

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

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

2024

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

A For the 2024 calendar year, or tax year beginning

, and ending

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
RIVERSIDE COMMUNITY HEALTH
FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
4275 LEMON ST

D Employer identification number

23-7276444

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\$ 6,568,531

F Name and address of principal officer:

NINFA DELGADO

H(a) Is this a group return for subordinates? Yes NoH(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527J Website: [HTTP://WWW.RCHF.ORG](http://WWW.RCHF.ORG)K Form of organization: Corporation Trust Association Other

L Year of formation: 1973

M State of legal domicile: CA

Part I Summary

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 if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 20

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 20

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)

5 75

6 Total number of volunteers (estimate if necessary)

6 475

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, Part I, line 11

7b 0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,066,647	1,663,531
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,237,390	4,116,286
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	735,264	745,699
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,039,301	6,525,516
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	827,297	597,542
Expenses	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)	3,508,821	3,981,512
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	78,219	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,910,908	2,164,948
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,247,026	6,744,002
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-2,207,725	-218,486
	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	103,790,507	109,261,943
	21 Total liabilities (Part X, line 26)	4,426,225	3,893,286
	22 Net assets or fund balances. Subtract line 21 from line 20	99,364,282	105,368,657

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

NINFA DELGADO

Date

PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FERNANDO G. AYALA JR		09/19/25		P01259082
	Firm's name	ROORDA, PIQUET & BESSEE, INC.	Firm's EIN		33-0252865
	3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175		Phone no.		951-684-7781

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

 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2024)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ **478,577** including grants of \$) (Revenue \$)
WOMEN'S AND MATERNAL HEALTH PROGRAMS

THE WOMEN'S AND MATERNAL HEALTH PROGRAMS CONSIST OF A VARIETY OF OFFERINGS ON BEHALF OF THE RIVERSIDE COMMUNITY HEALTH FOUNDATION. THE GOAL OF THE MATERNAL WELLNESS PROGRAMS IS TO CREATE AN ENVIRONMENT WHERE EQUITABLE MATERNAL HEALTH AND WELLNESS BECOMES THE SOCIAL NORM AND IMPROVES THE QUALITY OF LIFE FOR THE COMMUNITY OF RIVERSIDE AND SURROUNDING AREAS.

SEE SCHEDULE O FOR MORE DETAILS.

4b (Code:) (Expenses \$ **564,716** including grants of \$) (Revenue \$)
CHRONIC DISEASE PREVENTION AND MANAGEMENT

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, OTHER PROGRAMS AND ACTIVITIES ADDRESS A PARTICULAR CHRONIC CONDITION.

SEE SCHEDULE O FOR MORE DETAILS

4c (Code:) (Expenses \$ **539,962** including grants of \$) (Revenue \$)
TEEN HEALTH

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.

SEE SCHEDULE O FOR MORE DETAILS)

4d Other program services (Describe on Schedule O.)(Expenses \$ **4,088,760** including grants of \$ **597,542**) (Revenue \$)4e Total program service expenses **5,672,015**

Part IV Checklist of Required Schedules

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

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? If "Yes," complete Schedule I, Parts I and III	22	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule J	23	<input checked="" type="checkbox"/>
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part I	25b	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part II	26	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part III	27	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part IV	28a	<input checked="" type="checkbox"/>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<input checked="" type="checkbox"/>
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<input checked="" type="checkbox"/>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule R, Part I	33	<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	<input checked="" type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule R, Part VI	37	<input checked="" type="checkbox"/>
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	38	<input checked="" type="checkbox"/>

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

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?

	Yes	No
1a	51	
1b	0	
1c		

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	75
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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).	7a	<input checked="" type="checkbox"/>
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	<input checked="" type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	<input checked="" type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	11a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11	Section 501(c)(12) organizations. Enter:	12a	
a	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
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.		
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	<input checked="" type="checkbox"/>
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?	15	<input checked="" type="checkbox"/>
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<input checked="" type="checkbox"/>
	If "Yes," complete Form 4720, Schedule O.		
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?	17	
	If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	.....	1b	20
2	.....	2	<input checked="" type="checkbox"/>
3	.....	3	<input checked="" type="checkbox"/>
4	.....	4	<input checked="" type="checkbox"/>
5	.....	5	<input checked="" type="checkbox"/>
6	.....	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b	<input checked="" type="checkbox"/>
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<input checked="" type="checkbox"/>

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

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<input checked="" type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15a	<input checked="" type="checkbox"/>
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?	15b	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16b	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
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.	
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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.	

