-7% OF THEIR BODY WEIGHT, WITH ANOTHER 33% HAVING MADE SOME PROGRESS TOWARD THAT GOAL. SIXTY-TWO PERCENT (62%) OF NDPP PARTICIPANTS WERE MORE PHYSICALLY ACTIVE AFTER COMPLETING THE SERIES THAN THEY WERE WHEN THEY BEGAN THE PROGRAM, WITH 38% INDICATING THAT THEY HAD MADE PROGRESS TOWARD THE GOAL OF EXERCISING AT LEAST 150 MINUTES PER WEEK.

PRACTICING A HEALTHY LIFESTYLE:

SEVERAL COMMUNITY WELLNESS PROGRAMS FOCUS ON ENCOURAGING PARTICIPANTS TO MAKE HEALTHIER LIFESTYLE CHOICES THROUGH PHYSICAL ACTIVITY, PROPER NUTRITION, STRESS MANAGEMENT, AND MENTAL WELLNESS TECHNIQUES. THESE PROGRAMS ARE MORE SPECIFIC AND FOCUSED ON PHYSICAL AND MENTAL WELLNESS THAN THOSE PRESENTED WITH A FOCUS ON CHRONIC DISEASE PREVENTION. AMONG THE CLASSES AND SEMINARS PRESENTED THIS PAST YEAR INCLUDE THE FOLLOWING:

-MY HAIR MY HEALTH

-FIVE LOVE LANGUAGES

-COOK WITH ME

-RECETAS SALUDABLES

-HOW TO CREATE HEALTHY ROUTINES AND HABITS (TO IMPROVE THE HEALTH OF YOUR FAMILY)

-PERSONAL CARE, LOVE YOURSELF

-STARTING AN EXERCISE ROUTINE

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NINETY-THREE PERCENT (93%) OF PARTICIPANTS IN THE HEALTHY LIFESTYLE PROGRAMS INCREASED THEIR KNOWLEDGE OF HEALTHY CHOICES. FOR SEVERAL OF THESE PROGRAMS - FOR INSTANCE, HOW TO CREATE HEALTHY ROUTINES AND HABITS AND PERSONAL CARE, LOVE YOURSELF - PARTICIPANTS' KNOWLEDGE OF HEALTH TOPICS INCREASED BY AT LEAST 30% ON AVERAGE. FOR PARTICIPANTS LEARNING ABOUT MENTAL HEALTH TOPICS (E.G., FIVE LOVE LANGUAGES), PARTICIPANTS' KNOWLEDGE LEVEL INCREASED ON AVERAGE BY 55% AFTER COMPLETING THE SESSION.

IN ADDITION TO IMPROVING PARTICIPANTS' KNOWLEDGE OF PHYSICAL AND MENTAL WELLNESS, RCHF'S PROGRAMS ENCOURAGED PARTICIPANTS TO MAKE CRITICAL LIFESTYLE CHANGES. WHILE WE WERE NOT ABLE TO TRACK PARTICIPANTS LONG-TERM, WE WERE ABLE TO GAUGE THEIR INTENT TO PRACTICE A HEALTHY LIFESTYLE. TO THIS END, 87% OF PARTICIPANTS BECAME MORE MOTIVATED AND MORE COMMITTED TO LIVING HEALTHIER AFTER PARTICIPATING IN OUR HEALTH PROGRAMS, SUCH AS COOK WITH ME AND RECETAS SALUDABLES.

IMPROVING WOMEN'S AND MATERNAL HEALTH:

IN 2022, THE COMMUNITY WELLNESS PROGRAM OFFERED A SUITE OF PROGRAMS AND SESSIONS ADDRESSING WOMEN'S AND MATERNAL HEALTH. WHILE ACTIVITIES, SUCH AS THE SALUD INTEGRAL DE LA MUJER CONFERENCE, WHICH SERVES THE SPANISH-SPEAKING POPULATION, AND WOMEN'S HEALTH AND WELLNESS ADDRESSED OVERALL HEALTH AND WELL-BEING, OTHER RCHF PROGRAMS EDUCATED AND ASSISTED EXPECTANT MOTHERS THROUGH CHILDBIRTH. THESE PROGRAMS INCLUDE THE DOULA ACCESS PROGRAM, WHERE DOULAS HELPED PREGNANT MOTHERS THROUGH CHILDBIRTH; DOULA TRAINING SESSIONS, WHICH HELPED EDUCATE PROSPECTIVE DOULAS AND REACH

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TRADITIONALLY UNDERSERVED POPULATIONS; AND CHILDBIRTH EDUCATION CLASSES.

THE PINK RIBBON PLACE'S PROGRAMS AND SERVICES HELP A GROWING NUMBER OF BREAST CANCER SURVIVORS IN THE COMMUNITY THROUGH ITS ANNUAL SOCIAL WOMEN'S CANCER CONFERENCE; GROUP AND INDIVIDUAL COUNSELING; HEALTH AND WELLNESS PROGRAMS; AND WIGS, BRAS, AND PROSTHESES.

WOMEN'S HEALTH AND WELLNESS

THE SALUD INTEGRAL CONFERENCE AND THE WOMEN'S HEALTH AND WELLNESS PRESENTATION PROMOTED PHYSICAL AND EMOTIONAL HEALTH AMONG HISPANIC/LATINA AND BLACK/AFRICAN AMERICAN WOMEN, RESPECTIVELY. THIS YEAR'S WOMEN'S HEALTH AND WELLNESS SEMINAR FOCUSED ON EDUCATING ATTENDEES ABOUT FIBROIDS, WHILE THE SALUD INTEGRAL CONFERENCE ADDRESSES EMOTIONAL HEALTH TOPICS, SUCH AS GUILT AND SHAME, AND ON USING HEALTH APPS. TOGETHER THESE ACTIVITIES AIMED NOT ONLY TO INCREASE AWARENESS OF WOMEN'S HEALTH ISSUES BUT ALSO MOTIVATE PARTICIPANTS TO PRACTICE A HEALTHIER LIFESTYLE (E.G., THROUGH IMPROVED NUTRITION, INCREASED EXERCISE, ETC.).

RESULTS SUGGEST THAT THESE PROGRAMS WERE SUCCESSFUL IN ACHIEVING THESE AIMS. NINETY PERCENT (90%) OF ATTENDEES INCREASED THEIR KNOWLEDGE OF WOMEN'S HEALTH ISSUES. 100% OF PARTICIPANTS INDICATED THAT WHAT THEY LEARNED AT THE EVENTS MOTIVATED THEM TO PRACTICE A HEALTHIER LIFESTYLE. 83% OF SALUD INTEGRAL ATTENDEES RATED THE CONFERENCE AS "OUTSTANDING".

THE SALUD INTEGRAL CONFERENCE HAS BEEN SUCCESSFUL IN ATTRACTING REPEAT ATTENDEES - 74% OF ATTENDEES TO THE 2022 CONFERENCE HAD ATTENDED THE CONFERENCE IN THE PAST - AND IN MAINTAINING A FOLLOWING ON SOCIAL MEDIA, WITH 57% OF ALL ATTENDEES INDICATING THAT THEY WERE PART OF THE SALUD

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INTEGRAL FACEBOOK GROUP.

