

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 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\$ 6,719,277
	F Name and address of principal officer: LISA WRIGHT		

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: HTTP://WWW.RCHF.ORG	H(c) Group exemption number
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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)	20
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	69
	6 Total number of volunteers (estimate if necessary)	475
	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: 1,934,386 Current Year: 2,066,647
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,454,977 1,237,390
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	827,555 735,264
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,216,918 4,039,301
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	755,878 827,297
	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)	3,356,721 3,508,821
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	0 167,521
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,869,369 1,910,908
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,981,968 6,247,026
19 Revenue less expenses. Subtract line 18 from line 12	2,234,950 -2,207,725	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 96,007,978 End of Year: 103,790,507
	21 Total liabilities (Part X, line 26)	4,696,103 4,426,225
	22 Net assets or fund balances. Subtract line 21 from line 20	91,311,875 99,364,282

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	LISA WRIGHT Type or print name and title		CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	FERNANDO G. AYALA JR		07/24/24	<input type="checkbox"/> P01259082
	Firm's name	Firm's EIN	Phone no.	
ROORDA, PIQUET & BESSEE, INC.		33-0252865	951-684-7781	
Firm's address				
3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175				

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 \$ 486,439 including grants of \$) (Revenue \$)

WOMEN'S AND MATERNAL HEALTH (SEE SCHEDULE O FOR MORE DETAILS)

TWO MAIN OBJECTIVES:

1. EMPOWERING THE HEALTH AND WELL-BEING OF WOMEN IN THE COMMUNITY.

"PROGRAMS SUCH AS THE SALUD INTEGRAL DE LA MUJER CONFERENCE (SERVING THE SPANISH-SPEAKING POPULATION) AND MY HAIR MY HEALTH ALIGN WITH THIS OBJECTIVE.

2. IMPROVING THE PHYSICAL AND MENTAL HEALTH OF BIRTHING PEOPLE, PARENTS, AND CHILDREN. "THE COMMUNITY DOULA TRAININGS, MOTHERS AND BABIES/MAMAS Y BEBES AND THE DOULA ACCESS PROGRAM CONTRIBUTE TO FULFILLING THIS SECOND OBJECTIVE.

4b (Code:) (Expenses \$ 477,499 including grants of \$) (Revenue \$)

CHRONIC DISEASE PREVENTION AND MANAGEMENT (SEE SCHEDULE O FOR MORE DETAILS)

THE GOAL IS TO ENGAGE AND EMPOWER COMMUNITY MEMBERS TO PREVENT AND MANAGE CHRONIC DISEASE. A VARIETY OF PROGRAMS WERE OFFERED TO HELP RESIDENTS MANAGE AN EXISTING CHRONIC CONDITION OR TO REDUCE THE LIKELIHOOD OF BEING DIAGNOSED WITH ONE. WHILE SOME PROGRAMS ARE FOCUSED ON SERVING A PARTICULAR POPULATION, SUCH AS THE HEALTH SEMINARS FOR SENIORS, OTHER PROGRAMS AND ACTIVITIES ADDRESS A PARTICULAR CHRONIC CONDITION, SUCH AS DIABETES THROUGH THE NATIONAL DIABETES PREVENTION PROGRAM OR CONVERSATION MAP CLASSES. ADDITIONALLY, THE PINK RIBBON PLACE PROVIDES PROGRAMS AND SERVICES, SUCH AS COUNSELING, SUPPORT GROUPS, AND HEALTH NAVIGATION SERVICES, TO ASSIST CANCER SURVIVORS AND THEIR FAMILIES.

4c (Code:) (Expenses \$ 462,673 including grants of \$) (Revenue \$)

TEEN HEALTH (SEE SCHEDULE O FOR MORE DETAILS)

THE GOAL IS TO ENHANCE THE HEALTH AND WELL-BEING OF TEENS IN THE COMMUNITY WHILE FOSTERING BETTER ENGAGEMENT AND COMMUNICATION BETWEEN PARENTS. THROUGH PROGRAMS AND ACTIVITIES SUCH AS THE YOUNG MEN'S CONFERENCE, BESTSELFIE CONFERENCE, PREP (PERSONAL RESPONSIBILITY EDUCATION PROGRAM), AND I&E (INFORMATION AND EDUCATION PROGRAM), TEEN HEALTH EDUCATES YOUNG INDIVIDUALS ABOUT RELEVANT ISSUES.

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

(Expenses \$ 3,761,801 including grants of \$ 827,297) (Revenue \$)

4e Total program service expenses 5,188,412

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

KHYATI MEHTA
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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERNIE HWANG	0.25									
CHAIR	0.00	X		X			0	0	0	
(2) ERIN PHILLIPS	0.25									
VICE-CHAIR	0.00	X		X			0	0	0	
(3) MICHELLE BURROUGHS	0.25									
SECRETARY	0.00	X		X			0	0	0	
(4) MICAH TOKUDA	0.25									
TREASURER	0.00	X		X			0	0	0	
(5) CHEYLYNDA BARNARD	0.25									
MEMBER	0.00	X					0	0	0	
(6) RAFAEL ELIZALDE	0.25									
MEMBER	0.00	X					0	0	0	
(7) RICH ERICKSON	0.25									
MEMBER	0.00	X					0	0	0	
(8) KARL HICKS	0.25									
MEMBER	0.00	X					0	0	0	
(9) BEN JOHNSON II	0.25									
MEMBER	0.00	X					0	0	0	
(10) RAFAELA KING	0.25									
MEMBER	0.00	X					0	0	0	
(11) KELLY MARSHALL	0.25									
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) KARL MCCLEARY										
(12) MEMBER	0.25 0.00	X					0	0	0	
(13) JONATHAN O'CONNELL										
(13) MEMBER	0.25 0.00	X					0	0	0	
(14) RICHARD RAJARATNAM										
(14) MEMBER	0.25 0.00	X					0	0	0	
(15) MICHELLE REYES										
(15) MEMBER	0.25 0.00	X					0	0	0	
(16) HEATHER SANCHEZ										
(16) MEMBER	0.25 0.00	X					0	0	0	
(17) MICHELLE THOMAS										
(17) MEMBER	0.25 0.00	X					0	0	0	
(18) TAKASHI WADA										
(18) MEMBER	0.25 0.00	X					0	0	0	
(19) JAMIE WRAGE										
(19) MEMBER	0.25 0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							654,434		85,199	
d Total (add lines 1b and 1c)							654,434		85,199	

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 **4**

	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	137,475			
	d Related organizations	1d				
	e Government grants (contributions)	1e	534,308			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,394,864			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		2,066,647			
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)		2,481,145		2,481,145	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents		(i) Real	(ii) Personal		
		6a	607,230			
		b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c	607,230			
	d Net rental income or (loss)		607,230		607,230	
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		7a	1,396,221	40,000		
		b Less: cost or other basis and sales exps.	7b	2,677,820	2,156	
	c Gain or (loss)	7c	-1,281,599	37,844		
	d Net gain or (loss)		-1,243,755	-1,243,755		
	8a Gross income from fundraising events (not including \$ 137,475 of contributions reported on line 1c). See Part IV, line 18	8a		34,558		
b Less: direct expenses		8b				
c Net income or (loss) from fundraising events		34,558		34,558		
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a		93,476			
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory		93,476		93,476		
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		4,039,301	-1,243,755	0	3,216,409	