ARZILL BEASON
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
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) MICHELLE BURROUGHS CHAIR	1.00 0.00		X		X			0	0	0
(2) MICHELLE REYES SECRETARY	1.00 0.00		X		X			0	0	0
(3) MICAH TOKUDA TREASURER	1.00 0.00		X		X			0	0	0
(4) CHEYLYNDA BARNARD MEMBER	1.00 0.00		X					0	0	0
(5) RAFAEL ELIZALDE MEMBER	1.00 0.00		X					0	0	0
(6) RICH ERICKSON MEMBER	1.00 0.00		X					0	0	0
(7) KARL HICKS MEMBER	1.00 0.00		X					0	0	0
(8) BEN JOHNSON II MEMBER	1.00 0.00		X					0	0	0
(9) RAFAELA KING MEMBER	1.00 0.00		X					0	0	0
(10) JASON LOHR MEMBER	1.00 0.00		X					0	0	0
(11) KELLY MARSHALL MEMBER	1.00 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
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12) KARL MCCLEARY	1.00								
(12) MEMBER	0.00	X					0	0	0
(13) ERIN PHILLIPS	1.00								
(13) MEMBER	0.00	X					0	0	0
(14) RICHARD RAJARATNAM	1.00								
(14) MEMBER	0.00	X					0	0	0
(15) LARONDA FISHER-ROGERS	1.00								
(15) MEMBER	0.00	X					0	0	0
(16) MICHELLE THOMAS	1.00								
(16) MEMBER	0.00	X					0	0	0
(17) TAKASHI WADA	1.00								
(17) MEMBER	0.00	X					0	0	0
(18) JAMIE WRAGE	1.00								
(18) MEMBER	0.00	X					0	0	0
(19) TOM PODGORSKI	1.00								
(19) MEMBER	0.00	X					0	0	0
1b Subtotal									
c Total from continuation sheets to Part VII, Section A							741,026		49,466
d Total (add lines 1b and 1c)							741,026		49,466

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 **5**

	Yes	No
3	X	
4	X	
5	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			
	1b Membership dues	1b			
	1c Fundraising events	1c	41,235		
	1d Related organizations	1d			
	1e Government grants (contributions)	1e	876,597		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	745,699		
	g Noncash contributions included in lines 1a-1f	1g	\$		
	h Total. Add lines 1a-1f		1,663,531		
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,305,537		2,305,537
	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	1,853,764			
	b Less: cost or other basis and sales exps.	7b	42,699	316	
	c Gain or (loss)	7c	1,811,065	-316	
	d Net gain or (loss)		1,810,749	1,810,749	
	8a Gross income from fundraising events (not including \$	41,235			
	of contributions reported on line 1c). See Part IV, line 18	8a	45,454		
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events		45,454		45,454
	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	93,015		
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory		93,015		93,015
Miscellaneous Revenue		Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		6,525,516	1,810,749	0
					3,051,236

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	597,542	597,542		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,291,483	2,809,468	453,399	28,616
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,990	32,620	33,370	
9 Other employee benefits	361,836	301,821	56,962	3,053
10 Payroll taxes	262,203	238,875	21,083	2,245
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	372,833	325,415	47,418	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	387,664	209,825	156,932	20,907
12 Advertising and promotion	121,547	106,850	13,322	1,375
13 Office expenses	151,731	105,171	29,873	16,687
14 Information technology	160,102	132,835	24,627	2,640
15 Royalties				
16 Occupancy	51,236	48,446	2,290	500
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,491	12,371	8,120	
20 Interest	108,036	94,296	13,740	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	345,066	300,207	44,859	
23 Insurance	85,405	95,374	-9,969	
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	131,742	113,418	17,732	592
b REPAIRS AND MAINTENANCE	90,954	79,386	11,568	
c UTILITIES	78,167	36,522	41,645	
d BAD DEBT EXPENSE	19,744	3,443	16,301	
e All other expenses	40,230	28,130	10,496	1,604
25 Total functional expenses. Add lines 1 through 24e	6,744,002	5,672,015	993,768	78,219
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	1,094,129	1	741,411
	2 Savings and temporary cash investments	4,361,158	2	2,817,712
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	526,404	4	601,216
	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	
	7 Notes and loans receivable, net	71,753	7	76,739
	8 Inventories for sale or use	52,673	8	59,418
	9 Prepaid expenses and deferred charges			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,540,320		
	b Less: accumulated depreciation	10b 4,109,860	10c	9,430,460
	11 Investments—publicly traded securities	87,653,957	11	95,155,730
	12 Investments—other securities. See Part IV, line 11	19,283	12	15,931
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	347,504	15	363,326
	16 Total assets. Add lines 1 through 15 (must equal line 33)	103,790,507	16	109,261,943
Liabilities	17 Accounts payable and accrued expenses	555,271	17	304,627
	18 Grants payable	30,000	18	45,000
	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	2,838,240	24	2,419,367
	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	1,002,714	25	1,124,292
	26 Total liabilities. Add lines 17 through 25	4,426,225	26	3,893,286
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	17,749,553	27	103,704,747
	28 Net assets with donor restrictions	81,614,729	28	1,663,910
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	99,364,282	32	105,368,657
	33 Total liabilities and net assets/fund balances	103,790,507	33	109,261,943