CHILDBIRTH AND DOULA PROGRAMS:

COMMUNITY WELLNESS CONTINUED ITS CHILDBIRTH EDUCATION CLASSES, DOULA ACCESS PROGRAM, AND DOULA TRAINING SEMINARS THIS PAST YEAR WITH SOME ENCOURAGING RESULTS.

ALL (100%) ATTENDEES OF THE CHILDBIRTH EDUCATION SESSION INCREASED THEIR KNOWLEDGE OF THE BIRTHING EXPERIENCE (PRE-CONCEPTION, PREGNANCY, STAGES OF LABOR, POSTPARTUM, AND BREASTFEEDING). 89% OF ATTENDEES TO THE BLACK COMMUNITY DOULA TRAINING AND THE SPANISH COMMUNITY DOULA TRAINING SESSIONS INCREASED THEIR UNDERSTANDING OF THE ROLE AND RESPONSIBILITIES OF BEING A DOULA. PARTICIPANTS REPORTED THAT THE DOULA TRAINING SESSION INCREASED THEIR CONFIDENCE IN BEING AN EFFECTIVE DOULA, WITH 75% INDICATED THEY WERE "VERY CONFIDENT" IN THEIR ABILITY TO BE AN EFFECTIVE DOULA. 82% OF DOULA MEDI-CAL PROVIDER TRAINING SESSION ATTENDEES INCREASED THEIR KNOWLEDGE OF THE RECENT CHANGES IN MEDI-CAL COVERAGE THAT INCLUDES COVERAGE FOR DOULA SERVICES.

THE DOULA ACCESS PROGRAM ALSO CONTINUED IN 2022. RESULTS FROM OUR FOLLOW-UP WITH PARTICIPANTS WERE ENCOURAGING. TWO THIRDS (67%) OF PROGRAM PARTICIPANTS IN 2022 REPORTED THAT THEY COMPLETED THEIR POSTPARTUM VISIT. TWO THIRDS OF PROGRAM PARTICIPANTS STATED THAT THEY ARE ACTIVELY BREASTFEEDING THEIR CHILD. ALL (100%) MOTHERS THAT COMPLETED THE PROGRAM INDICATED THAT THEY WOULD RECOMMEND DOULA SERVICES TO OTHERS. NEARLY ALL PARTICIPANTS ALSO ATTRIBUTED INCREASED SATISFACTION, CONTROL, AND COMFORT

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DURING THE BIRTH PROCESS TO DOULA SERVICES.

THE PINK RIBBON PLACE

THROUGH COMMUNITY CONFERENCES AND SEMINARS, PHYSICAL ACTIVITY CLASSES, AND INDIVIDUAL AND GROUP COUNSELING, THE PINK RIBBON PLACE PROVIDES SUPPORT AND EDUCATION FOR CANCER SURVIVORS AND THEIR FAMILIES ON CANCER-RELATED ISSUES, EMPOWERS CANCER SURVIVORS TO ADVOCATE FOR THEMSELVES, ENCOURAGES PHYSICAL ACTIVITY.

IN 2022, THESE ACTIVITIES INVOLVED NEARLY 51,534 ENCOUNTERS WITH COMMUNITY MEMBERS ACROSS 61 EVENTS, WITH MOST ENCOUNTERS CAPTURED VIA THE PINK RIBBON PLACE'S SUPPORT SERVICES, WHICH INCLUDES THE HOPE FOR WOMEN/ESPERANZA PAR MUJERAS, OASIS, AND META-THRIVER SUPPORT GROUPS.

THE PINK RIBBON PLACE ALSO HAD A LARGE PRESENCE AND FOLLOWING ON SOCIAL MEDIA. IN 2022, THE PINK RIBBON PLACE:

-REACHED OVER 51,000 ON FACEBOOK AND INSTAGRAM PEOPLE - 27,057 ON FACEBOOK AND 24,166 ON INSTAGRAM

-LOGGED NEARLY 5,500 VISITS TO ITS FACEBOOK (N=2,799) AND INSTAGRAM (N=2,689) ACCOUNTS

-RECEIVED 101 NEW LIKES AND FOLLOWERS ON ITS FACEBOOK PAGE AND 253 NEW LIKES AND FOLLOWERS ON INSTAGRAM

INCREASING KNOWLEDGE OF CANCER AND CANCER-RELATED ISSUES:

THE 2022 SOCIAL WOMEN'S CANCER CONFERENCE (WCC) WAS HELD AS TWO CONFERENCES

Name of the organization

Employer identification number

RIVERSIDE COMMUNITY HEALTH

23-7276444

- ONE IN ENGLISH, THE OTHER IN SPANISH. ALTHOUGH DIFFERING IN CONTENT, THE SPANISH AND ENGLISH CONFERENCES HAD A SIMILAR GOAL: TO INCREASE ATTENDEES' KNOWLEDGE OF CANCER-RELATED ISSUES. AMONG THE TOPICS ADDRESSED AT THE CONFERENCES:

"PAIN MANAGEMENT

"MENTAL HEALTH

"NUTRITION

"SELF-CARE

"LIFE AFTER CANCER

"SEXUALITY

"ADVOCACY

RESULTS FROM THE PRE- AND POST-CONFERENCE SURVEY ILLUSTRATE IMPROVEMENTS IN KNOWLEDGE ACROSS ALL TOPICS.

BUILDING CONFIDENCE AND EMPOWERING SURVIVORS:

THE WCC ALSO SOUGHT TO HELP CANCER SURVIVORS FEEL MORE COMFORTABLE AND CONFIDENT ACCESS RESOURCES TO HELP THEM NAVIGATE THEIR CANCER JOURNEY.OVER HALF (51%) FELT MORE CONFIDENT ABOUT FINDING AND ACCESSING LOCAL RESOURCES AFTER ATTENDING THE WCC THAN BEFORE THEY ATTENDED.97% OF ATTENDEES FOUND THE RESOURCES THAT WERE PROVIDED USE. 64% OF ATTENDEES RATED THE CONFERENCE "EXCELLENT", WITH ANOTHER 18% RATING IT AS "VERY GOOD".

ENCOURAGING REGULAR PHYSICAL ACTIVITY:

Name of the organization

Employer identification number

RIVERSIDE COMMUNITY HEALTH

23-7276444

AQUAMOTION, A POOL AEROBICS CLASS, AND IYENGAR YOGA HELP CANCER SURVIVORS RE-BUILD STRENGTH AND ENCOURAGE THEM TO MAKE PHYSICAL ACTIVITY A PART OF THEIR LIFESTYLE. THESE CLASSES WERE APPRECIATED BY PARTICIPANTS. ONE PARTICIPANT REMARKED, "THIS HAS BEEN THE VERY BEST EXERCISES FOR ME ESPECIALLY IN THE WATER AT THE POOLS. THE STAFF HAVE ALL BEEN FRIENDLY AND COMFORTING. THE CLASSES ARE EXCELLENT!" RESULTS FROM THE FEEDBACK SURVEY ALSO REVEALED THAT PARTICIPANTS BENEFITTED FROM THE CLASSES.

"ALL (100%) OF PARTICIPANTS INDICATED THAT THEY IMPROVED THEIR AEROBICS SKILLS BY BEING A PART OF THE CLASS.