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	827,297	827,297		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,808,600	2,231,915	486,983	89,702
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	154,986	121,730	33,256	
9 Other employee benefits	323,944	259,301	59,221	5,422
10 Payroll taxes	221,291	176,523	37,804	6,964
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	255,428	193,286	62,142	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	404,657	326,198	58,432	20,027
12 Advertising and promotion	4,884	1,286	3,598	
13 Office expenses	127,375	104,586	4,452	18,337
14 Information technology	139,770	108,838	28,125	2,807
15 Royalties				
16 Occupancy	55,454	51,429	2,000	2,025
17 Travel	9,130	8,988		142
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,853	22,638	3,669	546
20 Interest	123,950	99,160	24,790	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	358,334	327,585	30,749	
23 Insurance	79,649	71,728	7,921	
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 HEALTH PROGRAMS / FAIRS	120,586	97,776	2,982	19,828
b REPAIRS AND MAINTENANCE	98,451	82,310	16,141	
c UTILITIES	71,138	57,588	13,550	
d DUES & SUBSCRIPTIONS	13,561	12,322	1,239	
e All other expenses	21,688	5,928	14,039	1,721
25 Total functional expenses. Add lines 1 through 24e	6,247,026	5,188,412	891,093	167,521
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,148,401	1	1,094,129
	2	Savings and temporary cash investments	770,016	2	4,361,158
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	330,350	4	526,404
	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)	6,205	6	6,205
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	63,635	8	71,753
	9	Prepaid expenses and deferred charges	25,408	9	52,673
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,479,746		
	b	Less: accumulated depreciation	10b 3,822,305	10c	9,657,441
	11	Investments—publicly traded securities	83,252,378	11	87,653,957
	12	Investments—other securities. See Part IV, line 11	31,495	12	19,283
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	391,696	15	347,504
16	Total assets. Add lines 1 through 15 (must equal line 33)	96,007,978	16	103,790,507	
Liabilities	17	Accounts payable and accrued expenses	468,245	17	555,271
	18	Grants payable	44,500	18	30,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	3,241,199	24	2,838,240
	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	942,159	25	1,002,714
	26	Total liabilities. Add lines 17 through 25	4,696,103	26	4,426,225
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	-6,183,488	27	17,749,553
	28	Net assets with donor restrictions	97,495,363	28	81,614,729
	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	91,311,875	32	99,364,282	
33	Total liabilities and net assets/fund balances	96,007,978	33	103,790,507	

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	4,039,301
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,247,026
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,207,725
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,311,875
5	Net unrealized gains (losses) on investments	5	10,260,132
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	99,364,282

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) TOM PODGORSKI MEMBER	0.25 0.00	X						0	0	0
(21) DANIEL ANDERSON PRESIDENT	40.00 0.00			X				212,509	0	55,763
(22) SHENE BOWIE-HUSSEY VP HEALTH STRATEGY	40.00 0.00					X		151,249	0	6,827
(23) NINFA DELGADO VP	40.00 0.00					X		140,895	0	11,343
(24) KHYATI MEHTA DIRECTOR OF FINANCE	40.00 0.00					X		149,781	0	11,266
(25) LISA WRIGHT CEO	0.00 0.00			X				0	0	0
(18)										
(19)										
1b Subtotal								654,434		85,199
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

2023

Open to Public Inspection

Name of the organization

RIVERSIDE COMMUNITY HEALTH FOUNDATION

Employer identification number

23-7276444

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b 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. 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.

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	79,782,312	95,416,504	88,727,778	82,042,485	74,882,139
b Contributions	817,000				
c Net investment earnings, gains, and losses	11,985,193	-14,970,337	9,245,906	9,245,907	13,431,142
d Grants or scholarships					
e Other expenditures for facilities and programs	5,183,458	663,855	2,557,180	2,557,180	6,270,796
f Administrative expenses				3,433	
g End of year balance	87,401,047	79,782,312	95,416,504	88,727,778	82,042,485

- 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		1,113,061		1,113,061
b Buildings		11,902,491	3,410,544	8,491,947
c Leasehold improvements				
d Equipment		464,194	411,761	52,433
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,657,441

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	817,539
(3) OPERATING LEASE LIABILITY	131,589
(4) ESTIMATED FUTURE ANNUITY LIAB	53,586
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,002,714

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information *(continued)*

170(B)(1)(A)(VI) AND (VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGNANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ORGANIZATION DID NOT INCUR FEDERAL AND CALIFORNIA INCOME TAX EXPENSE RELATED TO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2023 AND DECEMBER 31, 2022. THE ORGANIZATION FILES RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2023

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>PINK ON PARADE</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	106,000	66,033	172,033
	2	Less: Contributions	106,000	31,475	137,475
	3	Gross income (line 1 minus line 2)		34,558	34,558
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)				34,558

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

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

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

b If "No," explain:

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

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**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
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Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BIG BROTHERS AND SISTERS OF THE IE 2155 CHICAGO AVE, SUITE 100 RIVERSIDE CA 92507	95-1992702	501C3	20,000				MENTAL HEALTH WELL
(2)	COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE CA 92507	95-0642985	501C3	567,297				GENERAL SUPPORT
(3)	DIVERSITY UPLIFTS, INC. PO BOX 2605 RIVERSIDE CA 92517	83-3215066	501C3	18,000				POSTPARTUM SUPPORT
(4)	EMPOWER YOU EDUTAINMENT 1427 MURDOCK COURT RIVERSIDE CA 92507	81-3060285	501C3	15,000				MENTAL HEALTH WELL
(5)	LOMA LINDA UNIVERSITY CHILDRENS HOS 1427 MURDOCK CT RIVERSIDE CA 92507	81-3060285	501C3	20,000				MEDICAL CARE DKA
(6)	NORTH COUNTY HEALTH PROJECT INC. 150 VALPREDIA ROAD SAN MARCOS CA 92609	33-0565591	501C3	19,000				PATIENT SERVICES
(7)	OLIVE CREST 2130 EAST FOURTH ST. STE 200 SANTA ANA CA 92705	95-2877102	501C3	30,000				TRAUMA RECOVERY SERV
(8)	OLIVE CREST 2130 EAST FOURTH ST. STE 200 SANTA ANA CA 92705	95-2877102	501C3	10,000				COUNSELING SERVICES
(9)	RENEWING HOPE STRATEGIES 2130 EAST FOURTH ST STE 200 SANTA ANA CA 92705	95-2877102	501C3	20,000				MOBILE MENTAL HEALTH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14
- 3 Enter total number of other organizations listed in the line 1 table 0

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**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)	RIVERSIDE MEDICAL CLINIC CHARITABLE 1845 CHICAGO AVE STE B RIVERSIDE CA 92507	86-1524800	501C3	20,000				PROJECT HEART
(2)	THE HAPPIER LIFE PROJECT 506 W GRAHAM AVE STE 105 LAKE ELSINOIRE CA 92530	87-1156043	501C3	20,000				RECOVERY CURRICULUM
(3)	TRIAGE CENTER 5265 S SLAUSON AVE CULVER CITY CA 90231	45-5132661	501C3	18,000				TRAINING & TECH ASST
(4)	WALDEN FAMILY SERVICES 3576 ARLINGOTN AVENUE, STE. 106 RIVERSIDE CA 92506	94-2358632	501C3	30,000				HEALTHY BODIES/LIVES
(5)	WALDEN FAMILY SERVICES 3576 ARLINGOTN AVENUE, STE. 106 RIVERSIDE CA 92506	94-2358632	501C3	20,000				EQUITY IN WELL-BEING
(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

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

2023

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

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>										
<p>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?</p>										
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" 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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>										
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>										
<p>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</p>										
<p>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</p>										
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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)	212,509	0	0	0	55,763	268,272	0
	(ii)	0	0	0	0	0	0	0
2 SHENE BOWIE-HUSSEY VP HEALTH STRATEGY	(i)	151,249	0	0	0	6,827	158,076	0
	(ii)	0	0	0	0	0	0	0
3 NINFA DELGADO VP	(i)	140,895	0	0	0	11,343	152,238	0
	(ii)	0	0	0	0	0	0	0
4 KHYATI MEHTA DIRECTOR OF FINANCE	(i)	149,781	0	0	0	11,266	161,047	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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE L

(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public
Inspection

Name of the organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

FOUNDATION

23-7276444

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

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

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org.? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Includes entry for SHENE BOWIE-HUSSEY.