Part XI Reconciliation of Net AssetsCheck 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	6,525,516
2 Total expenses (must equal Part IX, column (A), line 25)	2	6,744,002
3 Revenue less expenses. Subtract line 2 from line 1	3	-218,486
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,364,282
5 Net unrealized gains (losses) on investments	5	6,222,861
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	105,368,657

Part XII Financial Statements and ReportingCheck 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?	2a	X
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
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		
2c 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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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?	3a	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	3b	

Form 990 (2024)

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
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee			
(20) SHENE BOWIE-HUSSEY	40.00								
(12) PAST PRESIDENT & CEO	0.00	X					194,016	0	7,447
(21) NINFA DELGADO	40.00								
(13) PRESIDENT & CEO	0.00		X				149,024	0	13,000
(22) LISA WRIGHT	0.00								
(14) PAST PRESIDENT & CEO	0.00				X		123,428	0	0
(23) LEA ARAGON	0.00								
(15) DIRECTOR OF HR	0.00				X		114,533	0	6,019
(24) KHYATI MEHTA	0.00								
(16) DIRECTOR OF FINANCE	0.00				X		160,025	0	23,000
(17)									
(18)									
(19)									
1b Subtotal							741,026		49,466
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

SCHEDULE A
 (Form 990)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024
**Open to Public
Inspection**

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. 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		<input type="checkbox"/>
b 33 1/3% support tests — 2023. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

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? 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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	
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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? If "Yes," provide detail in Part VI.	6	
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? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
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))? If "Yes," provide detail in Part VI.	9a	
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? If "Yes," provide detail in Part VI.	9b	
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? If "Yes," provide detail in Part VI.	9c	
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)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2024 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-2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Part VI

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

Schedule B
(Form 990)
(Rev. December 2024))

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

Organization type (check one):

Filers of:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Schedule B (Form 990) (Rev. 12-2024)

PAGE 1 OF 3

Page 2

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CA DEPARTMENT OF PUBLIC HEALTH 351 N MOUNTAIN VIEW AVENUE SAN BERNARDINO CA 92415	\$ 508,867	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF RIVERSIDE 4275 LEMON ST. RIVERSIDE CA 92501	\$ 142,946	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HELUNA HEALTH 13300 CROSSROADS PKWY N #450 CITY OF INDUSTRY CA 91746	\$ 79,746	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	INLAND EMPIRE HEALTH PLAN PO BOX 1800 RANCHO CUCAMONGA CA 91729-1800	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KAISER PERMANENTE 75 N. FAIR OAKS, 4TH FLOOR PASADENA CA 91103	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MOLINA HEALTHCARE OF CALIFORNIA 200 OCEANGATE SUITE 100 LONG BEACH CA 90802	\$ 173,586	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

PAGE 2 OF 3

Page 2

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RIVERSIDE POLICE FOUNDATION 4102 ORANGE ST. RIVERSIDE CA 92501-3671	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RIVERSIDE UNIVERSITY HEALTH SYSTEM 26520 CACTUS AVENUE MORENO VALLEY CA 92555	\$ 146,323	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SAN MANUEL BAND OF MISSION INDIANS 26569 COMMUNITY CENTER DR. HIGHLAND CA 92346	\$ 6,110	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	STATER BROS CHARITIES PO BOX 150 SAN BERNARDINO CA 92402	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CANYON CREST COUNTRY CLUB 975 COUNTRY CLUB DR. RIVERSIDE CA 92506	\$ 9,397	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CANYON CREST COUNTRY CLUB WOMEN'S AUXILIARY 975 COUNTRY CLUB DR. RIVERSIDE CA 92506	\$ 6,689	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DEPARTMENT OF HEALTH CARE SERVICES PO BOX 997413 SACRAMENTO CA 95899-7413	\$ 224,034	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
14	CALIFORNIA HEALTH CARE FOUNDATION 1415 L ST #820 SACRAMENTO CA 95814	\$ 55,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

SCHEDULE D**(Form 990)**

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

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

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

Part II Conservation Easements

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

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

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

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

 Yes No

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

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

\$

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

 Yes No

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

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

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

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

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

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

\$

(ii) Assets included in Form 990, Part X

\$

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

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

\$

b Assets included in Form 990, Part X

\$

Schedule D (Form 990) (Rev. 12-2024) **RIVERSIDE COMMUNITY HEALTH****23-7276444****Page 2****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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	87,401,047	79,782,312	95,416,504	88,727,778	82,042,485
b Contributions	1,994,873	817,000			
c Net investment earnings, gains, and losses	10,047,231	11,985,193	-14,970,337	9,245,906	9,245,907
d Grants or scholarships					
e Other expenditures for facilities and programs	4,356,538	5,183,458	663,855	2,557,180	2,557,180
f Administrative expenses					3,433
g End of year balance	95,086,613	87,401,047	79,782,312	95,416,504	88,727,778

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:

(i) Unrelated organizations?