"ALL (100%) OF PARTICIPANTS INDICATED THAT THEY WERE MOTIVATED TO MAKE EXERCISE AND PHYSICAL ACTIVITY A REGULAR PART OF THEIR LIFE AFTER PARTICIPATING IN THE PINK RIBBON PLACE'S PROGRAMS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

DURING 2021 THERE WERE VARIOUS OTHER PROGRAMS RELATED TO YOUTH EDUCATION AND COMMUNITY OUTREACH.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
CAYMAN ISLANDS, IRELAND, CANADA

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
AUDIT COMMITTEE REVIEWS A DRAFT OF THE 990 PRIOR TO FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE GOVERNANCE COMMITTEE REVIEWS ALL CONFLICT OF INTEREST DISCLOSURES ANNUALLY AND SUBMITS TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE POLICY IS PRESENTED TO NEWLY APPOINTED MEMBERS ANNUALLY.

Name of the organization

Employer identification number

RIVERSIDE COMMUNITY HEALTH

23-7276444

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE, COMPENSATION
IS COMPARED TO SIMILAR NON PROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION IS REVIEWED ANNUALLY BY THE PRESIDENT/CEO AND IS COMPARED TO
SIMILAR NON PROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS AND FINANCIAL INFORMATION IS AVAILABLE TO THE
PUBLIC UPON WRITTEN OR IN-PERSON REQUEST. THE ORGANIZATION ALSO
DISTRIBUTES THIS INFORMATION AT PUBLIC FUNCTIONS IN THEIR BROCHURES.
ADDITIONALLY, MOST DOCUMENTS ARE AVAILABLE ON GUIDESTAR.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
BOOK / TAX DEPRECIATION DIFFERENCE \$ 2,090

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RIVERSIDE HEALTHCARE PLUS LLC 4445-A MAGNOLIA AVE RIVERSIDE CA 92501		CA			RCHF
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE CA 92507 95-0642985		CA	501C3	10	N/A		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY SETTLEMENT ASSOCIATION	B	525,878	
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDENDS	\$ 2,370,134			14 CA		
TOTAL	<u>\$ 2,370,134</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL FEES	\$ 304,498	\$ 239,508	\$ 47,909	\$ 17,081
PAYROLL FEES	69,496	54,971	14,525	
TOTAL	\$ 373,994	\$ 294,479	\$ 62,434	\$ 17,081

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES & SUBSCRIPTIONS	\$ 16,062	\$ 12,561	\$ 3,501	
IN-KIND DONATIONS	15,730	15,730		
BANK FEES	10,339	3,064	3,132	4,143
AUTOMOBILE EXPENSE	8,241	3,996	4,077	168
TAXES & LICENSES	2,163	1,790		373
RENT	1,000			1,000
TOTAL	\$ 53,535	\$ 37,141	\$ 10,710	\$ 5,684

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p>RIVERSIDE COMMUNITY HEALTH Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used 4275 LEMON ST</p> <hr/> <p>Address (Number and Street) RIVERSIDE CA 92501-3844</p> <hr/> <p>City or Town, State, and ZIP Code 951-788-3471</p> <hr/> <p>Telephone Number DAN@RCHF.ORG</p> <hr/> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number 014764</p> <hr/> <p>Corporation or Organization No. 0679957</p> <hr/> <p>Federal Employer ID No. 23-7276444</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/22 ending 12/31/22) list:

Total Revenue \$ 8,216,918 Noncash Contributions \$ 43,229 Total Assets \$ 96,007,978
 (including noncash contributions)
 Program Expenses \$ 3,709,821 Total Expenses \$ 5,981,968

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
STMT 1		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

DANIEL ANDERSON	PRESIDENT		
Signature of Authorized Agent	Printed Name	Title	Date

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH:

 MICHAEL NEFF, MBA
 CONTRACT MANAGER
 CONTRACT ADMINISTRATIVE OVERSIGHT
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 MATERNAL, CHILD AND ADOLESCENT HEALTH DIVISION
 P.O. BOX 997420, MS 8305
 SACRAMENTO, CA 95899-7420
 (916) 341-6726 (OFFICE)
 MICHAEL.NEFF@CDPH.CA.GOV
 CITY OF RIVERSIDE:

 AGRIPINA NEUBAUER
 COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT, CDBG/GRANTS
 DIVISION
 MAIN: (951) 826-5649
 DIRECT: (951) 826-3947
 ANEUBAUER@RIVERSIDEC.A.GOV

TAXABLE YEAR

**California Exempt Organization
Annual Information Return**

FORM

2022

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name RIVERSIDE COMMUNITY HEALTH FOUNDATION		California corporation number 0679957
Additional information. See instructions.		FEIN 23-7276444
Street address (suite or room) 4275 LEMON ST		PMB no.
City RIVERSIDE	State CA	Zip code 92501-3844
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) ● <input type="checkbox"/> 990T (2) ● <input type="checkbox"/> 990PF (3) ● <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	34,987,353	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	1,934,386	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	36,921,739	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	28,704,821	00
	7 Total costs. Add line 5 and line 6	7	28,704,821	00
	8 Total gross income. Subtract line 7 from line 4	8	8,216,918	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	5,981,968	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,234,950	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	Title PRESIDENT	Date	Telephone 951-788-3471
	Preparer's signature	Date 11/15/2023	Check if self-employed <input type="checkbox"/>	PTIN P01259082
	Firm's name (or yours, if self-employed) and address ROORDA, PIQUET & BESSEE, INC. 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175			Firm's FEIN 33-0252865 Telephone 951-684-7781
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

RIVERSIDE COMMUNITY HEALTH
23-7276444

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	101,654	00	
	2	Interest	•	2		00	
	3	Dividends	•	3	2,370,134	00	
	4	Gross rents	•	4	710,453	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6	31,789,664	00	
	7	Other income. Attach schedule	•	7	15,448	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	34,987,353	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	755,878	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11		00	
	12	Other salaries and wages	•	12	2,884,340	00	
	Expenses and Disbursements	13	Interest	•	13	141,226	00
		14	Taxes	•	14		00
		15	Rents	•	15	57,885	00
		16	Depreciation and depletion (See instructions)	•	16	366,158	00
		17	Other expenses and disbursements. Attach schedule	•	17	1,776,481	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,981,968	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		4,930,757		1,918,417
2 Net accounts receivable		345,838		336,555
3 Net notes receivable				
4 Inventories		50,727		63,635
5 Federal and state government obligations				
6 Investments in other bonds STMT 6		13,326,681		13,325,267
7 Investments in stock STMT 7		60,905,162		51,661,791
8 Mortgage loans				
9 Other investments. Attach schedule STMT 8		22,733,140		18,296,815
10 a Depreciable assets	13,083,325		13,095,722	
b Less accumulated depreciation	3,848,582	9,234,743	4,212,650	8,883,072
11 Land		1,105,322		1,105,322
12 Other assets. Attach schedule. STMT 9		66,910		417,104
13 Total assets		112,699,280		96,007,978
Liabilities and net worth				
14 Accounts payable		571,113		512,745
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 10		5,281,726		4,183,358
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		106,846,441		91,311,875
22 Total liabilities and net worth		112,699,280		96,007,978

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• -15,042,043	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule STMT 11	• 17,276,993		
6 Total. Add line 1 through line 5	2,234,950		2,234,950

