

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

2021

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 2021 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 RIVERSIDE COMMUNITY HEALTH FOUNDATION		D Employer identification number 23-7276444
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4275 LEMON ST		E Telephone number 951-788-3471
	City or town, state or province, country, and ZIP or foreign postal code RIVERSIDE CA 92501-3844		G Gross receipts \$ 63,632,283

F Name and address of principal officer: DANIEL ANDERSON 4275 LEMON ST RIVERSIDE CA 92501-3844	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
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I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **HTTP://WWW.RCHF.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1973** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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 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)	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	85
	6 Total number of volunteers (estimate if necessary)	460
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 834,114 Current Year: 2,231,402
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,101,781 15,542,617
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	726,599 749,905
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,662,494 18,523,924
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,054,885 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)	3,937,091 3,721,625
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,258	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,047,845 2,262,317
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,039,821 7,304,919
19 Revenue less expenses. Subtract line 18 from line 12	-2,377,327 11,219,005	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 105,854,404 End of Year: 112,699,280
	21 Total liabilities (Part X, line 26)	5,946,129 5,852,839
	22 Net assets or fund balances. Subtract line 21 from line 20	99,908,275 106,846,441

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: <i>Daniel Anderson</i>	Date: 11/15/22
	Type or print name and title: DANIEL ANDERSON PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name: FERNANDO G. AYALA JR	Preparer's signature: <i>[Signature]</i>	Date: 11/15/22	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN	PTIN: P01259082
	Firm's name: ROORDA, PIQUET & BESSEE, INC		Firm's EIN: 33-0252865		
	Firm's address: 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175		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

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 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 \$ **646,920** 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 \$ **1,132,535** 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 \$ **365,472** 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 \$ **2,317,915** including grants of \$ **1,320,977**) (Revenue \$)

4e Total program service expenses **4,462,842**

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?		

1a	73
1b	0

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	85		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	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 person, or mine operator engage in 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	1a 20		
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.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 19		
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?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a 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?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 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	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 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	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	

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
RIVERSIDE

4275 LEMON ST

CA 92501

951-788-3471

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, 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	0.50									
CHAIR	0.00	X		X			0	0	0	
(2) ERIN PHILLIPS	0.50									
VICE-CHAIR	0.00	X		X			0	0	0	
(3) ERNIE HWANG	0.50									
TREASURER	0.00	X		X			0	0	0	
(4) CRAIG MARSHALL	0.50									
SECRETARY	0.00	X					0	0	0	
(5) JUDY CARPENTER	0.50									
MEMBER	0.00	X					0	0	0	
(6) TAREK MAHDI	0.50									
MEMBER	0.00	X					0	0	0	
(7) RICHARD RAJARATNAM	0.50									
MEMBER	0.00	X					0	0	0	
(8) TINA COVINGTON	0.50									
MEMBER	0.00	X					0	0	0	
(9) JEANNENE KELLY	0.50									
MEMBER	0.00	X					0	0	0	
(10) BEN JOHNSON II	0.50									
MEMBER	0.00	X					0	0	0	
(11) JONATHAN O'CONNELL	0.50									
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) MICAH TOKUDA	0.50									
MEMBER	0.00	X						0	0	0
(13) HEATHER SANCHEZ	0.50									
MEMBER	0.00	X						0	0	0
(14) JAMIE WRAGE	0.50									
MEMBER	0.00	X						0	0	0
(15) RICH ERICKSON	0.50									
MEMBER	0.00	X						0	0	0
(16) JACKIE VAN BLARICUM	0.50									
MEMBER	0.00	X						0	0	0
(17) CHEYLYNDA BARNARD	0.50									
MEMBER	0.00	X						0	0	0
(18) RAFAEL ELIZALDE	0.50									
MEMBER	0.00	X						0	0	0
(19) TOM PODGORSKI	0.50									
MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								935,866		48,003
d Total (add lines 1b and 1c)								935,866		48,003

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	104,139				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,114,940				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,012,323				
	g Noncash contributions included in lines 1a-1f	1g	\$ 60,754				
	h Total. Add lines 1a-1f			2,231,402			
Program Service Revenue	2a	Business Code					
	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)		1,722,065			1,722,065	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real	746,470			
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	746,470				
	d Net rental income or (loss)			746,470			746,470
	7a Gross amount from sales of assets other than inventory		(i) Securities	58,868,157			
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b	45,047,605			
	c Gain or (loss)	7c	13,820,552				
	d Net gain or (loss)			13,820,552	13,820,552		
	8a Gross income from fundraising events (not including \$ 104,139 of contributions reported on line 1c). See Part IV, line 18						
8a			3,383				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			3,383			3,383	
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			60,754				
	10a		60,754				
b Less: cost of goods sold	10b		60,754				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER REVENUE	Business Code	52	52			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			52			
12 Total revenue. See instructions			18,523,924	13,820,604	0	2,471,918	

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	1,320,977	1,320,977		
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	3,020,618	2,102,679	917,939	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	252,087	34,081	218,006	
9 Other employee benefits	238,012	189,527	48,485	
10 Payroll taxes	210,908	170,773	40,135	
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	544,631		544,631	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	572,416	312,923	257,921	1,572
12 Advertising and promotion	3,823	3,603		220
13 Office expenses	60,917	37,921	21,832	1,164
14 Information technology	103,460	41,734	60,049	1,677
15 Royalties				
16 Occupancy	41,145	41,145		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,133	19,681	2,452	
20 Interest	155,292		155,292	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	376,408		376,408	
23 Insurance	116,302	59,655	56,647	
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	67,118	894	66,182	42
b UTILITIES	59,908	18,711	41,197	
c SUPPLIES	53,219	39,084	9,403	4,732
d HEALTH PROGRAMS / FAIRS	35,120	30,573	945	3,602
e All other expenses	50,425	38,881	11,295	249
25 Total functional expenses. Add lines 1 through 24e	7,304,919	4,462,842	2,828,819	13,258
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	722,016	1	1,298,948
	2	Savings and temporary cash investments	1,119,101	2	3,631,809
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	325,104	4	345,838
	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	44,907	8	50,727
	9	Prepaid expenses and deferred charges	52,827	9	41,928
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,188,647		
	b	Less: accumulated depreciation	10b 3,848,582	10c	10,340,065
	11	Investments—publicly traded securities	92,841,384	11	96,931,379
	12	Investments—other securities. See Part IV, line 11	43,789	12	33,604
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	-3,898	15	24,982
16	Total assets. Add lines 1 through 15 (must equal line 33)	105,854,404	16	112,699,280	
Liabilities	17	Accounts payable and accrued expenses	437,471	17	571,113
	18	Grants payable		18	
	19	Deferred revenue		19	10,000
	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	4,826,120	24	4,408,493
	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	682,538	25	863,233
	26	Total liabilities. Add lines 17 through 25	5,946,129	26	5,852,839
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	15,874,221	27	16,085,219
	28	Net assets with donor restrictions	84,034,054	28	90,761,222
	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	99,908,275	32	106,846,441	
33	Total liabilities and net assets/fund balances	105,854,404	33	112,699,280	