Total \$ 6,205

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

**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.**2023**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.

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FORM 990, PART I, LINE 6

**RCHF USES VOLUNTEERS FOR SUPPORT ON VARIOUS EVENTS HELD THROUGHOUT THE
YEAR.**

FORM 990, PART III - ADDITIONAL INFORMATION**WOMEN'S AND MATERNAL HEALTH (WMH)****REACH AND ENGAGEMENT**

**IN 2023, WMH DOCUMENTED A TOTAL OF 1,411 SERVICE ENCOUNTERS. THESE
ENCOUNTERS WERE PRIMARILY ATTRIBUTED TO HEALTH EDUCATION SERIES CLASSES
(32%), TRAININGS (20%), SUPPORT SERVICES (19%), AND CONFERENCES (17%).**

**ADDITIONALLY, WMH ACTIVELY PROMOTED THEIR ACTIVITIES BY DISTRIBUTING JUST
OVER 1,800 INFORMATION FLYERS AND ENGAGING IN 1,940 OUTREACH ENCOUNTERS
WITH RESIDENTS.**

PREGNANCY AND PARENTING

**SEVERAL PROGRAMS OFFERED BY WMH PROVIDE SUPPORT FOR PREGNANT MOTHERS AND
PARENTS. WHM HOSTED TWO COMMUNITY DOULA TRAININGS THAT EDUCATE PARTICIPANTS
ABOUT THE ROLE OF THE DOULA, CONTINUED TO PROVIDE DOULA SERVICES TO CLIENTS
FROM IEHP (INLAND EMPIRE HEALTH PLAN) AND MOLINA HEALTH THROUGH THE DOULA
ACCESS PROGRAM, AND HOSTED COHORTS FOR THE MOTHERS AND BABIES/MAMAS Y BEBES
PROGRAM IN ENGLISH AND SPANISH.**

DOULA TRAINING

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

Schedule O (Form 990) 2023

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IN 2023, WMH CONDUCTED TWO DOULA TRAININGS, EACH WITH APPROXIMATELY 15 PARTICIPANTS WHO SUCCESSFULLY COMPLETED THE TRAINING. PARTICIPANTS RECEIVED 30 HOURS OF INSTRUCTION, AIMING TO BRIDGE THE GAP IN BIRTH SUPPORT WITHIN THE INLAND EMPIRE. DURING THE TRAINING, PARTICIPANTS LEARNED:

- 1. HOW TO SUPPORT BIRTHING FAMILIES DURING PREGNANCY AND CHILDBIRTH.
- 2. THE PHYSIOLOGICAL PROCESS OF LABOR AND BIRTH, INCLUDING COMFORT MEASURES AND CREATING ROBUST EMOTIONAL SUPPORT.
- 3. THE PROCESS FOR ENROLLING IN THE MEDI-CAL DOULA BENEFIT SYSTEM.

KEY FINDINGS:

- 97% OF PARTICIPANTS ATTENDING THESE TWO TRAININGS INCREASED THEIR KNOWLEDGE AND UNDERSTANDING OF THE SKILLS NEEDED TO BE AN EFFECTIVE DOULA. SPECIFICALLY, ATTENDEES GAINED INSIGHTS INTO HOSPITAL PROCESSES RELATED TO CHILDBIRTH AND DOULA CARE, AS WELL AS THE DISTINCTIONS BETWEEN DOULA CARE AND MIDWIFERY.

- ADDITIONALLY, 97% OF PARTICIPANTS EXPRESSED GREATER CONFIDENCE IN THEIR ABILITY TO PRACTICE AND IMPLEMENT BEST-PRACTICE TECHNIQUES AND METHODS AFTER COMPLETING THE TRAINING.

- ATTENDEES ENTHUSIASTICALLY EXPRESSED THEIR APPRECIATION FOR THE TRAINING:

- "I ABSOLUTELY LOVE EVERY PART OF IT. TRAINERS AND STAFF WERE THE BEST. I FEEL THIS IS THE BEST TRAINING I HAVE TAKEN"

- "BEST TRAINING IN MY LIFE!"

- "IT PROVIDED ME WITH INFORMATION ON HOW TO HELP CLIENTS EMPOWER THEIR VOICE. HOW ME AS A DOULA IS CAPABLE OF A POSITIVE CHANGE IN SOCIETY.

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- "IT WAS A WONDERFUL EXPERIENCE FULL OF BEAUTIFUL PEOPLE. EVERYBODY WAS LOVELY."

DOULA ENROLLMENT EVENTS

THROUGHOUT THE YEAR, DOULA ENROLLMENT EVENTS WERE ORGANIZED TO ASSIST BOTH EXPERIENCED AND NEW DOULAS IN ENROLLING IN CALIFORNIA'S NEW PROGRAM, WHICH ALLOWS DOULAS TO RECEIVE REIMBURSEMENT THROUGH MEDI-CAL FOR THEIR SERVICES. THESE EVENTS PROVIDED GUIDANCE ON NAVIGATING THE APPLICATION PROCESS AND OFFERED ADVICE REGARDING THE BUSINESS ASPECTS OF BEING A DOULA. HOWEVER, LESS THAN HALF (46%) OF THE EVENT ATTENDEES HAD COMPLETED THE MEDI-CAL ENROLLMENT PROCESS. MANY CITED A LACK OF KNOWLEDGE ABOUT THE APPLICATION PROCESS AND A LIMITED UNDERSTANDING OF THE BUSINESS AND FINANCIAL ASPECTS AS BARRIERS. OUT OF A GROUP OF 13 DOULAS, 46% INITIATED THE MEDI-CAL APPLICATION PROCESS, AND THE SAME PERCENTAGE SUCCESSFULLY COMPLETED THE APPLICATION. ALL ATTENDEES FOUND THE INFORMATION PROVIDED DURING THE EVENTS TO BE USEFUL. LIKE THE TRAININGS THEMSELVES, THE DOULA ENROLLMENT EVENTS WERE WELL RECEIVED, WITH ALL ATTENDEES INDICATING THAT THE INFORMATION THEY LEARNED WAS USEFUL AND WOULD HELP THEM ENROLL IN THE MEDI-CAL BENEFIT PROGRAM, AND THE EVENTS WERE WELL RECEIVED AND HIGHLY RATED BY PARTICIPANTS.

DOULA ACCESS PROGRAM

THE DOULA ACCESS PROGRAM CONTINUED TO PROVIDE DOULA SERVICES TO PATIENTS FROM IEHP AND MOLINA AND ENROLLED 73 PARTICIPANTS IN 2023. RESULTS FROM OUR FOLLOW-UP WITH PARTICIPANTS WERE ENCOURAGING.

- TWO THIRDS OF PROGRAM PARTICIPANTS IN 2022 REPORTED THAT THEY

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COMPLETED THEIR POSTPARTUM VISIT.