(ii) Related organizations?

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.

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

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		12,005,216	3,730,983	8,274,233
c Leasehold improvements				
d Equipment		422,043	378,877	43,166
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,430,460

Schedule D (Form 990) (Rev. 12-2024) **RIVERSIDE COMMUNITY HEALTH****23-7276444**

Page 3

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	977,558
(3) OPERATING LEASE LIABILITY	93,148
(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))	1,124,292

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 PRECEDING 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 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 ORGANIZATION 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, 2024 AND DECEMBER 31, 2023. 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.

Part XIII Supplemental Information (continued)

**SCHEDULE F
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part V Supplemental Information

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

SCHEDULE G**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of nongovernment grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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.

Schedule G (Form 990) (Rev. 12-2024) **RIVERSIDE COMMUNITY HEALTH****23-7276444**Page **2**

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 PINK ON PARADE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	86,689		86,689
	2 Less: Contributions	41,235		41,235
	3 Gross income (line 1 minus line 2)	45,454		45,454
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)			45,454

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

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

b If "Yes," explain: _____

Schedule G (Form 990) (Rev. 12-2024) **RIVERSIDE COMMUNITY HEALTH****23-7276444**

Page 3

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 the 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.

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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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)	A COMING OF AGE TO ADULTHOOD INC. PO BOX 964 MORENO VALLEY CA 92552	20-0039211	501C3	30,000				MENTAL HEALTH WELL
(2)	COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE CA 92507	95-0642985	501C3	537,542				GENERAL SUPPORT
(3)	RIVERISDE AREA RAPE CRISIS CENTER 1845 CHICAGO AVE A RIVERSIDE CA 92507	95-3245057	501C3	30,000				MENTAL HEALTH WELL
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

DAA

Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) (Rev. 12-2024) **RIVERSIDE COMMUNITY HEALTH**

23-7276444

Page 2

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 GRANTEES WHICH
INCLUDE STATISTICAL INFORMATION ON SERVICES RENDERED AND FINANCIAL
INFORMATION ON THE DISPOSITION OF THE GRANT FUNDS.

SCHEDULE J**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated EmployeesComplete 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

**Open to Public
Inspection**

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**Employer identification number
23-7276444**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SHENE BOWIE-HUSSEY 1 PAST PRESIDENT & CEO	(i) 194,016	0	0	0	7,447	201,463	0
		(ii) 0	0	0	0	0	0	0
2	NINFA DELGADO 2 PRESIDENT & CEO	(i) 149,024	0	0	0	13,000	162,024	0
		(ii) 0	0	0	0	0	0	0
3	KHYATI MEHTA 3 DIRECTOR OF FINANCE	(i) 160,025	0	0	0	23,000	183,025	0
		(ii) 0	0	0	0	0	0	0
4		(i) .....	.....	.....	.....	.....	.....	.....
5		(i) .....	.....	.....	.....	.....	.....	.....
6		(i) .....	.....	.....	.....	.....	.....	.....
7		(i) .....	.....	.....	.....	.....	.....	.....
8		(i) .....	.....	.....	.....	.....	.....	.....
9		(i) .....	.....	.....	.....	.....	.....	.....
10		(i) .....	.....	.....	.....	.....	.....	.....
11		(i) .....	.....	.....	.....	.....	.....	.....
12		(i) .....	.....	.....	.....	.....	.....	.....
13		(i) .....	.....	.....	.....	.....	.....	.....
14		(i) .....	.....	.....	.....	.....	.....	.....
15		(i) .....	.....	.....	.....	.....	.....	.....
16		(i) .....	.....	.....	.....	.....	.....	.....

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.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service
Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

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

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**

RIVERSIDE COMMUNITY HEALTH FOUNDATION (RCHF), RECOGNIZES THAT INVESTING IN THE HEALTH OF WOMEN AND MOTHERS HAS A PROFOUND EFFECT ON ENTIRE FAMILIES AND ENTIRE COMMUNITIES. RCHF PRIORITIZES THE WELL-BEING OF BIRTHING INDIVIDUALS AND NEW PARENTS. THROUGH INITIATIVES LIKE THE BIRTHWORKERS COLLABORATIVE OF THE INLAND EMPIRE (BCIE), CHILDBIRTH PREPARATION CLASSES, ABRIENDO PUERTAS/OPENING DOORS, AND THE MOTHERS AND BABIES (MYB) PROGRAM, RCHF PROVIDES THE ESSENTIAL EDUCATION, RESOURCES, AND SUPPORT THAT WOMEN NEED TO NAVIGATE THEIR HEALTH JOURNEY WITH CONFIDENCE.