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
UBS - SHORT TERM								
	PURCHASE				\$ 12448504	\$ 13788028	\$	\$ 13788028
UBS - LONG-TERM								
	PURCHASE				16755406	12351184		12351184
CNB - SHORT-TERM								
	PURCHASE				284,824	436,249		436,249
CNB - LONG-TERM								
	PURCHASE				664,589	288,258		288,258
DEFERRED COMP - SHORT-TERM								
	PURCHASE				1,606,946	1,653,062		1,653,062
STEBLER - SHORT-TERM								
	PURCHASE					2,913		2,913
STEBLER - LONG-TERM								
	PURCHASE				29,395			
CCI CORE BOND								
	PURCHASE					185,127		185,127
TOTAL					<u>\$ 31789664</u>	<u>\$ 28704821</u>	<u>\$ 0</u>	<u>\$ 28704821</u>

California Statements

Statement 2 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
PINK ON PARADE GALA	\$ 15,448
TOTAL	<u>\$ 15,448</u>

California Statements

Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
		OLIVE CREST	2130 EAST FOURTH ST. STE 200	SANTA ANA	CA	92705		
		GENERAL DISTRIBUTION	25,000					
		RIVERSIDE UNIVERSTIY HEALTH SYSTEM	P.O. BOX 9850	MORENO VALLEY	CA	92552		
		STEBLER DISTRIBUTION	29,000					
		BIG BROTHERS AND SISTERS OF THE IE	2155 CHICAGO AVE, SUITE 100	RIVERSIDE	CA	92507		
		GENERAL DISTRIBUTION	11,000					
		WALDEN FAMILY SERVICES	3576 ARLINGOTN AVENUE, STE. 106	RIVERSIDE	CA	92506		
		GENERAL DISTRIBUTION	15,000					
		NORTH COUNTY HEALTH PROJECT INC.	150 VALPREDA ROAD	SAN MARCOS	CA	92609		
		GENERAL DISTRIBUTION	10,000					
		COMMUNITY NOW	28604 MARANDA COURN	MORENO VALLEY	CA	92555		
		GENERAL DISTRIBUTION	25,000					
		PLANNED PARENTHOOD	1075 CAMINO DEL RIO SOUTH	SAN DIEGO	CA	92108		
		GENERAL DISTRIBUTION	25,000					
		EMPOWER YOU EDUTAINMENT	1427 MURDOCK COURT	RIVERSIDE	CA	92507		
		GENERAL DISTRIBUTION	15,000					
		YOUNG SCHOLARS FOR ACADEMIC	4164 BROCKTON AVENUE, SUITE A	RIVERSIDE	CA	92501		
		GENERAL DISTRIBUTION	15,000					
		COMMUNITY SETTLEMENT ASSOCIATION	4366 BERMUDA AVE	RIVERSIDE	CA	92507		
		GENERAL DISTRIBUTION	525,878					
		OLIVE CREST	2130 EAST FOURTH ST. STE 200	SANTA ANA	CA	92705		
		STEBLER DISTRIBUTION	30,000					
		WALDEN FAMILY SERVICES	3576 ARLINGOTN AVENUE, STE. 106	RIVERSIDE	CA	92506		
		STEBLER DISTRIBUTION	30,000					
		SUBTOTAL	\$ 755,878					
		TOTAL	\$ 755,878					

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
JOSE CAMPOS					CHAIR	2.00	
ERIN PHILLIPS					VICE-CHAIR	2.00	

California Statements

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name		Address			Title	Avg Hrs	Compensation Amount
City	State	Zip					
ERNIE HWANG					TREASURER	2.00	
CRAIG MARSHALL					SECRETARY	2.00	
TINA COVINGTON					MEMBER	2.00	
JEANNENE KELLY					MEMBER	2.00	
BEN JOHNSON II					MEMBER	2.00	
JONATHAN O'CONNELL					MEMBER	2.00	
MICAH TOKUDA					MEMBER	2.00	
HEATHER SANCHEZ					MEMBER	2.00	
JAMIE WRAGE					MEMBER	2.00	
RICH ERICKSON					MEMBER	2.00	
JACKIE VAN BLARICUM					MEMBER	2.00	
CHEYLYNDA BARNARD					MEMBER	2.00	
RAFAEL ELIZALDE					MEMBER	2.00	
KARL MCCLEARY					MEMBER	2.00	
MICHELLE REYES					MEMBER	2.00	
MICHELLE BURROUGHS					MEMBER	2.00	
TOM PODGORSKI					MEMBER	2.00	

California Statements

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address				Avg Hrs	Compensation Amount
City	State	Zip	Title			
SHERRY VITZELIO-CAROTHERS			MEMBER		2.00	
DANIEL ANDERSON	4275 LEMON ST					
RIVERSIDE	CA	92501-3844	PRESIDENT		40.00	
TOTAL						0

California Statements**Statement 5 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
INSURANCE & BENEFITS	\$ 228,109
PAYROLL TAXES	216,122
OTHER PROFESSIONAL FEES	304,498
PAYROLL FEES	69,496
INVESTMENT MANAGEMENT	256,039
PRINTING & MAILING EXPENSE	64,905
CONFERENCES & MEETINGS	21,243
AUTOMOBILE EXPENSE	8,241
BANK FEES	10,339
DUES & SUBSCRIPTIONS	16,062
HEALTH PROGRAMS / FAIRS	77,156
IN-KIND DONATIONS	15,730
REPAIRS AND MAINTENANCE	84,090
SUPPLIES	70,106
TAXES & LICENSES	2,163
UTILITIES	67,169
PENSION EXPENSE	28,150
ADVERTISING EXPENSE	2,788
SOFTWARE & WEBSITE EXPENSE	116,390
INSURANCE EXPENSE	75,731
WORKERS COMPENSATION INS	40,954
RENT	1,000
TOTAL	<u>\$ 1,776,481</u>

Statement 6 - Form 199, Schedule L, Line 6 - Investments in Other Bonds

Description	Beginning of Year	End of Year
CORPORATE BONDS	<u>\$13,326,681</u>	<u>\$13,325,267</u>
TOTAL	<u>\$13,326,681</u>	<u>\$13,325,267</u>

Statement 7 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
EQUITIES	<u>\$60,905,162</u>	<u>\$51,661,791</u>
TOTAL	<u>\$60,905,162</u>	<u>\$51,661,791</u>

Statement 8 - Form 199, Schedule L, Line 9 - Other Investments

Description	Beginning of Year	End of Year
ALTERNATIVE INVESTMENTS	<u>\$22,699,536</u>	<u>\$18,265,320</u>
TANGIBLE ASSETS	<u>33,604</u>	<u>31,495</u>
TOTAL	<u>\$22,733,140</u>	<u>\$18,296,815</u>

California Statements**Statement 9 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
OTHER ASSETS	\$ 21,982	\$ 21,043
SECURITY DEPOSIT	3,000	3,000
ROU, NET ASSET		165,243
DEFERRED RENT RECEIVABLE		202,410
PREPAID EXPENSES	41,928	25,408
INTANGIBLE ASSETS		0
TOTAL	<u>\$ 66,910</u>	<u>\$ 417,104</u>

Statement 10 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	\$ 809,647	\$ 721,240
ESTIMATED FUTURE ANNUITY LIAB	53,586	53,586
OPERATING LEASE LIABILITY		167,333
DEFERRED REVENUE	10,000	
UNSECURED NOTES AND LOANS PAYABLE	4,408,493	3,241,199
TOTAL	<u>\$ 5,281,726</u>	<u>\$ 4,183,358</u>