- MOST MOTHERS IN THE PROGRAM (53%) DID NOT USE ANY PAIN MEDICATION DURING DELIVERY.

- TWO THIRDS ARE BREASTFEEDING THEIR BABY EXCLUSIVELY, WITH ONLY 11% ONLY FEEDING THEIR BABY WITH FOMULA. TWENTY-THREE PERCENT (23%) ARE USING A COMBINATION OF BREASTFEEDING AND FORMULA.

- NEARLY ALL PARTICIPANTS ALSO ATTRIBUTED INCREASED SATISFACTION, CONTROL, AND COMFORT DURING THE BIRTH PROCESS TO DOULA SERVICES

MOTHERS AND BABIES/MAMAS Y BEBES

MOTHERS AND BABIES/MAMAS Y BEBES (MYB) IS AN 8-WEEK PROGRAM WHERE PREGNANT WOMEN AND NEW MOTHERS RECEIVE GUIDANCE AND TOOLS TO ENABLE THEM TO STAY ATTUNED TO THEIR MENTAL HEALTH, MONITOR SYMPTOMS OF POST-PARTUM DEPRESSION, AND DEVELOP A HEALTHY RELATIONSHIP WITH THEIR NEWBORN. THE PROGRAM SERVES WOMEN AND NEW MOTHERS AT HIGH RISK FOR DEVELOPING DEPRESSION. THE PROGRAM IS OFFERED IN ENGLISH AND SPANISH.

WMH STAFF ADMINISTER THE CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE (CES-D) DEVELOPED BY THE NATIONAL INSTITUTE FOR MENTAL HEALTH (NIMH) WHICH IS USED TO EVALUATE THE IMPACT OF MYB ON A PARTICIPANTS' RISK OF DEPRESSION.

- 67% OF PARTICIPANTS COMPLETING THE CES-D BEFORE AND AFTER THE PROGRAM LOWERED THEIR RISK OF DEPRESSION AFTER COMPLETING THE PROGRAM.

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- AVERAGE RISK SCORES FOR DEPRESSION DROPPED BY 43%.

SEMINARS AND WORKSHOPS

WMH HOSTED TO LARGE EVENTS IN 2023:

1. SALUD INTREGAL DE LA MUJER IS A DAY-LONG EVENT CONSISTING OF WORKSHOPS AND ACTIVITIES SERVING THE SPANISH-SPEAKING COMMUNITY. THIS YEAR, THE EVENT WAS HELD AT THE SKYVIEW EVENT CENTER IN JURUPA VALLEY IN MAY AND HELD WORKSHOPS ADDRESSING BUDGETING AND FINANCE, MENOPAUSE, AND SELF-ESTEEM.

2. MY HAIR MY HEALH IS A HEALTH EDUCATION PROGRAM SPECIFICALLY DESIGNED BY AFRICAN AMERICAN WOMEN, FOR AFRICAN AMERICAN WOMEN. IT UTILIZES HAIR AND HAIR HEALTH AS A PLATFORM FOR EDUCATION AND EVENTS, AIMING TO ASSIST WOMEN IN ADOPTING AND MAINTAINING A HEALTHY LIFESTYLE. THIS HOLISTIC APPROACH UNDERSCORES THE PROGRAM'S COMMITMENT TO EMPOWERING WOMEN THROUGH KNOWLEDGE AND WELLNESS. THE PROGRAM, HELD AT FAIRMONT PARK IN RIVERSIDE IN AUGUST, COVERED A RANGE OF TOPICS, INCLUDING:

- A. LEGISLATION SURROUNDING WORKPLACE DISCRIMINATION
- B. ENVIRONMENTAL JUSTICE
- C. THE NON-TOXIC BLACK BEAUTY PROJECT
- D. CHEMICALS IN PERSONAL/HAIR CARE PRODUCTS
- E. SOUND BATH THERAPY

BOTH EVENTS SHARE THE COMMON GOAL OF EMPOWERING WOMEN WITH KNOWLEDGE AND SKILLS TO LEAD A HEALTHY LIFESTYLE. WHEN CONSIDERED TOGETHER, THESE TWO

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EVENTS SUCCESSFULLY ACHIEVED THIS OBJECTIVE AND HIGHLIGHT THE POSITIVE IMPACT OF THESE GATHERINGS ON WOMEN'S WELL-BEING.

1.KNOWLEDGE ENHANCEMENT:

- 84% OF PARTICIPANTS ACROSS BOTH EVENTS REPORTED AN INCREASE IN THEIR UNDERSTANDING OF MAINTAINING A HEALTHY LIFESTYLE.

2.APPLICATION INTENT:

- 93% OF PARTICIPANTS EXPRESSED THEIR INTENTION TO APPLY THE KNOWLEDGE GAINED FROM THESE EVENTS IN THEIR DAILY LIVES.

CHRONIC DISEASE PREVENTION AND MANAGEMENT (CDPM)

REACH AND ENGAGEMENT

THE VAST MAJORITY (93%) OF DIRECT SERVICE ENCOUNTERS WITH RESIDENTS FOR CDPM WERE CAPTURED VIA HEALTH EDUCATION CLASSES (71%) OR THROUGH THE DENTAL SCREENINGS (22%). NEARLY ALL (98%) OF THE ENCOUNTERS MADE VIA HEALTH EDUCATION CLASSES, IT SHOULD BE NOTED, WERE SPECIFICALLY FROM THE ORAL HEALTH EDUCATION PROGRAM OFFERED IN LOCAL ELEMENTARY SCHOOLS. JUST 5% OF ALL ENCOUNTERS WERE FROM PHYSICAL ACTIVITY CLASSES.

CDPM STAFF PROMOTED THE PROGRAM THROUGHOUT THE COMMUNITY, DISTRIBUTING ABOUT 5,447 FLYERS AND MATERIALS AND ENGAGING WITH 2,718 RESIDENTS THROUGH OUTREACH AT COMMUNITY EVENTS AND MEETINGS.

DIABETES PREVENTION AND MANAGEMENT

PROGRAMS SUCH AS SOLUTIONS AND THE NATIONAL DIABETES PREVENTION PROGRAM

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(NDPP) ASSIST PARTICIPANTS IN PREVENTING AND MANAGING CHRONIC DISEASES. PARTICIPANTS NOT ONLY GAIN KNOWLEDGE ABOUT THE CAUSES AND EFFECTS OF VARIOUS CHRONIC CONDITIONS BUT ALSO LEARN PRACTICAL STEPS TO MANAGE THEIR HEALTH, OFTEN THROUGH BETTER NUTRITION AND EXERCISE.

THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) IS A CDC-RECOGNIZED PROGRAM EFFECTIVE IN PREVENTING OR DELAYING TYPE 2 DIABETES. THE PROGRAM SPANS APPROXIMATELY ONE YEAR. THROUGHOUT ITS DURATION, PARTICIPANTS RECEIVE EDUCATION ON NUTRITION, INCORPORATE PHYSICAL ACTIVITY AND EXERCISE INTO THEIR LIVES, LEARN STRESS MANAGEMENT TECHNIQUES, TACKLE CHALLENGES, AND DEVELOP STRATEGIES TO MAINTAIN A HEALTHY LIFESTYLE. IN THIS YEAR'S COHORT, NEARLY ALL PARTICIPANTS EITHER ACHIEVED OR MADE PROGRESS TOWARD THEIR GOALS OF REDUCING BODY WEIGHT BY 5-7%, INCREASING PHYSICAL ACTIVITY LEVELS, AND ADOPTING HEALTHIER EATING HABITS. ADDITIONALLY, ABOUT HALF OF THE PARTICIPANTS SUCCESSFULLY ACCOMPLISHED EACH OF THESE OBJECTIVES.