THE BIRTHWORKERS COLLABORATIVE OF THE INLAND EMPIRE (BCIE) HAS BEEN A BEACON OF SUPPORT FOR LOCAL BIRTH WORKERS, INCLUDING DOULAS, MIDWIVES, LACTATION CONSULTANTS, AND THERAPISTS, HELPING THEM PROVIDE CULTURALLY COMPETENT CARE DURING PREGNANCY, CHILDBIRTH, AND POSTPARTUM. THIS YEAR, RCHF WORKED DILIGENTLY TO INCREASE THE NUMBER OF DOULAS ENROLLED AS MEDICAL PROVIDERS. THEY GUIDED 30 DOULAS THROUGH THE PROVIDER APPLICATION AND VALIDATION FOR ENROLLMENT (PAVE) PROCESS, AND 60% OF THEM ARE NOW ABLE TO RECEIVE MEDICAL REIMBURSEMENTS FOR THEIR SERVICES. THIS ENSURES THAT MORE WOMEN IN RIVERSIDE COUNTY CAN ACCESS THE CARE THEY DESERVE, REGARDLESS OF THEIR FINANCIAL SITUATION.

THE COMMUNITY DOULA TRAINING PROGRAM ALSO MADE SIGNIFICANT STRIDES IN 2024, WITH 15 INDIVIDUALS COMPLETING A COMPREHENSIVE 30-HOUR TRAINING TO PREPARE THEM FOR A CAREER IN BIRTH WORK. WITH A 100% SUCCESS RATE IN ADVANCING PARTICIPANTS' KNOWLEDGE, THE TRAINING HAS HELPED CULTIVATE A NEW GENERATION OF COMPASSIONATE, SKILLED DOULAS READY TO SUPPORT FAMILIES IN THEIR MOST VULNERABLE MOMENTS. THIS TRAINING IS JUST ONE EXAMPLE OF RCHF'S COMMITMENT TO BUILDING A STRONG NETWORK OF CARE PROVIDERS WHO ARE DEDICATED TO THE HEALTH AND WELL-BEING OF RIVERSIDE'S MOTHERS AND BABIES.

RCHF'S WORK DID NOT STOP AT PHYSICAL HEALTH. MENTAL HEALTH IS AN INTEGRAL PART OF MATERNAL CARE, AND RCHF'S MOTHERS AND BABIES (MYB) PROGRAM ENSURED THAT NEW AND EXPECTING MOTHERS HAVE THE TOOLS TO THRIVE EMOTIONALLY AS WELL AS PHYSICALLY. THIS PROGRAM, WHICH FOCUSES ON ADDRESSING POSTPARTUM DEPRESSION AND BUILDING HEALTHY PARENT-CHILD RELATIONSHIPS, SAW 108 MOTHERS SUCCESSFULLY COMPLETE THE 8-WEEK COURSE IN 2024. THE RESULTS WERE STRIKING: 74% OF PARTICIPANTS SHOWED A REDUCTION IN DEPRESSIVE SYMPTOMS, WITH 34% EXPERIENCING SUBSTANTIAL IMPROVEMENTS. BY ADDRESSING BOTH MENTAL AND PHYSICAL HEALTH NEEDS, RCHF IS HELPING MOTHERS FEEL EMPOWERED AND SUPPORTED EVERY STEP OF THE WAY.

CHRONIC DISEASE PREVENTION AND MANAGEMENT (CDPM)

CHRONIC DISEASE PREVENTION & MANAGEMENT (CDPM)
RESIDENTS IN RCHF'S SERVICE AREA EXPERIENCE SIGNIFICANTLY HIGHER RATES OF

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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CHRONIC DISEASES, INCLUDING DIABETES AND OBESITY, COMPARED TO THE BROADER RIVERSIDE COUNTY. OBESITY RATES AMONG ADULTS AND TEENS IN THIS AREA EXCEED 30%, WITH SOME ZIP CODES SURPASSING 40%. ADDITIONALLY, MANY RESIDENTS FACE BARRIERS TO ACCESSING HEALTHCARE AND PREVENTIVE SERVICES, ESPECIALLY FOR CRITICAL SCREENINGS LIKE THOSE FOR DIABETES, HYPERTENSION, AND CANCER. THIS HAS LED TO SCREENING RATES THAT ARE LOWER THAN THE COUNTY AVERAGE.