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	18,523,924
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,304,919
3	Revenue less expenses. Subtract line 2 from line 1	3	11,219,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,908,275
5	Net unrealized gains (losses) on investments	5	-4,280,839
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	106,846,441

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 Single Audit Act and OMB Circular A-133?		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	0.50 0.00	X						0	0	0
(21) DANIEL ANDERSON PRESIDENT	40.00 0.00	X		X				231,619	0	16,819
(22) SHENE BOWIE-HUSSEY VP HEALTH STRATEGY	40.00 0.00					X		158,435	0	8,334
(23) NINFA DELGADO VP	40.00 0.00					X		146,836	0	10,902
(24) STEPHANIE HERNANDEZ DIRECTOR OF HR	40.00 0.00					X		126,166	0	26
(25) ANNA LE MARKETING DIRECTOR	40.00 0.00					X		120,554	0	5,277
(26) KHYATI MEHTA DIRECTOR OF FINANCE	40.00 0.00					X		152,256	0	6,645
1b Subtotal								935,866		48,003
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? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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

Federal Statements**Form 990 - Federal General Footnote****Description**

STATEMENT FILED PURSUANT TO IRC TREAS. REG. SECTIONS 1.6038B-1(C) AND 1.6038B-1T(C)

1) NAME OF US TRANSFEROR: RIVERSIDE COMMUNITY HEALTH FOUNDATION
EIN: 23-7276444

ADDRESS: 4275 LEMON ST, RIVERSIDE, CA 92501-3844

2) NAME OF FOREIGN TRANSFEREE: HAWK RIDGE PARTNERS OFFSHORE FUND, LTD.

EIN: FOREIGN

ADDRESS: WALKERS CORPORATE LIMITED

GEORGE TOWN

GRAND CAYMAN

COUNTRY OF INCORPORATION: CAYMAN ISLANDS

3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE US TRANSFEROR:

DESCRIPTION: COMMON STOCK

ESTIMATED FAIR VALUE: \$1,975,3333

4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRUSTEE:

I) ACTIVE TRADE OR BUSINESS PROPERTY - N/A

II) STOCK OR SECURITIES - N/A

III) DEPRECIATED PROPERTY - N/A

IV) PROPERTY TO BE LEASED - N/A

V) PROPERTY TO BE SOLD - N/A

VI) TRANSFERS TO FSCS - N/A

VII) TAINTED PROPERTY - N/A

VIII) FOREIGN LOSS BRANCH - N/A

IX) OTHER INTANGIBLES - N/A

5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF TREAS. REG. 1.367(A)-6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRUSTEE: N/A

6) THE TRANSFER OF PROPERTY BY THE U.S. TRANSFEROR TO THE U.S. TRANSFEREE IS AN EXCHANGE DESCRIBED IN SECTION 361(A) OR 361(B). THE CONDITIONS SET FORTH IN THE SECOND SENTENCE OF SECTION 367(A)(5), AND ANY REGULATIONS UNDER THAT SECTION, HAVE BEEN SATISFIED. THE FOLLOWING ADJUSTMENTS TO BASIS, OR OTHER ADJUSTMENTS, HAVE BEEN MADE TO THE PROPERTY TRANSFERRED: N/A

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2020. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	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? 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.	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? 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.	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)? 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).	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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? 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.	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? 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.	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? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

OMB No. 1545-0047

2021
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-PF.

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

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) (2021)

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	CA DEPARTMENT OF PUBLIC HEALTH MATERNAL, CHILD AND ADOLESCENT PO BOX 997420 SACRAMENTO CA 95899-7377	\$ 287,330	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATER BROS CHARITIES - BELIEVE WALK PO BOX 150 SAN BERNARDINO CA 92402	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SAN MANUEL BAND OF MISSION INDIANS 36569 COMMUNITY CENTER DR. HIGHLAND CA 92346	\$ 76,812	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MAMAS Y BEBES - RIVERSIDE UNIVERSITY 3865 JACKSON STREET RIVERSIDE CA 92503	\$ 66,007	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DOULA ACCESS PROGRAM 4275 LEMON ST. RIVERSIDE CA 92501	\$ 245,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TRANSFORMATIVE CLIMATE COMMUNITIES 1400 TENTH ST SACRAMENTO CA 95814	\$ 48,112	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	LIVIA WILSON CHARITABLE TRUST PO BOX 11382 TORRANCE CA 90510	\$ 344,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RIVERSIDE COMMUNITY HOSPITAL AUX 4445 MAGNOLIA AVE A-6 RIVERSIDE CA 92501	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SHILA CHACON 5188 SALTON CT. RANCHO CUCAMONGA CA 91739	\$ 5,149	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MICHELLE BRADLEY 6198 HIGHLAND AVENUE YUCAIPA CA 92399	\$ 11,219	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	AETNA 151 FARMINGTON AVE HARTFORD CT 06156	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BUILDER'S FIRST 23665 CAJALCO ROAD PERRIS CA 92570	\$ 7,400	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	CANYON CREST WOMEN'S AUXILIARY 975 COUNTRY CLUB DRIVE RIVERSIDE CA 92506	\$ 6,683	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HEALTHNET 1740 CREEKSIDE OAKS DR SACRAMENTO CA 95833	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SIMILAR PANTS, INC. 5700 MISSION BLVD. RUBIDOUX CA 92509	\$ 5,000	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.)
		\$	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