SENIOR HEALTH

CDPM PROGRAMS AND SERVICES, INCLUDING SENIOR HEALTH SEMINARS, CATER TO THE HEALTH NEEDS OF RIVERSIDE'S EXPANDING SENIOR POPULATION. THESE PROGRAMS COVER A RANGE OF HEALTH TOPICS SUCH AS BRAIN HEALTH, HEART HEALTH, AND DEPRESSION. THEY EDUCATE AND EMPOWER SENIORS WITH STRATEGIES TO UPHOLD A HEALTHY AND ACTIVE LIFESTYLE. THE PROGRAMS HAVE SUCCESSFULLY MOTIVATED SENIORS TO APPLY THE STRATEGIES THEY LEARNED, WITH OVER TWO-THIRDS (68%) OF PARTICIPATING SENIORS EXPRESSING STRONG CONFIDENCE IN THEIR ABILITY TO IMPLEMENT THESE STRATEGIES FOR MANAGING THEIR HEALTH.

ORAL HEALTH

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THE RCHF ORAL HEALTH EDUCATION PROGRAM COLLABORATES WITH RIVERSIDE COUNTY'S ORAL HEALTH PROGRAM TO EDUCATE ELEMENTARY SCHOOL STUDENTS IN RUSD SCHOOLS ABOUT PROPER ORAL CARE. THE PROGRAM ALSO CONNECTS THEM WITH GERISMILES, A LOCAL MOBILE DENTAL HYGIENE PRACTICE. IN 2023:

- 29,306 YOUTH ATTENDED THE ORAL HEALTH EDUCATION PRESENTATION.
- 9,259 YOUTH WERE SCREENED.
- 21,777 YOUTH RECEIVED SEALANTS.
- 7,259 YOUTH RECEIVED CLEANING (PROPHYLAXIS) AND FLUORIDE VARNISH TO PREVENT OR STOP TOOTH DECAY.

CANCER SURVIVORS

THE PINK RIBBON PLACE OFFERS COMPREHENSIVE SUPPORT AND EDUCATION TO CANCER SURVIVORS AND THEIR FAMILIES. THEIR SERVICES INCLUDE SUPPORT GROUPS, COUNSELING, HEALTH EDUCATION WORKSHOPS, STRENGTH REBUILDING CLASSES, AND ACCESS TO A PRODUCT BANK THAT PROVIDES WIGS, BRAS, AND PROSTHESES. ADDITIONALLY, THE PINK RIBBON PLACE HOSTS AN ANNUAL PINK ON PARADE WALK TO RAISE AWARENESS AND FUNDS IN SUPPORT OF CANCER SURVIVORS

THE PINK RIBBON PLACE DOCUMENTED A TOTAL OF 327 SERVICE ENCOUNTERS ACROSS ITS COUNSELING, SUPPORT GROUPS, AND HEALTH EDUCATION SEMINARS. OF THESE ENCOUNTERS, 50% WERE ATTRIBUTED TO THE TWO SOUTHERN CALIFORNIA WOMEN'S CANCER SEMINARS, 31% TO SUPPORT GROUP SESSIONS, AND THE REMAINING 19% TO INDIVIDUAL COUNSELING SESSIONS.

SOUTHERN CALIFORNIA WOMEN'S CANCER SEMINAR

THE 2023 SOCAL WOMEN'S CANCER SEMINARS WERE OFFERED IN ENGLISH AND SPANISH.

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HELD AT CRESTMORE MANOR IN JURUPA VALLEY ON SEPTEMBER 27TH AND 28TH, RESPECTIVELY, THESE TWO SEMINARS PROVIDED QUALITY EDUCATION AND HANDS-ON WORKSHOPS THAT MOTIVATED FEMALE SURVIVORS TO IMPLEMENT REAL AND TANGIBLE LIFE-CHANGING SKILLS BEYOND DIAGNOSIS AND TREATMENT. THIS YEAR'S SEMINARS INCLUDED SESSIONS ON THE FOLLOWING:

- HOLISTIC THERAPY
- THE SIDE EFFECTS OF CANCER
- NUTRITION
- FAMILY DYNAMICS
- ADVOCACY
- IMPACT OF CANCER AND BONE HEALTH
- CHALLENGES FACED BY SURVIVORS (VIA A PANEL OF SURVIVORS)

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

- 65% OF ATTENDEES OF BOTH SEMINARS INCREASED THEIR KNOWLEDGE OF CANCER-RELATED TOPICS BY ATTENDING THE SEMINARS.

- 55% OF ATTENDEES OF BOTH SEMINARS WERE MORE CONFIDENT THAT THEY COULD FIND AND ACCESS LOCAL CANCER RESOURCES BY ATTENDING THE SEMINARS.

- OVER 50% OF ATTENDEES INCREASED THEIR KNOWLEDGE OF EACH OF THE TOPICS ADDRESSED AT BOTH SEMINARS, WITH NEARLY ALL (88%) ATTENDEES IMPROVING THEIR KNOWLEDGE OF NUTRITION FOR CANCER SURVIVORS AND THE IMPACT OF CANCER ON BONE HEALTH.

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PINK ON PARADE

PINK ON PARADE IS AN EVENT THAT INCLUDES A 5K WALK UP MT. RUBIDOUX AND A FAMILY FUN WALK AROUND RYAN BONAMINIO PARK TO RAISE AWARENESS ABOUT BREAST CANCER. THE ANNUAL EVENT, HELD ON OCTOBER 21, 2023, FEATURED SURVIVOR CELEBRATION TENTS, A CLASSIC CAR SHOW, A FAMILY FUN ZONE, AND A VENDOR EXPO. PINK ON PARADE 2023 SUCCESSFULLY RAISED OVER \$66,700 FOR THE PINK RIBBON PLACE AND ATTRACTED MORE THAN 1,165 ATTENDEES, MARKING A 77% INCREASE COMPARED TO LAST YEAR.

- 831 WALKED AT THE EVENT - NEARLY TWICE AS MANY AS LAST YEAR.

- FEEDBACK FROM THE EVENT SUGGESTED ATTENDEES ENJOYED THE EVENT, WITH WELL OVER HALF OF ATTENDEES (INCLUDING VENDORS) RATING KEY ACTIVITIES AND COMPONENTS OF THE EVENT AS "EXCELLENT".

- 93% OF ATTENDEES FELT THE EVENT WAS WELL ORGANIZED AND ENJOYABLE.

ATTENDEES' COMMENTS DEMONSTRATE WHAT RESIDENTS THOUGHT OF THE EVENT:

- "LOVED THE WALK. WE WILL BE THERE NEXT YEAR!"

- "KEEP UP THE GREAT WORK. THIS WAS MY SECOND TIME DOING THIS EVENT, IT IS SO MUCH FUN!"

- "DECOR WAS THOUGHTFUL AND EVENT STAFF WAS FRIENDLY/WELCOMING. (:"

- "EVERYTHING WAS WELL ORGANIZED."

- "THE CAR EXPO WAS ABSOLUTELY AMAZING AND A GREAT WAY TO INVOLVE OTHERS IN THE COMMUNITY WHO DO NOT TYPICALLY ATTEND THESE TYPE OF EVENTS!"

- "BEAUTIFUL EVENT. THANK YOU TO ALL WHO MADE IT A SUCCESS."