TO ADDRESS THESE HEALTH DISPARITIES, THE CHRONIC DISEASE PREVENTION & MANAGEMENT DIVISION OFFERS A COMPREHENSIVE RANGE OF SERVICES AND PROGRAMS, INCLUDING THE (1) NATIONAL DIABETES PREVENTION PROGRAM (NDPP): DESIGNED TO PREVENT TYPE 2 DIABETES, (2) HEALTH EDUCATION CLASSES: FOCUSED ON NUTRITION, PHYSICAL ACTIVITY, AND OTHER HEALTHY LIVING PRACTICES AND (3) SPECIALIZED HYPERTENSION MANAGEMENT CLASSES: TO HELP RESIDENTS MANAGE HIGH BLOOD PRESSURE.

ADDITIONALLY, THE PINK RIBBON PLACE OFFERS INVALUABLE SUPPORT FOR CANCER SURVIVORS AND THEIR FAMILIES, PROVIDING COUNSELING, SUPPORT GROUPS, AND HEALTH NAVIGATION SERVICES. THESE INITIATIVES AIM TO IMPROVE HEALTH OUTCOMES AND ENHANCE THE QUALITY OF LIFE FOR THOSE AFFECTED BY CHRONIC DISEASES.

REACHING RESIDENTS

ENGAGING RESIDENTS IS CRUCIAL TO IMPROVING COMMUNITY HEALTH OUTCOMES. THIS ENGAGEMENT OCCURS THROUGH DIRECT PROGRAMMING, SUCH AS WORKSHOPS AND CLASSES, AND OUTREACH ACTIVITIES. IN 2024, THE CDPM BRANCH SERVED: (1) 5,428 PROGRAM PARTICIPANTS, WITH 58% TAKING PART IN PHYSICAL ACTIVITY CLASSES AND (2) 7,703 RESIDENT ENCOUNTERS THROUGH VARIOUS OUTREACH EFFORTS FOR CDPM PROGRAMS. THE OUTREACH INCLUDES PRESENTATIONS, ATTENDANCE AT EVENTS, AND A SOCIAL MEDIA CAMPAIGN DESIGNED TO RAISE AWARENESS OF RCHF'S SERVICES AND PROGRAMS.

HELPING RESIDENTS PREVENT DIABETES

THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP), RECOGNIZED BY THE CDC, IS A YEAR-LONG PROGRAM DESIGNED TO PREVENT OR DELAY TYPE 2 DIABETES. PARTICIPANTS RECEIVE EDUCATION ON NUTRITION, EXERCISE, STRESS MANAGEMENT, AND STRATEGIES TO SUPPORT A HEALTHY LIFESTYLE. KEY ACCOMPLISHMENTS INCLUDE: (1) 59% OF PARTICIPANTS REPORTED LOSING 5-7% OF THEIR BODY WEIGHT AFTER COMPLETING THE PROGRAM, (2) 100% OF PARTICIPANTS MADE PROGRESS OR ACHIEVED THEIR GOAL OF INCREASING PHYSICAL ACTIVITY, (3) 100% MADE PROGRESS OR ACHIEVED THEIR GOAL OF HEALTHIER EATING, (4) 86% OF PARTICIPANTS WOULD RECOMMEND THE PROGRAM TO OTHERS, AND (5) 79% ARE CONFIDENT IN MAINTAINING THE LIFESTYLE CHANGES THEY LEARNED.

PROGRAM SPOTLIGHT: PULSE OF CHANGE

IN COLLABORATION WITH SEVEN OTHER ORGANIZATIONS ACROSS CALIFORNIA, RCHF WAS SELECTED BY THE CALIFORNIA HEALTH CARE FOUNDATION TO HELP CREATE A SAFER AND STRONGER HEALTH SYSTEM FOR BLACK CALIFORNIANS. THE PULSE OF CHANGE INITIATIVE FOCUSES ON REDUCING HYPERTENSION RATES AMONG BLACK ADULTS IN RIVERSIDE COUNTY THROUGH EARLY SCREENING AND INTERVENTION, USING COMMUNITY AND FAITH-BASED PARTNERSHIPS. THROUGH THIS INITIATIVE, RCHF PROVIDES: (1)

**SCHEDULE O
(Form 990)**

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		23-7276444

FREE ON-SITE COMMUNITY-BASED BLOOD PRESSURE SCREENINGS, (2) REFERRALS FOR PATIENTS IDENTIFIED WITH HIGH BLOOD PRESSURE TO ENSURE PROMPT CARE, AND (3) EDUCATIONAL WORKSHOPS ON HYPERTENSION AND HEART HEALTH.