Statement 11 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

Description	Amount
UNREALIZED LOSSES	\$17,276,993
TOTAL	<u>\$17,276,993</u>

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	Record of Authorization to Electronically File FBARs (See instructions below for completion) <u>Do not send to FinCEN. Retain this form for your records.</u> The form 114a may be digitally signed	FINANCIAL CRIMES ENFORCEMENT NETWORK
--	--	---

Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name RIVERSIDE COMMUNITY HEALTH	2. Owner first name	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning 6 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2022 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date <u>11/15/2023</u> MM DD YYYY	9. Owner or entity TIN 23-7276444	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name AYALA JR	16. Preparer first name FERNANDO	17. Preparer M.I. G	18. Preparer PTIN P01259082
19. Address 3550 VINE ST SUITE 110	20. City RIVERSIDE	21. State CA	22. ZIP/postal code 92507-4175
23. Country code US	24. Preparer's (item 15) employer's (Entity) name ROORDA, PIQUET & BESSEE, INC.	25. Employer EIN 33-0252865	26. Preparer's signature

Instructions for completing the FBAR Signature Authorization Record
This is a fill and print form using Adobe Reader

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 1		2022
For calendar year 2022 or tax year beginning		, ending	

Name **RIVERSIDE COMMUNITY HEALTH** Employer Identification Number **23-7276444**

**Warning: Printed versions of the BSA E-Filing forms are not for submission
and will not be processed by FinCEN**

1 This report is for calendar year ended 12/31/**2022**
 Amended Prior report BSA Identifier _____
 Reason if filing late _____

Part I - Filer Information

2 Type of filer TAX-EXEMPT ENTITY
 3 U.S. Taxpayer Identification Number 237276444
 3a TIN type EIN
 4 Foreign identification
 4a Type _____
 4b Number _____
 4c Country of Issue _____
 5 Individual's date of birth _____
 6 Last name or organization name RIVERSIDE COMMUNITY HEALTH
 7 First name _____
 8 Middle initial _____
 8a Suffix _____
 9 Mailing address 4275 LEMON ST
 10 City RIVERSIDE
 11 State CA CALIFORNIA
 12 Zip/postal code 925013844
 13 Country US
 14a Does the filer have a financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
 No
 14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
 No

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2	2022
For calendar year 2022 or tax year beginning _____, ending _____		

Name **RIVERSIDE COMMUNITY HEALTH** Employer Identification Number **23-7276444**

**Warning: Printed versions of the BSA E-Filing forms are not for submission
and will not be processed by FinCEN**

Part II - Information on Financial Account(s) Owned Separately 1 of 6

15 Maximum account value 4,067,953 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held INTERNATIONAL FUND SERVICES LIMITED

18 Account number or other designation GOLDENTREETACONIC

19 Mailing address 78 SIR JOHN ROGERSON'S QUAY

20 City DUBLIN 21 State _____

22 Foreign postal code 2 23 Country IE IRELAND

Part II - Information on Financial Account(s) Owned Separately 2 of 6

15 Maximum account value 1,217,759 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held INTERNATIONAL FUND SERVICES LIMITED

18 Account number or other designation CANYONBALANCED

19 Mailing address 45 MARKET ST

20 City GRAND CAYMAN 21 State _____

22 Foreign postal code KY11103 23 Country KY CAYMAN ISLANDS

Part II - Information on Financial Account(s) Owned Separately 3 of 6

15 Maximum account value 38,462 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held MORGAN STANLEY FUND SERVICES

18 Account number or other designation LAKEWOOD

19 Mailing address 7-11 SIR JOHN REOGERSON'S QUAY

20 City DUBLIN 21 State _____

22 Foreign postal code 2 23 Country IE IRELAND

Part II - Information on Financial Account(s) Owned Separately 4 of 6

15 Maximum account value 1,558,774 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held MOURANT OZANNES CORPORATE SERVICES

18 Account number or other designation GOBI

19 Mailing address 94 SOLARIS AVE

20 City GRAND CAYMAN 21 State _____

22 Foreign postal code KY11108 23 Country KY CAYMAN ISLANDS

Part II - Information on Financial Account(s) Owned Separately 5 of 6

15 Maximum account value 1,658,248 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held SS&C GLOBE OP

18 Account number or other designation SSCGLOBEOP

19 Mailing address 5255 ORBITOR DRIVE

20 City MISSISSAUGA 21 State ON ONTARIO

22 Foreign postal code 2 23 Country CA CANADA

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5	2022
For calendar year 2022 or tax year beginning _____, ending _____		

Name RIVERSIDE COMMUNITY HEALTH	Employer Identification Number 23-7276444
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**Warning: Printed versions of the BSA E-Filing forms are not for submission
and will not be processed by FinCEN**

44a Check if report completed by a third party preparer, complete the third party preparer section **X**

44 Filer signature PIN (Enter the PIN assigned by FinCEN used to sign the FBAR) .. **FORM 114A SIGNED, PIN NOT REQUIRED**

45 Filer title

46 Date of signature **11/15/2023**

Third Party Preparer Use Only

47 Preparer's last name **AYALA JR**

48 First name **FERNANDO**

49 Middle name/initial **G**

50 Check if self-employed

51 Preparer's TIN **P01259082**

51a TIN type **PTIN**

52 Contact phone number **951-684-7781**

52a Extension

53 Firm's name **ROORDA, PIQUET & BESSEE, INC.**

54 Firm's TIN **33-0252865**

54a TIN type **EIN**

55 Mailing address **3550 VINE ST SUITE 110**

56 City **RIVERSIDE**

57 State **CA**

58 Zip/postal code **92507-4175**

59 Country **US US**

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2		2022
For calendar year 2022 or tax year beginning _____, ending _____			

Name RIVERSIDE COMMUNITY HEALTH	Employer Identification Number 23-7276444
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Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN

Part II - Information on Financial Account(s) Owned Separately 6 of 6

15 Maximum account value <u>2,045,736</u>	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account <u>SECURITIES</u>	
17 Name of financial institution in which account is held <u>ALPS ALTERNATIVE INVESTMENT SERVICE</u>	
18 Account number or other designation <u>ALPS</u>	
19 Mailing address <u>190 ELGIN AVE</u>	
20 City <u>GEORGE TOWN</u>	21 State _____
22 Foreign postal code <u>KY19008</u>	23 Country <u>KY CAYMAN ISLANDS</u>

Part II - Information on Financial Account(s) Owned Separately __ of __

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

Part II - Information on Financial Account(s) Owned Separately __ of __

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

Part II - Information on Financial Account(s) Owned Separately __ of __

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

Part II - Information on Financial Account(s) Owned Separately __ of __

15 Maximum account value _____	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account _____	
17 Name of financial institution in which account is held _____	
18 Account number or other designation _____	
19 Mailing address _____	
20 City _____	21 State _____
22 Foreign postal code _____	23 Country _____

Form **990**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY SETTLEMENT ASSOCIATION OF RIVERSIDE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4366 BERMUDA AVE City or town, state or province, country, and ZIP or foreign postal code RIVERSIDE CA 92507-5040	D Employer identification number 95-0642985 E Telephone number 951-686-6266 G Gross receipts \$ 800,998
--	--	---

F Name and address of principal officer: DANIEL ANDERSON 4275 LEMON ST RIVERSIDE CA 92501	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
--	---

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.CSARIVERSIDE.ORG
--	---

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 DEVELOP A SELF SUFFICIENT AND COLLABORATIVE COMMUNITY BASED ON FAMILY WELLNESS, EDUCATION, CIVIC ENGAGEMENT, CULTURAL AWARENESS, AND COMMUNITY CAPACITY BUILDING.