2021

Open to Public Inspection

Name of the organization RIVERSIDE COMMUNITY HEALTH FOUNDATION	Employer identification number 23-7276444
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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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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	88,727,778	82,042,485	74,882,139	84,336,590	79,446,615
b Contributions					
c Net investment earnings, gains, and losses	9,245,906	9,245,907	13,431,142	-5,406,023	7,608,500
d Grants or scholarships					
e Other expenditures for facilities and programs	2,557,180	2,557,180	6,270,796	4,048,428	658,935
f Administrative expenses		3,433			3,338
g End of year balance	95,416,504	88,727,778	82,042,485	74,882,139	84,336,590

- 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		11,898,226	2,779,693	9,118,533
c Leasehold improvements				
d Equipment		1,185,099	1,068,889	116,210
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,340,065

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	809,647
(3) ESTIMATED FUTURE ANNUITY LIAB	53,586
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	863,233

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.

**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.**

2021

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.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

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	107,522		107,522
	2	Less: Contributions	104,139		104,139
	3	Gross income (line 1 minus line 2)	3,383		3,383
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)				3,383

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: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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)	OLIVE CREST 2130 EAST FOURTH ST. STE 200 SANTA ANA CA 92705	95-2877102	501C3	43,800				OUTPATIENT
(2)	RIVERSIDE UNIVERSTIY HEALTH SYSTEM P.O. BOX 9850 MORENO VALLEY CA 92552	33-0374018	501C3	50,000				INPATIENT
(3)	COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE CA 92507	95-0642985	501C3	981,677				EDUCATION
(4)	OPERATION SAFE HOUSE, INC. 9685 HAYES STREET RIVERSIDE CA 92503	33-0326090	501C3	10,000				OUTPATIENT
(5)	WALDEN FAMILY SERVICES 3576 ARLINGOTN AVENUE, STE. 106 RIVERSIDE CA 92506	94-2358632	501C3	30,000				OUTPATIENT
(6)	THE REGENTS OF THE 900 UNIVERSITY AVENUE RIVERSIDE CA 92521	95-6006142	501C3	87,500				EDUCATION
(7)	COMMUNITY NOW 28604 MARANDA COURN MORENO VALLEY CA 92555	46-2624331	501C3	15,000				OUTPATIENT
(8)	LOMA LINDA UNIVERSITY P.O. BOX 2000 LOMA LINDA CA 92354	33-0565591	501C3	75,000				INPATIENT
(9)	MIGHTY LITTLE GIANTS 37949 MARSALA DRIVE PALMDALE CA 93552	84-1949235	501C3	13,000				OUTPATIENT

- 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) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**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)	PLANNED PARENTHOOD 1075 CAMINO DEL RIO SOUTH SAN DIEGO CA 92108	95-6111785	501C3	15,000				OUTPATIENT
(2)								
(3)								
(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) (2021)

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.

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

OMB No. 1545-0047

2021

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

Only section 501(c)(3), 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? **5a** **X**
- b** Any related organization? **5b** **X**
- 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? **6a** **X**
- b** Any related organization? **6b** **X**
- 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 **7** **X**

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 **8** **X**

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

	Yes	No
1a		
1b		
2		
3		
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)	231,619	0	0	0	16,819	248,438	0
	(ii)	0	0	0	0	0	0	0
2 SHENE BOWIE-HUSSEY VP HEALTH STRATEGY	(i)	158,435	0	0	0	8,334	166,769	0
	(ii)	0	0	0	0	0	0	0
3 NINFA DELGADO VP	(i)	146,836	0	0	0	10,902	157,738	0
	(ii)	0	0	0	0	0	0	0
4 KHYATI MEHTA DIRECTOR OF FINANCE	(i)	152,256	0	0	0	6,645	158,901	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. 1545-0074

2021

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

FOUNDATION

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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		60,754	THRIFT SHOP VALUE
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 ▶ ()				
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 three 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
-----------	--	----------

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

32a		X
------------	--	----------

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.

**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.**2021**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**

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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:**

IN 2021, THE COMMUNITY EMPOWERMENT TEAM RECORDED 663 ENCOUNTERS WITH
COMMUNITY RESIDENTS THROUGH 163 EVENTS, CONFERENCES, CLINIC SERVICES, AND
HEALTH EDUCATION CLASSES AND SEMINARS, SUCH AS THE BEST SELFIE CONFERENCE,
TEEN VIBE, AND HEAL RX FOOD SUSTAINABILITY PROGRAM.

BEST SELFIE CONFERENCE:

RCHF'S SECOND ANNUAL BESTSELFIE CONFERENCE WAS HELD ON NOVEMBER 5, 2021 AND
HOSTED VIRTUALLY ON ZOOM. THE CONFERENCE, DESIGNED FOR WOMEN AGES 14-19,
CONSISTED OF TWO WORKSHOPS: "MENSTRUAL CYCLES WORKSHOP", WHERE ATTENDEES
LEARN ABOUT NATURAL MEDICINE AND "AWAKENING YOUTH INNER WISDOM", WHICH
ENCOURAGED PARTICIPANTS TO TAP INTO THEIR TUITION THROUGH MEDITATION.

BY END OF THE CONFERENCE, 100% OF PARTICIPANTS WERE FAMILIAR WITH
TECHNIQUES TO MANAGE RAGE, UP FROM JUST 14% OF PARTICIPANTS BEFORE THE
CONFERENCE. THE PERCENT OF PARTICIPANTS FAMILIAR WITH SOUND BOWL MEDITATION
INCREASED ALSO INCREASED -- FROM 31% (PRE-SURVEY) TO 62% (POST-SURVEY).
PARTICIPANTS ALSO FOUND THE WORKSHOPS USEFUL, WITH 100% INDICATING THAT

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THEY WERE SOMEWHAT OR VERY LIKELY TO USE WHAT THEY LEARNED AT THE WORKSHOPS.