IN 2024, PULSE OF CHANGE SCREENED 317 RESIDENTS AT 16 EVENTS, RAISING AWARENESS OF HYPERTENSION RISKS AND RECRUITING PARTICIPANTS FOR WORKSHOPS. THE SCREENINGS REVEALED THAT 72% OF PARTICIPANTS HAD STAGE 1 OR HIGHER HYPERTENSION, WITH 56% OF THOSE DIAGNOSED WITH HYPERTENSION STILL HAVING UNMANAGED CONDITIONS. FEEDBACK FROM RESIDENTS HIGHLIGHT THE PROGRAM'S POSITIVE IMPACT ON THE COMMUNITY, WITH ONE RESIDENT STATING, "KNOWLEDGE IS POWER, AND INFO ON HEART HEALTH AND DIABETES IS NEEDED IN OUR COMMUNITY."

THE PINK RIBBON PLACE

THE PINK RIBBON PLACE CANCER RESOURCE CENTER OFFERS A BROAD SPECTRUM OF SUPPORT FOR CANCER SURVIVORS AND THEIR FAMILIES, INCLUDING COUNSELING, SUPPORT GROUPS, HEALTH EDUCATION WORKSHOPS, AND A PRODUCT BANK FOR WIGS, BRAS, AND PROSTHESES.

WOMEN'S CANCER SEMINARS

IN 2024, RCHF HOSTED THE SOUTHERN CALIFORNIA WOMEN'S CANCER SEMINARS IN BOTH ENGLISH AND SPANISH, AT ORANGE TERRACE COMMUNITY CENTER AND HUNT PARK, RESPECTIVELY. THESE SEMINARS EMPOWER FEMALE CANCER SURVIVORS BY PROVIDING EDUCATION AND DIRECT WORKSHOPS. KEY ACCOMPLISHMENTS FROM THE SEMINARS INCLUDE: (1) 84% OF ATTENDEES REPORTED AN INCREASE IN THEIR KNOWLEDGE OF CANCER-RELATED TOPICS, (2) 70% FELT MORE CONFIDENT NAVIGATING RESOURCES FOR CANCER SURVIVORS, AND (3) 77% RATED THE SEMINARS AS "EXCELLENT."

COUNSELING AND SUPPORT GROUPS

PINK RIBBON PLACE OFFERS INDIVIDUALIZED COUNSELING AND SUPPORT GROUPS TO CANCER SURVIVORS, THEIR FAMILIES, AND CAREGIVERS. KEY ACCOMPLISHMENTS INCLUDE: (1) 61 CLIENTS TOOK PART IN SUPPORT GROUPS, ATTENDING A TOTAL OF 150 SESSIONS AND (2) 7 CLIENTS RECEIVED INDIVIDUAL COUNSELING SUPPORT THROUGH 34 SESSIONS.

RESULTS SHOWED THAT 100% OF PARTICIPANTS FELT MORE CONNECTED THROUGH THE SUPPORT GROUPS, WITH HALF STRONGLY AGREEING. ADDITIONALLY, 100% OF ATTENDEES FELT THE SESSIONS IMPROVED THEIR PERSONAL WELL-BEING, AND 75% REPORTED IMPROVEMENTS IN THEIR RELATIONSHIPS WITH FAMILY AND LOVED ONES.

PHYSICAL ACTIVITY PROGRAMS

THE AQUAMOTION WATER AEROBICS AND OTHER FITNESS CLASSES HAVE HAD A PROFOUND IMPACT, WITH 100% OF PARTICIPANTS REPORTING THAT THE PROGRAMS INSPIRED THEM TO INCORPORATE PHYSICAL ACTIVITY INTO THEIR DAILY LIVES. THESE CLASSES PLAY A KEY ROLE IN IMPROVING OVERALL HEALTH AND WELL-BEING.

SUPPORT FOR BREAST CANCER SURVIVORS

THE PINK RIBBON PLACE OFFERS CRITICAL SUPPORT TO BREAST CANCER SURVIVORS THROUGH ITS WIG BANK AND BRA BANK. THE WIG BANK PROVIDES WIGS TO INDIVIDUALS EXPERIENCING HAIR LOSS DUE TO CANCER TREATMENT. THE BRA BANK OFFERS BREAST PROSTHESES AND MASTECTOMY BRAS FOR THOSE WHO HAVE UNDERGONE

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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Inspection

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**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

MASTECTOMY PROCEDURES. IN 2024, RCHF DISTRIBUTED 175 ITEMS TO 174 CLIENTS, ENSURING THAT SURVIVORS HAVE ACCESS TO THE PRODUCTS THEY NEED TO FEEL COMFORTABLE AND CONFIDENT DURING THEIR RECOVERY.