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 0
6 Total number of volunteers (estimate if necessary)	6 5
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,025,240	557,589
9 Program service revenue (Part VIII, line 2g)	194,617	243,409
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,219,857	800,998

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	511,601	403,720
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	280,666	337,841
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	792,267	741,561
19 Revenue less expenses. Subtract line 18 from line 12	427,590	59,437

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	915,483	1,262,267
21 Total liabilities (Part X, line 26)	64,279	351,626
22 Net assets or fund balances. Subtract line 21 from line 20	851,204	910,641

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.

<i>Daniel Anderson</i>	11.15.23
Signature of officer	Date
DANIEL ANDERSON	PRESIDENT
Type or print name and title	

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
FERNANDO G. AYALA JR	<i>Fernando Ayala Jr</i>	11/14/23	<input type="checkbox"/>	P01259082
Firm's name	Firm's EIN			
ROORDA, PIQUET & BESSEE, INC.	33-0252865			
Firm's address	Phone no.			
3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175	951-684-7781			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **426,446** including grants of \$) (Revenue \$ **243,409**)

INCREASING CONSUMER AWARENESS THROUGH RESPONSIBILITY AND EDUCATION (I.C.A.R.E.)

SEE SCHEDULE O FOR FURTHER DETAILS ON THIS PROGRAM.

4b (Code:) (Expenses \$ **46,299** including grants of \$) (Revenue \$)

AFTER SCHOOL PROGRAM

SEE SCHEDULE O FOR FURTHER DETAILS ON THIS PROGRAM.

4c (Code:) (Expenses \$ **77,431** including grants of \$) (Revenue \$)

FOOD PANTRY PROGRAM

SEE SCHEDULE O FOR FURTHER DETAILS ON THIS PROGRAM

4d Other program services (Describe on Schedule O.)

(Expenses \$ **70,877** including grants of \$) (Revenue \$)

4e Total program service expenses **621,053**

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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school 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 United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

KHYATI MEHTA **4275 LEMON ST** **CA 92501** **951-788-3471**
RIVERSIDE

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARTURO ALCARAZ MEMBER	0.50 0.00	X						0	0	0
(2) BEN JOHNSON II MEMBER	0.50 0.00	X						0	0	0
(3) ROSE MONGE MEMBER	0.50 0.00	X						0	0	0
(4) TOM PODGORSKI CHAIR	0.50 0.00	X		X				0	0	0
(5) HEATHER SANCHEZ MEMBER	0.50 0.00	X						0	0	0
(6) ROSEMARIE SMITH SECRETARY	0.50 0.00	X		X				0	0	0
(7) MICAH TOKUDA TREASURER	0.50 0.00	X		X				0	0	0
(8) SHERRY VITZELIO-CAROTHERS MEMBER	0.50 0.00	X						0	0	0
(9) DANIEL ANDERSON PRESIDENT	0.50 0.00			X				0	0	0
(10)										
(11)										

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

Main table for reporting officers, directors, trustees, key employees, and highest compensated employees. Columns include (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c)

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

Table for questions 3, 4, and 5 regarding compensation reporting. Includes 'Yes' and 'No' columns.

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. Report compensation for the calendar year ending with or within the organization's tax year.

Table for reporting independent contractors. Columns include (A) Name and business address, (B) Description of services, and (C) Compensation.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	525,878			
	e Government grants (contributions)	1e	8,662			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,049			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		557,589			
	Program Service Revenue	2a I.C.A.R.E. PROGRAM	Business Code	243,409	243,409	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			243,409			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		800,998	243,409	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	346,647	343,724	2,923	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,745	1,745		
9 Other employee benefits	26,219	25,610	609	
10 Payroll taxes	29,109	28,648	461	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,419	16,319	2,100	
12 Advertising and promotion				
13 Office expenses	35,385	31,177	4,208	
14 Information technology	31,699	20,330	11,369	
15 Royalties				
16 Occupancy	79,578	79,578		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,164		38,164	
23 Insurance	28,939	25,016	3,923	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	38,201	8,692	29,509	
b UTILITIES	35,946	10,627	25,319	
c SUBCONTRACTORS	17,078	17,078		
d BANK CHARGES	6,360	6,004	356	
e All other expenses	8,072	6,505	1,567	
25 Total functional expenses. Add lines 1 through 24e	741,561	621,053	120,508	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	74,830	1	103,297
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	60,562	3	125,861
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,943	9	25,463
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,418,573		
	10b	Less: accumulated depreciation	620,912	10c	797,661
	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	9,126	15	209,985
16	Total assets. Add lines 1 through 15 (must equal line 33)	915,483	16	1,262,267	
Liabilities	17	Accounts payable and accrued expenses	3,717	17	13,441
	18	Grants payable		18	
	19	Deferred revenue	60,562	19	125,861
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	212,324
	26	Total liabilities. Add lines 17 through 25	64,279	26	351,626
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	801,538	27	860,975
	28	Net assets with donor restrictions	49,666	28	49,666
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	851,204	32	910,641	
33	Total liabilities and net assets/fund balances	915,483	33	1,262,267	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	800,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	741,561
3	Revenue less expenses. Subtract line 2 from line 1	3	59,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	851,204
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	910,641

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization COMMUNITY SETTLEMENT ASSOCIATION OF RIVERSIDE	Employer identification number 95-0642985
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	123,617	657,170	852,027	1,025,240	557,589	3,215,643
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	358,524	308,699	188,816	194,617	243,409	1,294,065
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	482,141	965,869	1,040,843	1,219,857	800,998	4,509,708
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						4,509,708

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	482,141	965,869	1,040,843	1,219,857	800,998	4,509,708
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	482,141	965,869	1,040,843	1,219,857	800,998	4,509,708
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

Area with horizontal dotted lines for supplemental information.

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

**COMMUNITY SETTLEMENT ASSOCIATION
OF RIVERSIDE**

Employer identification number

95-0642985

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

COMMUNITY SETTLEMENT ASSOCIATION

Employer identification number

95-0642985

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRANSFORMATIVE CLIMATE COMMUNITIES 1400 TENTH STREET SACRAMENTO CA 95814	\$ 8,662	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PACIFIC PREMIER BANK 17901 VON KARMAN AVE STE 1200 IRVINE CA 92614	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RIVERSIDE COMMUNITY HEALTH FOUNDATIO 4275 LEMON STREET RIVERSIDE CA 92501-3844	\$ 525,878	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	INLAND EMPIRE COMMUNITY FOUNDATION 3700 SIXTH ST. STE 200 RIVERSIDE CA 92501	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

COMMUNITY SETTLEMENT ASSOCIATION OF RIVERSIDE

Employer identification number

95-0642985

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e Other

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

- 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,999		89,999
b Buildings		1,142,980	492,256	650,724
c Leasehold improvements				
d Equipment		185,594	128,656	56,938
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				797,661

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include ROU, NET ASSET (199,041) and SECURITY DEPOSIT (10,944).

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and OPERATING LEASE LIABILITY (212,324).