HEAL RX PROGRAM

THE HEAL RX PROGRAM WAS DEVELOPED TO ADDRESS THE LACK OF HEALTHY FOOD OPTIONS IN RIVERSIDE BY PROVIDING ACCESS TO FRUITS AND VEGETABLES TO RESIDENTS AT REDUCED COST. THOSE RECEIVING DISCOUNTED PRODUCE FROM THE PROGRAM WERE ASKED WHETHER THEY HAD BEEN DIAGNOSED WITH A CHRONIC ILLNESS AND HOW LIKELY THEY WERE TO USE THE PRODUCE. IN 2021, 211 PARTICIPANTS COMPLETED THE SHORT SURVEY WITH THESE QUESTIONS.

A LARGE PERCENTAGE OF PARTICIPANTS (44%) HAD A DIAGNOSED CHRONIC ILLNESS. NEARLY ALL PARTICIPANTS (96%) WERE VERY LIKELY TO USE THE PRODUCE THEY RECEIVED. ALL (100%) OF THOSE WITH A CHRONIC ILLNESS SAID THEY WERE AT LEAST SOMEWHAT LIKELY TO USE THE PRODUCE. 98% OF THOSE WITH A CHRONIC ILLNESS WERE VERY LIKELY TO USE THE PRODUCE THEY RECEIVED. A SMALL PERCENT (3%) OF THOSE WITHOUT A CHRONIC ILLNESS RESPONDED THEY WERE NOT LIKELY TO USE THE PRODUCE THEY RECEIVED.

COMMUNITY WELLNESS PROGRAM

IN 2021, RCHF'S COMMUNITY WELLNESS TEAM PROVIDED CLASSES, SEMINARS, AND WORKSHOPS PROMOTING HEALTH AND WELLNESS IN THE FOLLOWING AREAS: CHRONIC DISEASE PREVENTION AND MANAGEMENT, MATERNAL AND INFANT HEALTH, BEHAVIORAL HEALTH, ORAL HEALTH, NUTRITION, PHYSICAL ACTIVITY, AND GENERAL WELLNESS THROUGH ITS HEALTH EDUCATION PROGRAMS AND OUTREACH, THE COMMUNITY WELLNESS TEAM RECORDED 9,538 ENCOUNTERS WITH COMMUNITY RESIDENTS THROUGH 829 EVENTS,

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THE MAJORITY (62%) OF WHICH WERE HEALTH EDUCATION CLASSES OR PART OF A HEALTH EDUCATION SERIES.

EDUCATING CHRONIC DISEASE PREVENTION AND MANAGEMENT

RCHF HOSTED SEVERAL SEMINARS AND CLASSES, SUCH AS THE NOVEMBER DIABETES SEMINAR AND THE KEEP THE BEAT/HEART HEALTHY SEMINAR, THAT FOCUSED ON PREVENTION AND MANAGING ONE'S CHRONIC DISEASE. THE SEMINARS AIMED TO INCREASE PARTICIPANTS' KNOWLEDGE OF CHRONIC DISEASE AND INCREASE THEIR MOTIVATION TO IMPROVE THEIR HEALTH.

EIGHTY-FOUR PERCENT (84%) OF PARTICIPANTS IN OUR CHRONIC DISEASE EDUCATION SEMINARS THIS YEAR IMPROVED THEIR KNOWLEDGE OF CHRONIC DISEASE PREVENTION AND MANAGEMENT, AS DETERMINED BY COMPARING PRE- AND POST-SURVEY DATA.

ATTENDEES OF THE ANNUAL NOVEMBER DIABETES SEMINAR ALSO INCREASED THEIR MOTIVATION TO IMPROVE THEIR HEALTH. SIXTY PERCENT (60%) OF RESPONDENTS INCREASED THEIR MOTIVATION TO MAKE CHANGES TO PREVENT OR MANAGE DIABETES.

PRACTICING A HEALTHY LIFESTYLE

THE COMMUNITY WELLNESS PROGRAM ALSO HELD SESSIONS THAT ENCOURAGED PARTICIPANTS TO MAKE HEALTHIER LIFESTYLE CHOICES THROUGH PHYSICAL ACTIVITY, PROPER NUTRITION, STRESS MANAGEMENT, AND MENTAL WELLNESS TECHNIQUES.

SEVERAL OF THESE SESSIONS SERVED SPECIFIC POPULATIONS IN RIVERSIDE - FOR EXAMPLE, THE LATINA POPULATION (SALUD INTEGRAL DE LA MUJER), SENIORS

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(HEALTH AND WELLNESS IN THE GOLDEN AGE), AND THOSE WITH SPECIAL NEEDS (NUTRITION FOR CHILDREN WITH SPECIAL NEEDS). THE SERIES OF PRESENTATIONS FOR RIVERSIDE UNIFIED (E.G., GROW YOUR OWN FOOD, ROAD TO HEALTH, AND STARTING AN EXERCISE ROUTINE) AND THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) ALSO PROMOTED A HEALTHIER LIFESTYLE.

AMONG THESE PROGRAMS, 58% OF PARTICIPANTS INCREASED THEIR KNOWLEDGE OF HEALTHY LIFESTYLE CHOICES, WITH SOME SESSIONS, SUCH AS THOSE SERVING SENIORS AND THOSE SERVING PARENTS OF CHILDREN WITH SPECIAL NEEDS, DEMONSTRATING IMPROVEMENTS AMONG 71% AND 100% OF PARTICIPANTS, RESPECTIVELY.

IMPROVING INFANT AND MATERNAL HEALTH

IN SEPTEMBER 2021, COMMUNITY WELLNESS HOSTED THE BLACK MATERNAL HEALTH SERIES, A SERIES OF FOUR WEEKLY WORKSHOPS FOR MEDICAL AND HEALTH PROFESSIONALS DESIGNED TO INCREASE AWARENESS OF HEALTH DISPARITIES IN MATERNAL HEALTH AND PROMOTE AN INTERDISCIPLINARY APPROACH TO IMPROVING MATERNAL HEALTH OUTCOMES.