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TEEN HEALTH

REACH AND ENGAGEMENT

IN 2023, TEEN HEALTH DOCUMENTED A TOTAL OF 12,367 DIRECT SERVICE ENCOUNTERS. AN OVERWHELMING 95% OF THESE ENCOUNTERS WERE FACILITATED THROUGH 'MAKING PROUD CHOICES,' A REPRODUCTIVE HEALTH EDUCATION CURRICULUM DELIVERED TO LOCAL YOUTH IN SCHOOLS.

CDPM STAFF ALSO PROMOTED THE PROGRAM THROUGHOUT THE COMMUNITY, DISTRIBUTING 1,371 INFORMATIONAL FLYERS AND MATERIALS AND ENGAGING WITH 511 RESIDENTS THROUGH DIRECT OUTREACH.

YOUTH CONFERENCES

EVERY YEAR, TEEN HEALTH HOLDS CONFERENCES FOR YOUNG MEN AND WOMEN TO ADDRESS AND DISCUSS IMPORTANT TEEN ISSUES. THIS YEAR, THE YOUNG WOMEN'S CONFERENCE (OR BESTSELFIE CONFERENCE) AND THE YOUNG MEN'S CONFERENCE WERE HELD IN EARLY MAY AT THE RIVERSIDE CONVENTION CENTER ON TWO CONSECUTIVE DAYS. THE TWO CONFERENCES FEATURED MOTIVATIONAL SPEAKERS, GAMES, MUSIC, PRIZES, AND INTERACTIVE WORKSHOPS. THESE WORKSHOPS COVERED THREE KEY AREAS: (1) MONEY MANAGEMENT AND FINANCIAL LITERACY, (2) DRUGS AND ALCOHOL INTERVENTION (WITH A FOCUS ON OPIOIDS), AND (3) COLLEGE AND CAREER READINESS. OUR EVALUATION REVEALED THAT NEARLY 90% OF THE 64 ATTENDEES AT BOTH CONFERENCES IMPROVED THEIR UNDERSTANDING OF THESE TOPICS.

- 59% OF ATTENDEES INCREASED THEIR FINANCIAL LITERACY, PARTICULARLY THEIR UNDERSTANDING OF BETTER MONEY MANAGEMENT, LOANS, CREDIT, AND BUDGETING.

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- 67% OF ATTENDEES IMPROVED THEIR KNOWLEDGE OF OPIOID USE AND ABUSE AND WERE ABLE TO IDENTIFY THE SIGNS AND SYMPTOMS AND UNDERSTAND HOW AN OVERDOSE IS TREATED.

- 69% OF ATTENDEES GAINED A BETTER UNDERSTANDING OF HOW TO PREPARE FOR LIFE AFTER HIGH SCHOOL, INCLUDING ACHIEVING CAREER GOALS, GETTING VOCATIONAL TRAINING, AND CONSIDERING COLLEGE.

- 70% OF ATTENDEES RATED THE CONFERENCE THEY ATTENDED AS "EXCELLENT", WITH ANOTHER 21% RATING IT AS "VERY GOOD". NO ONE RATED THE CONFERENCE LOWER THAN "GOOD" ON A SCALE FROM "POOR" TO "EXCELLENT".

- YOUTH EXPRESSED THEIR GRATITUDE FOR THE YOUTH CONFERENCES WITH COMMENTS LIKE THE FOLLOWING:

- "THANK YOU FOR ALL OF THE INFORMATION"
- "LOVE THIS EVENT!"
- "I LEARNED HOW TO HELP SOMEONE WHO HAS OVERDOSED."
- "I LOVED HOW ENGAGING THIS WAS, IT WAS AN AMAZING EXPERIENCE."
- "I LOVED THIS CONFERENCE AND WOULD LOVE TO DO IT AGAIN."
- "THANK YOU TO ALL THAT MADE THIS HAPPEN."

REPRODUCTIVE HEALTH EDUCATION AND SERVICES

THE TEEN HEALTH FOCUS AREA OPERATES PROGRAMS AND SERVICES FUNDED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH - MATERNAL, CHILD AND ADOLESCENT HEALTH (CDPH/MCAH). THESE PROGRAMS FALL UNDER TWO GRANTS: THE PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP) AND THE INFORMATION AND EDUCATION

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PROGRAM (I&E). THESE PROGRAMS EDUCATE YOUNG PEOPLE ON PREVENTING PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS, AND PROMOTE THE AWARENESS OF, AND PROVIDE INFORMATION ABOUT, THE AVAILABILITY AND COST OF LOCAL FAMILY PACT PROVIDERS.

IN 2023, TEEN HEALTH RECORDED A TOTAL OF 11,775 SERVICE ENCOUNTERS WITH YOUTH THROUGH THE IMPLEMENTATION OF THE 'MAKING PROUD CHOICES!' CURRICULUM IN RIVERSIDE SCHOOLS. THESE SCHOOLS INCLUDE ARLINGTON HIGH SCHOOL, MARTIN LUTHER KING, JR. HIGH SCHOOL, POLY HIGH SCHOOL, STEM ACADEMY, AND RIVERSIDE VIRTUAL SCHOOL.

ADDITIONALLY, UNDER THE INFORMATION AND EDUCATION PROGRAM (I&E), TEEN HEALTH RECRUITED YOUTH TO BECOME YOUTH ADVISORS. THESE ADVISORS ARE TRAINED TO ENGAGE IN INNOVATIVE EDUCATIONAL AND SUPPORT ACTIVITIES, PROMOTING HEALTHY BEHAVIORS AND SKILLS TO IMPROVE SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES.

FURTHERMORE, TEENS ACCESSING OUR ONLINE STORE WERE ASKED TO PROVIDE FEEDBACK ABOUT THEIR EXPERIENCE. AMONG THE 30 YOUTH WHO RESPONDED, NEARLY HALF (48%) HEARD ABOUT THE CLINICS THROUGH INSTAGRAM, 38% FROM FRIENDS, AND 19% FROM INFORMATION FLYERS DISTRIBUTED TO TEENS.

HERE ARE SOME KEY FINDINGS:

- BARRIERS CITED BY TEENS FOR ACCESSING LOCAL CLINICS INCLUDED PARENTS (50%), TRANSPORTATION (44%), AND INSURANCE CONCERNS (22%).
- 75% OF RESPONDENTS INDICATED THAT THEY HAD NOT VISITED A CLINIC FOR REPRODUCTIVE HEALTH SERVICES IN RIVERSIDE COUNTY.

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- AMONG THOSE WHO HAD VISITED A CLINIC, 80% REPORTED THAT THE CLINIC MET ALL OF THEIR NEEDS.

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

DURING 2023 THERE WERE VARIOUS OTHER PROGRAMS RELATED TO COMMUNITY HEALTH.

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

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

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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

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.

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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	567,297	
(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)													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Dotted lines for supplemental information.

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDENDS	\$ 2,481,145			14 CA		
TOTAL	<u>\$ 2,481,145</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	\$ 391,850	\$ 319,154	\$ 52,669	\$ 20,027
PAYROLL FEES	12,807	7,044	5,763	
TOTAL	<u>\$ 404,657</u>	<u>\$ 326,198</u>	<u>\$ 58,432</u>	<u>\$ 20,027</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK FEES	\$ 6,826	\$ 3,256	\$ 3,122	\$ 448
TAXES & LICENSES	6,808	1,771	3,974	1,063
BAD DEBT EXPENSE	5,008		5,008	
AUTOMOBILE EXPENSE	2,145		1,935	210
IN-KIND DONATIONS	901	901		
TOTAL	<u>\$ 21,688</u>	<u>\$ 5,928</u>	<u>\$ 14,039</u>	<u>\$ 1,721</u>

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

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

(For Registry Use Only)

RIVERSIDE COMMUNITY HEALTH

Name of Organization

List all DBAs and names the organization uses or has used

4275 LEMON ST

Address (Number and Street)

RIVERSIDE CA 92501-3844

City or Town, State, and ZIP Code

951-788-3471

Telephone Number

LISA@RCHF.ORG

E-mail Address

Check if:

- Change of address
Amended report
Organization requests email notifications

State Charity Registration Number 014764

Corporation or Organization No. 0679957

Federal Employer ID No. 23-7276444

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

Make Check Payable to Department of Justice

Table with 4 columns: Total Revenue, Fee, Total Revenue, Fee, Total Revenue, Fee. Rows include fee amounts for various revenue ranges from less than \$50,000 to greater than \$500 million.