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

Dotted lines for providing supplemental information.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

**COMMUNITY SETTLEMENT ASSOCIATION
OF RIVERSIDE**

Employer identification number

95-0642985**FORM 990 - ORGANIZATION'S MISSION**

TO MAINTAIN A SOCIAL SETTLEMENT IN WHICH THE RESIDENTS AND OTHER WORKERS SHALL SEEK TO PERFORM THE SERVICES OF A GOOD NEIGHBOR TO THE PEOPLE OF THE DISTRICT AND ESPECIALLY TO PROMOTE THE WELFARE OF ALL IN EDUCATIONAL GUIDANCE, MEDICAL ASSISTANCE AND DIRECTED RECREATION. TO UNDERSTAND ALL GROUPS, TO INTERPRET THEIR NEEDS TO THE COMMUNITY, TO CONTRIBUTE TO AN APPRECIATION OF THEIR CULTURE TO DEVELOP INDEPENDENCE AND LEADERSHIP AND TO ASSIST IN DEVELOPING GOOD CITIZENS FOR THE COMMUNITY.

FORM 990, PART III - ADDITIONAL INFORMATION**I.C.A.R.E. DUI PROGRAM:**

THE DUI PROGRAM PROGRAM IS A STATE-LICENSED DRINKING DRIVERS PROGRAM PROVIDED THROUGH CSA'S CONTRACT WITH RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH, PROVIDING COURT-MANDATED ONE-ON-ONE FACE-TO-FACE SESSIONS, EDUCATIONAL SESSIONS, AND INTERACTIVE GROUP SESSIONS PROMOTING SOBRIETY AND RESPONSIBLE DRIVING. THE DUI PROGRAM HELPS BRING STABILITY, SELF-SUFFICIENCY AND POSITIVE CHANGES THROUGH EDUCATING ON THE CONSEQUENCES OF DUI. THIS PROGRAM EDUCATES, MOTIVATES, AND INCREASES AWARENESS OF THE BENEFITS OF SOBRIETY IN ORDER TO IMPROVE THE LIFESTYLE OF PROGRAM PARTICIPANTS. SERVICES ARE AVAILABLE IN ENGLISH & SPANISH.

IN 2022, 258 MEMBERS OF THE COMMUNITY ENROLLED IN THE ICARE PROGRAM, UP FROM 213 IN 2021. CSA HAD A TOTAL OF 211 MEMBERS OF THE COMMUNITY (OR 82%) COMPLETE THE ICARE PROGRAM IN 2022.

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

COMMUNITY SETTLEMENT ASSOCIATION

95-0642985

AFTER SCHOOL PROGRAM:

THIS YEAR THE AFTER-SCHOOL PROGRAM RETURNED TO IN-PERSON PROGRAMMING IN THE SUMMER. IN THE FALL, CSA SHIFTED THE AFTER-SCHOOL PROGRAM TO PROVIDE EXPANDED SERVICES AND SUPPORT TO OUR PARTICIPANTS WITH A PARTNERSHIP WITH THE BOYS AND GIRLS CLUB OF GREATER REDLANDS-RIVERSIDE. THE PROGRAM CONTINUED TO PROVIDE FOCUS AREAS OF TUTORING, CHARACTER BUILDING ACTIVITIES, FUN AND RECREATIONAL ACTIVITIES, AND CIVIC ENGAGEMENT OPPORTUNITIES. THE PROGRAM HAS EXPANDED TO INCLUDE KINDERGARTEN THROUGH HIGH SCHOOL AGE STUDENTS.

THESE OPPORTUNITIES ARE NOT ALWAYS AVAILABLE TO CHILDREN IN UNDERSERVED COMMUNITIES. IN ADDITION, THE SUMMER PROGRAM ALLOWS STUDENTS TO MAINTAIN THEIR CURRENT READING LEVEL OVER THE SUMMER IN PREPARATION FOR THE FALL.

FOR THE YEAR 2022, CSA PROVIDED A TOTAL OF 1,356 ENCOUNTERS THROUGH THE AFTER-SCHOOL PROGRAM.

FOOD PANTRY PROGRAM:

THE FOOD PANTRY PROGRAM WAS DESIGNED TO HELP MITIGATE THE GROWING FOOD INSECURITY IN THE CITY OF RIVERSIDE. UNHEALTHY FOOD CHOICES AND LOW INCOME ARE AMONG THE SOCIAL DETERMINANTS OF HEALTH THAT, OVER TIME, INCREASE THE RISK OF CHRONIC DISEASE. THE FOOD PANTRY PROGRAM HELPS TO ADDRESS THESE RISK FACTORS BY PROVIDING HEALTHY FOOD OPTIONS TO MITIGATE THE EFFECTS OF ECONOMIC STRESSORS THAT ARE OFTEN PLACED UPON LOW-INCOME FAMILIES. THE GOAL OF THE CSA FOOD PANTRY PROGRAM IS TO CREATE MORE ACCESS TO HEALTHY FOOD BY IMPROVING NUTRITIOUS FOOD OPTIONS AMONGST OUR LOCAL FOOD INSECURE

Name of the organization

Employer identification number

COMMUNITY SETTLEMENT ASSOCIATION

95-0642985

POPULATION. CSA'S FOOD PANTRY PROGRAM PROVIDES TWICE-WEEKLY FOOD DISTRIBUTIONS IN THE EASTSIDE NEIGHBORHOOD OF RIVERSIDE.

EACH FOOD PANTRY BAG REPLACES SUGARY PASTRIES WITH WHOLESOME FOOD CHOICES INCLUDING 50% PRODUCE IN ACCORDANCE WITH USDA GUIDELINES. CSA OFFERS HEALTHY FOOD OPTIONS, INCLUDING SPECIALTY OPTIONS (SUCH AS VEGETARIAN, VEGAN, KOSHER, GLUTEN FREE) AND COOKING FOOD BAGS FOR FAMILIES WITH ACCESS TO COOKING FACILITIES AND NON-COOKING BAGS FOR OUR UNHOUSED POPULATION THAT LACK ACCESS TO COOKING FACILITIES. EACH FOOD BAG CONTAINS APPROXIMATELY 4 MEALS. THE TOTAL DISTRIBUTION OF APPROXIMATELY 300 BAGS PER WEEK WILL RESULT IN THE DELIVERY OF APPROXIMATELY 60,000 MEALS BY THE END OF EACH YEAR. HOME DELIVERY OF THESE FOOD ITEMS ARE OFFERED TO SENIORS WHO ARE HOMEBOUND OR OTHERWISE PHYSICALLY UNABLE TO PICK UP FOOD FOR THEMSELVES.