AFTER COMPLETING THE FOUR-PART SERIES, 85% OF PARTICIPANTS INDICATED THAT THEY WERE KNOWLEDGEABLE (I.E., "SOMEWHAT KNOWLEDGEABLE" OR "VERY KNOWLEDGEABLE") ABOUT INTERDISCIPLINARY APPROACHES TO HEALTH CARE, UP FROM 72% AFTER THE FIRST SESSION. 75% OF PARTICIPANTS INDICATED THAT THEY WERE KNOWLEDGEABLE ABOUT HISTORICAL AND PRESENT PRACTICES IN TERMS OF MATERNAL OUTCOMES, UP FROM 55% AFTER THE FIRST SESSION. 85% OF PARTICIPANTS WERE "SOMEWHAT CONFIDENT" OR "VERY CONFIDENT" IN THEIR ABILITY TO IMPLEMENT

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CULTURALLY AWARE, BEST PRACTICES WHEN SERVING BLACK BIRTHING FAMILIES. THIS WAS AN INCREASE OVER RESULTS OBSERVED AFTER THE FIRST SESSION, WHEN 64% OF PARTICIPANTS FELT SIMILARLY. AN AVERAGE OF 72% OF PARTICIPANTS BELIEVED THAT WHAT THEY LEARNED AT THE SESSIONS WAS VERY USEFUL FOR THEIR OWN WORK AND/OR PRACTICE. AN AVERAGE OF 53% OF PARTICIPANTS INDICATED THAT THEY WERE "VERY LIKELY" TO USE OR APPLY WHAT THEY LEARNED TO THEIR OWN WORK.

DOULA TRAINING AND DOULA SERVICES

COMMUNITY WELLNESS CONTINUED ITS DOULA PROGRAM FOR PREGNANT MOTHERS AND ITS DOULA TRAINING PROGRAM THIS PAST YEAR WITH SOME ENCOURAGING RESULTS.

ONLY 3.8% OF MOTHERS COMPLETING OUR FOLLOW-UP SURVEY REPORTED THAT THEIR BABIES WERE BORN PREMATURELY (BEFORE 37 WEEKS), COMPARED TO THE NATIONAL AVERAGE OF 11.0%. 73% OF MOTHERS IN THE PROGRAM INDICATED THEY WERE CURRENTLY BREASTFEEDING, WITH ANOTHER 23% INDICATING THAT THEY WERE USING A COMBINATION OF BREAST MILK AND FORMULA. ONLY 1 OUT OF 29 MOTHERS COMPLETING THE PROGRAM IN 2021 HAD WAS USING BABY FORMULA EXCLUSIVELY. 89% OF MOTHERS RESPONDING IN 2021 INDICATED THAT THEY HAD A POSTPARTUM CHECKUP (4-6 WEEKS AFTER CHILDBIRTH). MOTHERS RECEIVING DOULA SERVICES REPORTED HIGH LEVELS OF SATISFACTION WITH THE DOULA SERVICES THEY RECEIVED, WITH MOST MOTHERS BELIEVING THAT THE SERVICES BENEFITTING THEM SUBSTANTIALY.

THE DOULA ACCESS PROGRAM ALSO CONTINUED IN 2021. RESULTS FROM OUR FOLLOW-UP WITH PARTICIPANTS SUGGEST THE PROGRAM HAD A POSITIVE IMPACT. ALL (100%) ATTENDEES OF THE DOULA TRAINING GAINED A BETTER UNDERSTANDING OF HOW TO BE A MORE EFFECTIVE DOULA, WITH AN AVERAGE INCREASE IN KNOWLEDGE OF 38%. 100%

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OF PARTICIPANTS OF THE DOULA TRAINING INDICATED THAT THEY "STRONGLY AGREED" THAT THE TRAINING IMPROVED THEIR CULTURAL COMPETENCY AS IT RELATES TO BEING A DOULA. A LARGE PERCENTAGE OF PARTICIPANTS ALSO ATTRIBUTED INCREASED SATISFACTION, CONTROL, AND COMFORT DURING THE BIRTH PROCESS TO DOULA SERVICES.

INCREASING COMMUNITY MEMBERS' KNOWLEDGE OF BEHAVIORAL HEALTH

COMMUNITY WELLNESS OFFERED SEMINARS AND WORKSHOPS ADDRESSING MENTAL AND BEHAVIORAL HEALTH ISSUES FOR MEN AND WOMEN. PARTICIPANTS' KNOWLEDGE OF GENERAL MENTAL HEALTH ISSUES, SUCH AS MANAGING ANGER, ANXIETY, OR STRESS, INCREASED FOR ABOUT A QUARTER OF PARTICIPANTS OVERALL, BUT WAS AS HIGH AS 63% OF PARTICIPANTS FOR THE MEN'S HEALTH SEMINAR.

IMPROVING ORAL HEALTH

THE ORAL HEALTH SEMINAR, HELD IN ENGLISH AND SPANISH IN OCTOBER, SOUGHT TO INCREASE PARTICIPANTS' KNOWLEDGE OF PROPER ORAL HEALTH AND TO INCREASE THE LIKELIHOOD THAT PARTICIPANTS WOULD PRACTICE HEALTHY ORAL HEALTH HABITS.

THE GOALS OF THE SESSION WERE TO INCREASE AWARENESS ON THE IMPORTANCE OF ORAL HEALTH AND INCREASE PARTICIPANTS' KNOWLEDGE OF PROPER ORAL CARE - THAT IS, TECHNIQUES AND BEST PRACTICES, SUCH AS BRUSHING AND FLOSSING.

REGARDING PARTICIPANTS' KNOWLEDGE OF PROPER ORAL HEALTH CARE TECHNIQUES, MOST PARTICIPANTS DID NOT SIGNIFICANTLY IMPROVE - PERHAPS BECAUSE

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PARTICIPANTS FELT THEY ALREADY KNEW A LOT ABOUT BRUSHING AND FLOSSING. ONLY 18% OF PARTICIPANTS INCREASED THEIR KNOWLEDGE OF HOW TO BRUSH AND FLOSS PROPERLY, WITH 73% NOT CHANGING THEIR LEVEL OF KNOWLEDGE.

PARTICIPANTS, HOWEVER, DID IMPROVE THEIR KNOWLEDGE OF PROPER ORAL HEALTH CARE OVERALL BY ATTENDING THE SEMINAR. SEVENTY-THREE PERCENT (73%) OF PARTICIPANTS RESPONDING INCREASED THEIR OVERALL UNDERSTANDING OF THE IMPORTANCE OF ORAL HEALTH.