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/23 ending 12/31/23) list:

Total Revenue \$ 4,039,301 Noncash Contributions \$ 0 Total Assets \$ 103,790,507

Program Expenses \$ 5,188,412 Total Expenses \$ 6,247,026

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

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

Table with 3 columns: Question, Yes, No. Contains 9 questions regarding financial transactions, theft, penalties, commercial fundraisers, government funding, raffles, vehicle donations, audits, and restricted assets.

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

LISA WRIGHT CEO Signature of Authorized Agent Printed Name Title Date

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

Description

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH:

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

CITY OF RIVERSIDE:

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

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

2023

199

Calendar Year 2023 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 B Amended return C IRC Section 4947(a)(1) trust D Final information return? E Check accounting method: (1) Cash (2) Accrual (3) Other F Federal return filed? G Is this a group filing? H Is this organization in a group exemption I Did the organization have any changes to its guidelines not reported J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Payments (lines 11-16). Total balance due is 00.

Sign Here: Signature of officer, Title CEO, Date 07/24/2024, Telephone 951-788-3471. Paid Preparer's Use Only: Preparer's signature, Date 07/24/2024, Check if self-employed, Firm's name ROORDA, PIQUET & BESSEE, INC., 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	93,476	00	
	2	Interest	•	2		00	
	3	Dividends	•	3	2,481,145	00	
	4	Gross rents	•	4	607,230	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6	1,436,221	00	
	7	Other income. Attach schedule	•	7	34,558	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	4,652,630	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	827,297	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11		00	
	12	Other salaries and wages	•	12	2,808,600	00	
	Expenses and Disbursements	13	Interest	•	13	123,950	00
		14	Taxes	•	14		00
		15	Rents	•	15	55,454	00
		16	Depreciation and depletion (See instructions)	•	16	358,334	00
		17	Other expenses and disbursements. Attach schedule	•	17	2,073,391	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,247,026	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,918,417	•	5,455,287
2 Net accounts receivable		330,350	•	526,404
3 Net notes receivable STMT 6		6,205	•	6,205
4 Inventories		63,635	•	71,753
5 Federal and state government obligations			•	
6 Investments in other bonds STMT 7		13,325,267	•	10,458,622
7 Investments in stock STMT 8		51,661,791	•	53,201,302
8 Mortgage loans			•	
9 Other investments. Attach schedule STMT 9		18,296,815	•	24,013,316
10 a Depreciable assets	13,095,722		12,366,685	
b Less accumulated depreciation	4,212,650	8,883,072	3,822,305	8,544,380
11 Land		1,105,322	•	1,113,061
12 Other assets. Attach schedule. STMT 10		417,104	•	400,177
13 Total assets		96,007,978		103,790,507
Liabilities and net worth				
14 Accounts payable		468,245	•	555,271
15 Contributions, gifts, or grants payable		44,500	•	30,000
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule STMT 11		4,183,358		3,840,954
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		91,311,875	•	99,364,282
22 Total liabilities and net worth		96,007,978		103,790,507

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	•	8,052,407	7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 12	•	10,260,132
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		10,260,132
4 Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-2,207,725
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6 Total. Add line 1 through line 5		8,052,407				

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						
AXIOM INTL SMALL MICRO CAP OPP FUND							
PURCHASE				\$ 31,140	\$	\$	\$
CANTERBURY CONSULTING PC FUND II							
PURCHASE				21,821			
CCI CORE BOND							
PURCHASE				452,363			
CNB - LONG TERM							
PURCHASE					2,563,295		2,563,295
CNB - SHORT TERM							
PURCHASE					45,900		45,900
DEFERRED COMP - LONG TERM							
PURCHASE				4,271			
DEFERRED COMP - SHORT TERM							
PURCHASE					560		560
GOLDEN TREE SELECT OFFSHORE							
PURCHASE				260,994			
HAWK RIDGE PARTNERS OFFSHORE							
PURCHASE				172,610			
KING STREET CAPITAL LTD							
PURCHASE				112,143			
SILVER POINT CAPITAL OFFSHORE LTD							
PURCHASE				106,754			
STEBLER - LONG TERM							
PURCHASE				10,224			
STEBLER - SHORT TERM							
PURCHASE					318		318
UBS - LONG TERM							
PURCHASE				223,901			
UBS - SHORT TERM							
PURCHASE					67,747		67,747
2023 DISPOSALS							
PURCHASE		VARIOUS	12/31/23		192,482	192,177	305
ARLANZA - BILL OF SALE OF ASSET							
PURCHASE		VARIOUS	10/05/23	40,000	556,865	555,014	1,851

California Statements

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

Description	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
TOTAL					<u>\$1,436,221</u>	<u>\$3,427,167</u>	<u>\$ 747,191</u>	<u>\$2,679,976</u>

California Statements

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

<u>Description</u>	<u>Amount</u>
PINK ON PARADE GALA	\$ 34,558
TOTAL	<u>\$ 34,558</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
		BIG BROTHERS AND SISTERS OF THE IE MENTAL HEALTH WELL	2155 CHICAGO AVE, SUITE 100 20,000	RIVERSIDE	CA	92507		
		COMMUNITY NOW	28604 MARANDA COURN	MORENO VALLEY	CA	92555		
		GENERAL DISTRIBUTION COMMUNITY SETTLEMENT ASSOCIATION	4366 BERMUDA AVE 567,297	RIVERSIDE	CA	92507		
		GENERAL SUPPORT EMPOWER YOU EDUTAINMENT	1427 MURDOCK COURT 15,000	RIVERSIDE	CA	92507		
		MENTAL HEALTH WELL NORTH COUNTY HEALTH PROJECT INC.	150 VALPREDA ROAD 19,000	SAN MARCOS	CA	92609		
		PATIENT SERVICES OLIVE CREST	2130 EAST FOURTH ST. STE 200 30,000	SANTA ANA	CA	92705		
		TRAUMA RECOVERY SERV OLIVE CREST	2130 EAST FOURTH ST. STE 200 10,000	SANTA ANA	CA	92705		
		COUNSELING SERVICES PLANNED PARENTHOOD	1075 CAMINO DEL RIO SOUTH GENERAL DISTRIBUTION	SAN DIEGO	CA	92108		
		RIVERSIDE UNIVERSTIY HEALTH SYSTEM	P.O. BOX 9850	MORENO VALLEY	CA	92552		
		STEBLER DISTRIBUTION WALDEN FAMILY SERVICES	3576 ARLINGOTN AVENUE, STE. 106 30,000	RIVERSIDE	CA	92506		
		HEALTHY BODIES/LIVES WALDEN FAMILY SERVICES	3576 ARLINGOTN AVENUE, STE. 106 20,000	RIVERSIDE	CA	92506		
		EQUITY IN WELL-BEING YOUNG SCHOLARS FOR ACADEMIC	4164 BROCKTON AVENUE, SUITE A GENERAL DISTRIBUTION	RIVERSIDE	CA	92501		
		DIVERSITY UPLIFTS, INC.	PO BOX 2605 18,000	RIVERSIDE	CA	92517		
		POSTPARTUM SUPPORT LOMA LINDA UNIVERSITY CHILDRENS HOS	1427 MURDOCK CT 20,000	RIVERSIDE	CA	92507		
		MEDICAL CARE DKA RENEWING HOPE STRATEGIES	2130 EAST FOURTH ST STE 200 20,000	SANTA ANA	CA	92705		
		MOBILE MENTAL HEALTH RIVERSIDE MEDICAL CLINIC CHARITABLE	1845 CHICAGO AVE STE B 20,000	RIVERSIDE	CA	92507		
		PROJECT HEART THE HAPPIER LIFE PROJECT	506 W GRAHAM AVE STE 105 20,000	LAKE ELSINOIRE	CA	92530		
		RECOVERY CURRICULUM TRIAGE CENTER	5265 S SLAUSON AVE 18,000	CULVER CITY	CA	90231		
		TRAINING & TECH ASST						
		SUBTOTAL	\$ 827,297					
		TOTAL	\$ 827,297					