IN 2022, THE FOOD PANTRY DISTRIBUTED VITAL AND NOURISHING FOOD TO 11,349 RESIDENTS, A NEARLY 40% INCREASE COMPARED TO 2021. OVER 142,000 POUNDS OF FOOD WERE DISTRIBUTED TO RESIDENTS THIS YEAR.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

OTHER PROGRAMS INCLUDING: CAP INTERN PROGRAM, COMMUNITY GARDEN, COMMUNITY GUIDANCE, MARKET NIGHT, AND FAMILY COUNSELING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD MEMBERS WILL REVIEW FORM 990 BEFORE IT IS FILED AND RECOMMEND ANY CHANGES IF NECESSARY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

Employer identification number

COMMUNITY SETTLEMENT ASSOCIATION

95-0642985

CSA ENSURES THE GOVERNING BODY REVIEWS AND ACKNOWLEDGES THE CONFLICT OF INTEREST POLICY. IF THERE ARE ANY CHANGES DURING THE YEAR, THE MEMBERS WILL INFORM CSA AND MEASURES ARE TAKEN ACCORDINGLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION AND PERFORMANCE OF THE DIRECTOR AND VP ARE REVIEWED BY CEO. THE CEO COMPENSATION IS REVIEWED BY THE GOVERNING BODY MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990 AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

**COMMUNITY SETTLEMENT ASSOCIATION
OF RIVERSIDE**

Employer identification number

95-0642985

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) RIVERSIDE COMMUNITY HEALTH FOUND 4275 LEMON ST 23-7276444 RIVERSIDE CA 92501-3844		CA	501C3	3	N/A		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RIVERSIDE COMMUNITY HEALTH FOUND	C	525,878	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 4,441	\$ 2,341	\$ 2,100	\$
PAYROLL FEES	13,978	13,978		
TOTAL	\$ 18,419	\$ 16,319	\$ 2,100	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TAXES & LICENSES	\$ 4,488	\$ 4,027	\$ 461	\$
AUTO EXPENSE	2,449	2,396	53	
DUES & SUBSCRIPTIONS	1,128	75	1,053	
HEALTH PROGRAMS AND FAIRS	7	7		
TOTAL	\$ 8,072	\$ 6,505	\$ 1,567	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
OTHER CONTRIBUTIONS	\$ 3,049
OTHER GRANTS	
TRANSFORMATIVE CLIMATE COMMUNITIES	
CASH CONTRIBUTION	8,662
PACIFIC PREMIER BANK	
CASH CONTRIBUTION	10,000
RIVERSIDE COMMUNITY HEALTH FOUNDATIO	
CASH CONTRIBUTION	525,878
INLAND EMPIRE COMMUNITY FOUNDATION	
CASH CONTRIBUTION	10,000
TOTAL	<u>\$ 557,589</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
I.C.A.R.E. PROGRAM	\$ 243,409
TOTAL	<u>\$ 243,409</u>

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

CITY OF RIVERSIDE:

AGRIPINA NEUBAUER

COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT, CDBG/GRANTS

DIVISION

MAIN: (951) 826-5649

DIRECT: (951) 826-3947

ANEUBAUER@RIVERSIDEC.A.GOV

TAXABLE YEAR

**California Exempt Organization
Annual Information Return**

FORM

2022

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name COMMUNITY SETTLEMENT ASSOCIATION OF RIVERSIDE		California corporation number 0193362
Additional information. See instructions.		FEIN 95-0642985
Street address (suite or room) 4366 BERMUDA AVE		PMB no.
City RIVERSIDE	State CA	Zip code 92507-5040
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) ● <input type="checkbox"/> 990T (2) ● <input type="checkbox"/> 990PF (3) ● <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A ● <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	243,409	00
	2 Gross dues and assessments from members and affiliates	●	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	●	3	557,589	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	●	4	800,998	00
	5 Cost of goods sold	●	5		00
	6 Cost or other basis, and sales expenses of assets sold	●	6		00
	7 Total costs. Add line 5 and line 6		7		00
	8 Total gross income. Subtract line 7 from line 4	●	8	800,998	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	●	9	741,561	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	59,437	00
Filing Fee	11 Total payments	●	11		00
	12 Use tax. See General Information K	●	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14		00
	15 Penalties and interest. See General Information J	●	15		00
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	●	16		00	
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
Paid Preparer's Use Only	Signature of officer	Title PRESIDENT	Date	● Telephone 951-686-6266	
	Preparer's signature	Date 11/14/2023	Check if self-employed <input type="checkbox"/>	● PTIN P01259082	
	Firm's name (or yours, if self-employed) and address	ROORDA, PIQUET & BESSEE, INC. 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175		● Firm's FEIN 33-0252865 ● Telephone 951-684-7781	
May the FTB discuss this return with the preparer shown above? See instructions ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

COMMUNITY SETTLEMENT ASSOCIATION
95-0642985

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	243,409	00	
	2	Interest	2		00	
	3	Dividends	3		00	
	4	Gross rents	4		00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See instructions)	6		00	
	7	Other income. Attach schedule	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	243,409	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 1	11		00	
	12	Other salaries and wages	12	346,647	00	
	Expenses and Disbursements	13	Interest	13		00
		14	Taxes	14		00
		15	Rents	15	79,578	00
		16	Depreciation and depletion (See instructions)	16	38,164	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 2	17	277,172	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	741,561	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		74,830		103,297
2 Net accounts receivable		60,562		125,861
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	1,251,773		1,328,574	
b Less accumulated depreciation	582,750	669,023	620,912	707,662
11 Land		89,999		89,999
12 Other assets. Attach schedule. STMT 3		21,069		235,448
13 Total assets		915,483		1,262,267
Liabilities and net worth				
14 Accounts payable		3,717		13,441
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule. STMT 4		60,562		338,185
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		851,204		910,641
22 Total liabilities and net worth		915,483		1,262,267

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	59,437	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return. Attach schedule			Subtract line 9 from line 6	59,437
6	Total. Add line 1 through line 5	59,437			

California Statements

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address			Title	Avg Hrs	Compensation Amount	
City	State	Zip					
TOM PODGORSKI				CHAIR	0.50		
BEN JOHNSON II				MEMBER	0.50		
ROSE MONGE				MEMBER	0.50		
MICAH TOKUDA				TREASURER	0.50		
ROSEMARIE SMITH				SECRETARY	0.50		
ARTURO ALCARAZ				MEMBER	0.50		
SHERRY VITZELIO-CAROTHERS				MEMBER	0.50		
HEATHER SANCHEZ				MEMBER	0.50		
DANIEL ANDERSON			4275 LEMON ST				
NINFA DELGADO	RIVERSIDE	CA	92501	PRESIDENT	0.50		
				COO	0.50		
TOTAL						0	

California Statements**Statement 2 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EMPLOYEE BENEFITS	\$ 26,219
PAYROLL TAXES	29,109
PROFESSIONAL FEES	4,441
PAYROLL FEES	13,978
MAILING & PRINTING	9,409
CONFERENCES AND MEETINGS	
AUTO EXPENSE	2,449
BANK CHARGES	6,360
DUES & SUBSCRIPTIONS	1,128
HEALTH PROGRAMS AND FAIRS	7
REPAIRS AND MAINTENANCE	38,201
TAXES & LICENSES	4,488
UTILITIES	35,946
PENSION PLAN	1,745
OFFICE EXPENSE	25,976
IT SERVICES	31,699
INSURANCE	20,881
WORKERS COMP INSURANCE	8,058
SUBCONTRACTORS	17,078
TOTAL	<u>\$ 277,172</u>

Statement 3 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 9,126	\$ 10,944
ROU, NET ASSET		199,041
PREPAID EXPENSES	11,943	25,463
TOTAL	<u>\$ 21,069</u>	<u>\$ 235,448</u>

Statement 4 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OPERATING LEASE LIABILITY	\$ 60,562	\$ 212,324
DEFERRED REVENUE	60,562	125,861
TOTAL	<u>\$ 60,562</u>	<u>\$ 338,185</u>