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, ENCOURAGES PHYSICAL ACTIVITY, AND EMPOWERS CANCER SURVIVORS TO ADVOCATE FOR THEMSELVES.

IN 2021, THESE ACTIVITIES INVOLVED NEARLY 11,900 ENCOUNTERS WITH COMMUNITY MEMBERS ACROSS 540 EVENTS. ALMOST 90% OF THESE ENCOUNTERS WERE MADE THROUGH HEALTH EDUCATION CLASSES OR A HEALTH EDUCATION SERIES.

INCREASING KNOWLEDGE OF CANCER AND CANCER-RELATED ISSUES:

THE 2021 SOCAL WOMEN'S CANCER CONFERENCE (WCC) WAS HELD AS TWO CONFERENCES ONE IN ENGLISH AND ONE IN SPANISH - WITH EACH CONFERENCE OFFERING SEVERAL WORKSHOPS ADDRESSING ISSUES RANGING FROM TESTING AND SCREENING TO TREATMENT. THE CONFERENCES NOT ONLY ATTRACTED CANCER SURVIVORS BUT ALSO THEIR CAREGIVERS AND HEALTH CARE PROFESSIONALS. IN FACT, ACROSS THE ENGLISH AND SPANISH SESSIONS, LESS THAN HALF (46%) WERE IDENTIFIED THEMSELVES AS

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CANCER SURVIVORS.

ALTHOUGH THEY DIFFERED 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 WERE THE FOLLOWING:

-HOW COVID HAS IMPACTED CANCER SCREENING AND TREATMENT

-THINGS THAT CAN HELP PREVENT CANCER OR ITS RECURRENCE

-HOW IMPORTANT TESTING IS FOR ESTABLISHING CANCER RISK

-THE LONG-TERM EFFECTS OF CANCER TREATMENTS

-EMOTIONAL HEALING TECHNIQUES THAT CAN BE USED AT HOME DURING AND AFTER CANCER TREATMENT

-PHYSICAL EFFECTS OF CANCER SURGERY AND TREATMENT ON CANCER SURVIVORS

-HOW TO ACCESS RESOURCES AND INFORMATION ON NEW TREATMENT OPTIONS

-WHAT TO ASK THE DOCTOR TO ENSURE EFFECTIVE TREATMENT

-WAYS TO TELL IF CANCER TREATMENT IS WORKING

WE ASKED PARTICIPANTS TO ESTIMATE HOW MUCH THEY KNEW ABOUT EACH OF THE ABOVE TOPICS BEFORE AND AFTER THE CONFERENCES. RESULTS FROM THE PRE- AND POST-CONFERENCE SURVEY ILLUSTRATE IMPROVEMENTS IN KNOWLEDGE ACROSS ALL TOPICS.

AT THE WOMEN'S CANCER CONFERENCE, PARTICIPANTS INDICATED THAT THEY LEARNED SOMETHING NEW ABOUT A WIDE VARIETY OF TOPICS. THE CONFERENCE REMINDED ATTENDEES OF THE SERVICES THAT THE PINK RIBBON PLACE OFFERS:

"I LEARNED SO MUCH THERE WAS SO MUCH INFORMATION AND I WISH IT WAS LONGER. I LEARNED THAT THESE WOMEN ARE NOT ALONE AND THEY CAN GET ALL THE HELP THEY

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NEED AT THE PINK RIBBON PLACE WITH ALL THE RESOURCES THAT THEY HAVE."

"THE WOMEN'S CANCER CONFERENCE REMINDED ME OF THE IMPORTANCE OF THE KIND OF SUPPORT THAT YOU PROVIDED FOR PARTICIPANTS."

BUILDING CONFIDENCE AND EMPOWERING SURVIVORS:

THE SUPPORT GROUPS, COUNSELING, AND CLIENT NAVIGATION SERVICES THAT SURVIVORS ARE CONNECTED TO WHILE BEING A PINK RIBBON PLACE CLIENT, IMPROVE SURVIVORS' ABILITY TO COMMUNICATE THEIR OWN HEALTH NEEDS, NAVIGATE THE NETWORK OF CARE AND RESOURCES AVAILABLE TO CANCER SURVIVORS, AND INCREASE THEIR CONFIDENCE AND SENSE OF COMMUNITY. 83% OF COUNSELING PARTICIPANTS WERE MORE CONFIDENT THAT THEY COULD ACTIVELY PARTICIPATE IN TREATMENT DECISIONS, AND THE SAME PERCENTAGE WERE MORE CONFIDENT THAT THEY COULD ASK THEIR PHYSICIAN QUESTIONS. 67% OF COUNSELING PARTICIPANTS WERE MORE CONFIDENT THAT THEY COULD SHARE THEIR CONCERNS THAN THEY WERE BEFORE THEY STARTED THE COUNSELING SESSIONS. 67% OF PARTICIPANTS IN THE SUPPORT GROUPS INDICATED THAT THEY FELT CONNECTED TO OTHER INDIVIDUALS IN THE GROUP AND 83% FELT THAT THEY FELT SAFE SHARING THEIR PERSONAL EXPERIENCES. 94% OF SURVIVORS RECEIVING CLIENT NAVIGATION SERVICES RATED THE SERVICES AS HELPFUL (31%) OR VERY HELPFUL (63%).