California Statements

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

Name	Address			Title	Avg Hrs	Compensation Amount
City	State	Zip				
ERNIE HWANG				CHAIR	0.25	
ERIN PHILLIPS				VICE-CHAIR	0.25	
MICHELLE BURROUGHS				SECRETARY	0.25	
MICAH TOKUDA				TREASURER	0.25	
CHEYLYNDA BARNARD				MEMBER	0.25	
RAFAEL ELIZALDE				MEMBER	0.25	
RICH ERICKSON				MEMBER	0.25	
KARL HICKS				MEMBER	0.25	
BEN JOHNSON II				MEMBER	0.25	
RAFAELA KING				MEMBER	0.25	
KELLY MARSHALL				MEMBER	0.25	
KARL MCCLEARY				MEMBER	0.25	
JONATHAN O'CONNELL				MEMBER	0.25	
RICHARD RAJARATNAM				MEMBER	0.25	
MICHELLE REYES				MEMBER	0.25	
HEATHER SANCHEZ				MEMBER	0.25	
MICHELLE THOMAS				MEMBER	0.25	

California Statements

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

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
TAKASHI WADA				MEMBER	0.25	
JAMIE WRAGE				MEMBER	0.25	
TOM PODGORSKI				MEMBER	0.25	
DANIEL ANDERSON		4275 LEMON ST				
	RIVERSIDE	CA	92501-3844	PRESIDENT	40.00	
LISA WRIGHT				CEO		
TOTAL						0

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

Description	Amount
INSURANCE & BENEFITS	\$ 323,944
PAYROLL TAXES	221,291
OTHER PROFESSIONAL FEES	391,850
PAYROLL FEES	12,807
INVESTMENT MANAGEMENT	255,428
PRINTING & MAILING EXPENSE	35,011
CONFERENCES & MEETINGS	26,853
AUTOMOBILE EXPENSE	2,145
BANK FEES	6,826
DUES & SUBSCRIPTIONS	13,561
HEALTH PROGRAMS / FAIRS	120,586
IN-KIND DONATIONS	901
REPAIRS AND MAINTENANCE	98,451
TAXES & LICENSES	6,808
UTILITIES	71,138
PENSION EXPENSE	154,986
ADVERTISING EXPENSE	2,384
SOFTWARE & WEBSITE EXPENSE	139,770
INSURANCE EXPENSE	79,649
TRAVEL	9,130
BAD DEBT EXPENSE	5,008
CHARITABLE SPONSORSHIP	2,500
OFFICE SUPPLIES	64,964
SMALL EQUIPMENT PURCHASES	27,400
TOTAL	<u>\$ 2,073,391</u>

Statement 6 - Form 199, Schedule L, Line 3 - Net Notes Receivable

Description	Beginning of Year	End of Year
SHENE BOWIE-HUSSEY	\$ 6,205	\$ 6,205
TOTAL	<u>\$ 6,205</u>	<u>\$ 6,205</u>

Statement 7 - Form 199, Schedule L, Line 6 - Investments in Other Bonds

Description	Beginning of Year	End of Year
CORPORATE BONDS	<u>\$13,325,267</u>	<u>\$10,458,622</u>
TOTAL	<u>\$13,325,267</u>	<u>\$10,458,622</u>

California Statements**Statement 8 - Form 199, Schedule L, Line 7 - Investments in Stock**

Description	Beginning of Year	End of Year
EQUITIES	\$51,661,791	\$53,201,302
TOTAL	<u>\$51,661,791</u>	<u>\$53,201,302</u>

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

Description	Beginning of Year	End of Year
ALTERNATIVE INVESTMENTS	\$18,265,320	\$23,994,033
TANGIBLE ASSETS	31,495	19,283
TOTAL	<u>\$18,296,815</u>	<u>\$24,013,316</u>

Statement 10 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
OTHER ASSETS	\$ 21,043	\$
SECURITY DEPOSIT	3,000	3,000
ROU, NET ASSET	165,243	128,011
DEFERRED RENT RECEIVABLE	202,410	216,493
PREPAID EXPENSES	25,408	52,673
INTANGIBLE ASSETS		
TOTAL	<u>\$ 417,104</u>	<u>\$ 400,177</u>

Statement 11 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	\$ 721,240	\$ 817,539
ESTIMATED FUTURE ANNUITY LIAB	53,586	53,586
OPERATING LEASE LIABILITY	167,333	131,589
UNSECURED NOTES AND LOANS PAYABLE	3,241,199	2,838,240
TOTAL	<u>\$ 4,183,358</u>	<u>\$ 3,840,954</u>

Statement 12 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
UNREALIZED GAINS	\$10,260,132
TOTAL	<u>\$10,260,132</u>

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


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

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

I/we declare that I/we have provided information concerning 4 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2023 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>07/18/2024</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	2023
For calendar year 2023 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/**2023**
 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	2023
For calendar year 2023 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 4

15 Maximum account value 1,967,435 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held GOLDENTREE SELECT OFFSHORE, LTD

18 Account number or other designation 597011A

19 Mailing address 78 SIR JOHN ROGERSON'S QUAY

20 City DUBLIN 21 State _____

22 Foreign postal code D02P820 23 Country IE IRELAND

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

2 of 4

15 Maximum account value 1,601,835 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held KING STREET CAPITAL LTD

18 Account number or other designation AA11754A

19 Mailing address 1 GRAND CANAL SQUARE

20 City DUBLIN 21 State _____

22 Foreign postal code D02P820 23 Country IE IRELAND

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

3 of 4

15 Maximum account value 1,731,148 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held SILVER POINT CAPITAL OFFSHORE FUND

18 Account number or other designation 244549

19 Mailing address 5255 ORBITOR DRIVE

20 City MISSISSAUGA 21 State ON ONTARIO

22 Foreign postal code L4W5M6 23 Country CA CANADA

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

4 of 4

15 Maximum account value 1,676,079 15a Maximum account value unknown

16 Type of account SECURITIES

17 Name of financial institution in which account is held HAWK RIDGE PARTNERS OFFSHORE LTD

18 Account number or other designation HAWK

19 Mailing address 24-26 CITY QUAY

20 City DUBLIN 21 State _____

22 Foreign postal code D02NY19 23 Country IE IRELAND

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 _____

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5	2023
For calendar year 2023 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 **07/18/2024**

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**