ENCOURAGING REGULAR PHYSICAL ACTIVITY

AQUAMOTION, A POOL AEROBICS CLASS, AND IYENGAR YOGA HELP CANCER SURVIVORS RE-BUILD STRENGTH AND ENCOURAGE REGULAR PHYSICAL ACTIVITY. THESE CLASSES

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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 BENEFITED 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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

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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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

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
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FOUNDATION**

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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	981,677	
(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)													

Form **926**
 (Rev. November 2018)
 Department of the Treasury
 Internal Revenue Service

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor RIVERSIDE COMMUNITY HEALTH FOUNDATION	Identifying number (see instructions) 23-7276444
--	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) HAWK RIDGE PARTNERS OFFSHORE LTD	5a Identifying number, if any FOREIGNUS
6 Address (including country) WALKERS CORPORATE LIMITED GRAND CAYMAN CJ KY1-9008 CAYMAN ISLANDS	5b Reference ID number (see instructions)
7 Country code of country of incorporation or organization (see instructions)	
8 Foreign law characterization (see instructions)	

- 9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A—Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	02/28/21		1,975,333		

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B—Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C—Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 17 Type of nonrecognition transaction (see instructions) ► IRC 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Form **990/**
990-PF**Electronic Filing - PDF Attachment Report****2021**

For calendar year 2021, or tax year beginning , and ending

Name

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Taxpayer Identification Number

23-7276444

Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN 351 TRANSFEROR STMT	FILECABINET CS: 351 STATEMENT TRANSFEROR.PDF	NO

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	\$ 1,722,065			14 CA		
TOTAL	<u>\$ 1,722,065</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	\$ 494,869	\$ 250,479	\$ 242,818	\$ 1,572
PAYROLL FEES	77,547	62,444	15,103	
TOTAL	<u>\$ 572,416</u>	<u>\$ 312,923</u>	<u>\$ 257,921</u>	<u>\$ 1,572</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BAD DEBT	\$ 14,998	\$ 14,998	\$	\$
DUES & SUBSCRIPTIONS	14,538	13,858	680	
BANK FEES	9,227	5,465	3,762	
TAXES & LICENSES	5,783	1,049	4,549	185
AUTOMOBILE EXPENSE	5,419	3,051	2,304	64
IN-KIND DONATIONS	460	460		
TOTAL	<u>\$ 50,425</u>	<u>\$ 38,881</u>	<u>\$ 11,295</u>	<u>\$ 249</u>

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@RIVERSIDECA.GOV

TAXABLE YEAR

**California Exempt Organization
Annual Information Return**

FORM

2021

199

Calendar Year 2021 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

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

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	61,400,881	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	2,231,402	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	63,632,283	00
	5 Cost of goods sold	5	60,754	00
	6 Cost or other basis, and sales expenses of assets sold	6	45,047,605	00
	7 Total costs. Add line 5 and line 6	7	45,108,359	00
	8 Total gross income. Subtract line 7 from line 4	8	18,523,924	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	7,309,090	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	11,214,834	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.

Signature of officer 	Title PRESIDENT	Date	Telephone 951-788-3471
Preparer's signature 	Date 11/15/2022	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 ● Yes 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	60,754	00	
	2	Interest	2		00	
	3	Dividends	3	1,722,065	00	
	4	Gross rents	4	746,470	00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	6	58,868,157	00	
	7	Other income. Attach schedule SEE STATEMENT 2	7	3,435	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	61,400,881	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 3	9	1,320,977	00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 4	11		00	
	12	Other salaries and wages	12	3,020,618	00	
	Expenses and Disbursements	13	Interest	13	155,292	00
		14	Taxes	14		00
		15	Rents	15	41,145	00
		16	Depreciation and depletion (See instructions)	16	380,579	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 5	17	2,390,479	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	7,309,090	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,841,117		4,930,757
2 Net accounts receivable		325,104		345,838
3 Net notes receivable				
4 Inventories		44,907		50,727
5 Federal and state government obligations				
6 Investments in other bonds STMT 6		11,729,664		13,326,681
7 Investments in stock STMT 7		54,241,466		60,905,162
8 Mortgage loans				
9 Other investments. Attach schedule STMT 8		26,914,043		22,733,140
10 a Depreciable assets	13,076,026		13,083,325	
b Less accumulated depreciation	3,472,174	9,603,852	3,848,582	9,234,743
11 Land		1,105,322		1,105,322
12 Other assets. Attach schedule STMT 9		48,929		66,910
13 Total assets		105,854,404		112,699,280
Liabilities and net worth				
14 Accounts payable		437,471		571,113
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 10		5,508,658		5,281,726
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		99,908,275		106,846,441
22 Total liabilities and net worth		105,854,404		112,699,280

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	6,938,164	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 STMT 11	4,276,670		
6 Total. Add line 1 through line 5	11,214,834	Subtract line 9 from line 6	11,214,834

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
UBS - SHORT-TERM							
	PURCHASE			\$ 10714157	\$9,425,418	\$	\$9,425,418
UBS - LONG-TERM							
	PURCHASE			23022813	14904201		14904201
CITY NATIONAL BANK - SHORT-TERM							
	PURCHASE			5,661,754	5,583,713		5,583,713
CITY NATIONAL BANK - LONG-TERM							
	PURCHASE			16845962	12741251		12741251
DEFERRED COMP ACCOUNT - SHORT-TERM							
	PURCHASE			2,438,592	2,283,208		2,283,208
DEFERRED COMP ACCOUNT - LONG-TERM							
	PURCHASE			184,879	109,814		109,814
TOTAL				\$ 58868157	\$ 45047605	\$ 0	\$ 45047605

California Statements

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

<u>Description</u>	<u>Amount</u>
PINK ON PARADE GALA	\$ 3,383
OTHER REVENUE	52
TOTAL	<u>\$ 3,435</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		
		OUTPATIENT	43,800					
		RIVERSIDE UNIVERSTIY HEALTH SYSTEM	P.O. BOX 9850	MORENO VALLEY	CA	92552		
		INPATIENT	50,000					
		COMMUNITY SETTLEMENT ASSOCIATION	4366 BERMUDA AVE	RIVERSIDE	CA	92507		
		EDUCATION	981,677					
		OPERATION SAFE HOUSE, INC.	9685 HAYES STREET	RIVERSIDE	CA	92503		
		OUTPATIENT	10,000					
		WALDEN FAMILY SERVICES	3576 ARLINGOTN AVENUE, STE. 106	RIVERSIDE	CA	92506		
		OUTPATIENT	30,000					
		THE REGENTS OF THE	900 UNIVERSITY AVENUE	RIVERSIDE	CA	92521		
		EDUCATION	87,500					
		COMMUNITY NOW	28604 MARANDA COURN	MORENO VALLEY	CA	92555		
		OUTPATIENT	15,000					
		LOMA LINDA UNIVERSITY	P.O. BOX 2000	LOMA LINDA	CA	92354		
		INPATIENT	75,000					
		MIGHTY LITTLE GIANTS	37949 MARSALA DRIVE	PALMDALE	CA	93552		
		OUTPATIENT	13,000					
		PLANNED PARENTHOOD	1075 CAMINO DEL RIO SOUTH	SAN DIEGO	CA	92108		
		OUTPATIENT	15,000					
SUBTOTAL			\$ 1,320,977					
TOTAL			\$ 1,320,977					

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

Name	Address	Title	Avg Hrs	Compensation Amount
City	State	Zip		
JOSE CAMPOS				
		CHAIR	0.50	
ERIN PHILLIPS				
		VICE-CHAIR	0.50	
ERNIE HWANG				
		TREASURER	0.50	
CRAIG MARSHALL				
		SECRETARY	0.50	

California Statements

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

Name	Address			Title	Avg Hrs	Compensation Amount
City	State	Zip				
JUDY CARPENTER				MEMBER	0.50	
TAREK MAHDI				MEMBER	0.50	
RICHARD RAJARATNAM				MEMBER	0.50	
TINA COVINGTON				MEMBER	0.50	
JEANNENE KELLY				MEMBER	0.50	
BEN JOHNSON II				MEMBER	0.50	
JONATHAN O'CONNELL				MEMBER	0.50	
MICAH TOKUDA				MEMBER	0.50	
HEATHER SANCHEZ				MEMBER	0.50	
JAMIE WRAGE				MEMBER	0.50	
RICH ERICKSON				MEMBER	0.50	
JACKIE VAN BLARICUM				MEMBER	0.50	
CHEYLYNDA BARNARD				MEMBER	0.50	
RAFAEL ELIZALDE				MEMBER	0.50	
TOM PODGORSKI				MEMBER	0.50	
SHERRY VITZELIO-CAROTHERS				MEMBER	0.50	
DANIEL ANDERSON			4275 LEMON ST	MEMBER	0.50	
RIVERSIDE	CA	92501-3844		PRESIDENT	40.00	

California Statements

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

Name	Address				Avg Hrs	Compensation Amount
	City	State	Zip	Title		
TOTAL						<u>0</u>

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

Description	Amount
INSURANCE & BENEFITS	\$ 238,012
PAYROLL TAXES	210,908
OTHER PROFESSIONAL FEES	494,869
PAYROLL FEES	77,547
INVESTMENT MANAGEMENT	544,631
PRINTING & MAILING EXPENSE	60,917
CONFERENCES & MEETINGS	22,133
AUTOMOBILE EXPENSE	5,419
BAD DEBT	14,998
BANK FEES	9,227
DUES & SUBSCRIPTIONS	14,538
HEALTH PROGRAMS / FAIRS	35,120
REPAIRS AND MAINTENANCE	67,118
SUPPLIES	53,219
TAXES & LICENSES	5,783
UTILITIES	59,908
PENSION EXPENSE	252,087
ADVERTISING EXPENSE	3,823
SOFTWARE & WEBSITE EXPENSE	103,460
INSURANCE EXPENSE	75,233
WORKERS COMPENSATION INS	41,069
IN-KIND DONATIONS	460
TOTAL	<u>\$ 2,390,479</u>

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

Description	Beginning of Year	End of Year
CORPORATE BONDS	<u>\$11,729,664</u>	<u>\$13,326,681</u>
TOTAL	<u>\$11,729,664</u>	<u>\$13,326,681</u>

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

Description	Beginning of Year	End of Year
EQUITIES	<u>\$54,241,466</u>	<u>\$60,905,162</u>
TOTAL	<u>\$54,241,466</u>	<u>\$60,905,162</u>

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

Description	Beginning of Year	End of Year
ALTERNATIVE INVESTMENTS	<u>\$26,870,254</u>	<u>\$22,699,536</u>
TANGIBLE ASSETS	<u>43,789</u>	<u>33,604</u>
TOTAL	<u>\$26,914,043</u>	<u>\$22,733,140</u>

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

Description	Beginning of Year	End of Year
OTHER ASSETS	\$ -8,898	\$ 21,982
SECURITY DEPOSIT	5,000	3,000
PREPAID EXPENSES	52,827	41,928
INTANGIBLE ASSETS		
TOTAL	<u>\$ 48,929</u>	<u>\$ 66,910</u>

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

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	\$ 628,952	\$ 809,647
ESTIMATED FUTURE ANNUITY LIAB	53,586	53,586
DEFERRED REVENUE		10,000
UNSECURED NOTES AND LOANS PAYABLE	4,826,120	4,408,493
TOTAL	<u>\$ 5,508,658</u>	<u>\$ 5,281,726</u>

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

Description	Amount
UNREALIZED LOSSES	\$ 4,276,670
TOTAL	<u>\$ 4,276,670</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
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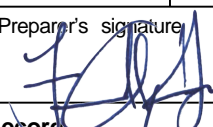
Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

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 7 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2021 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>11/15/2022</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	2021
For calendar year 2021 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/**2021**
 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	2021
For calendar year 2021 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 7

15 Maximum account value 3,985,883 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 7

15 Maximum account value 2,848,744 15a Maximum account value unknown

16 Type of account SECURITIES

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

18 Account number or other designation FIRMAVERICKMIG

19 Mailing address PO BOX 31106

20 City GRAND CAYMAN 21 State _____

22 Foreign postal code KY11205 23 Country KY CAYMAN ISLANDS

Part II - Information on Financial Account(s) Owned Separately 3 of 7

15 Maximum account value 3,124,876 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 CANYONNEWBROOK

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 4 of 7

15 Maximum account value 30,462 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 5 of 7

15 Maximum account value 1,512,871 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

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5	2021
For calendar year 2021 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 **11/15/2022**

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	2021
For calendar year 2021 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

6 of 7

15 Maximum account value 1,581,033 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

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

7 of 7

15 Maximum account value 2,022,917 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held ALPS ALTERNATIVE INVESTMENT SERVICE

18 Account number or other designation ALPS

19 Mailing address 190 ELGIN AVE

20 City GEORGE TOWN 21 State _____

22 Foreign postal code KY19008 23 Country KY CAYMAN ISLANDS

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

___ of ___

15 Maximum account value _____ 15a Maximum account value unknown

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

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

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 _____