TEEN HEALTH

IN RIVERSIDE COUNTY, THE PATH TO BETTER HEALTH FOR OUR YOUTH BEGINS WITH EDUCATION, EMPOWERMENT, AND THE REMOVAL OF BARRIERS TO CARE. RCHF'S TEEN HEALTH PROGRAM IS AT THE HEART OF THIS MISSION, PROVIDING TEENS WITH THE KNOWLEDGE, RESOURCES, AND SUPPORT THEY NEED TO MAKE INFORMED CHOICES ABOUT THEIR HEALTH AND WELL-BEING. THANKS TO THE GENEROUS SUPPORT OF THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH'S MATERNAL, CHILD, AND ADOLESCENT HEALTH (CDPH/MCAH) FUNDING, THE TEEN HEALTH TEAM HAS BEEN ABLE TO EXPAND ITS REACH AND IMPACT IN PROFOUND WAYS.

SINCE 2022, THE PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP) HAS REACHED OVER 2,700 STUDENTS ACROSS LOCAL SCHOOLS, USING THE MAKING PROUD CHOICES! CURRICULUM. THIS EVIDENCE-BASED PROGRAM EQUIPS YOUNG PEOPLE WITH THE TOOLS TO PREVENT UNINTENDED PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS, FOSTERING HEALTHY DECISION-MAKING AND RESPONSIBLE BEHAVIORS AMONG TEENS. THE WORK DOES NOT STOP AT EDUCATION. RCHF UNDERSTAND THAT ACCESS TO REPRODUCTIVE HEALTH SERVICES IS CRUCIAL TO THE OVERALL HEALTH OF YOUNG PEOPLE, AND SYSTEMIC BARRIERS TOO OFTEN PREVENT TEENS FROM RECEIVING THE CARE THEY NEED. WITH THIS IN MIND, RCHF LAUNCHED AN ONLINE STORE AIMED AT INCREASING ACCESSIBILITY TO REPRODUCTIVE HEALTH PRODUCTS. SURVEYS REVEALED THAT 60% OF TEENS TYPICALLY OBTAIN BIRTH CONTROL METHODS THROUGH CLINICS OR HOSPITALS, YET MANY FACE SIGNIFICANT CHALLENGES IN DOING SO (TRANSPORTATION ISSUES, PARENTAL CONCERNs, AND LACK OF INSURANCE WERE COMMONLY CITED AS OBSTACLES). SHOCKINGLY, TWO-THIRDS OF YOUTH SURVEYED HAD NEVER VISITED A RIVERSIDE COUNTY CLINIC FOR REPRODUCTIVE HEALTH SERVICES. THESE INSIGHTS HAVE DRIVEN OUR COMMITMENT TO NOT ONLY EDUCATING BUT ALSO TO DISMANTLE THE BARRIERS THAT PREVENT YOUNG PEOPLE FROM ACCESSING CRITICAL CARE.

IN THIS ONGOING EFFORT, RCHF HAS SEEN THE TRANSFORMATIVE POWER OF COMMUNITY-DRIVEN SOLUTIONS. THE YOUTH ADVISORY PROGRAM, FUNDED BY THE INFORMATION & EDUCATION GRANT FROM ASH ED, STANDS AS A SHINING EXAMPLE OF THIS. THROUGH THIS INITIATIVE, 13 YOUNG PEOPLE, RANGING IN AGE FROM 12 TO 22, HAVE BEEN EMPOWERED TO BECOME LEADERS AND ADVOCATES FOR THEIR PEERS. THESE YOUTH ADVISORS RECEIVE EXTENSIVE TRAINING IN LEADERSHIP, SEXUAL AND REPRODUCTIVE HEALTH, AND MENTAL HEALTH, EQUIPPING THEM TO BE TRUSTED VOICES IN THEIR COMMUNITIES.

THE RESULTS SPEAK FOR THEMSELVES. ONE YOUTH PARTICIPANT REFLECTED, "I LEARNED HOW TO TALK TO COMMUNITY MEMBERS I DID NOT KNOW AND GAINED INSIGHTS INTO THE IMPORTANCE OF MARKETING AND PRESENTATION. I ALSO IMPROVED MY TIME MANAGEMENT SKILLS AND LEARNED MORE ABOUT VARIOUS SEXUAL HEALTH CONCEPTS." THIS EXPERIENCE ISN'T JUST ACADEMIC, IT'S DEEPLY PERSONAL. ADVISORS LIKE AFRICA VALENCIA AND SEBASTIAN BELTRAN HAVE NOT ONLY CONTRIBUTED THEIR KNOWLEDGE AND ENTHUSIASM BUT HAVE ALSO BEEN RECOGNIZED FOR THEIR LEADERSHIP, BEING INVITED TO JOIN RCHF AS PART-TIME COMMUNITY HEALTH

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
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Inspection

Name of the organization	RIVERSIDE COMMUNITY HEALTH FOUNDATION	Employer identification number 23-7276444
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WORKERS. THEIR STORIES EXEMPLIFY THE SUCCESS OF THE YOUTH ADVISORY PROGRAM, SHOWING HOW INVESTING IN YOUTH CAN LEAD TO REAL, LASTING CHANGE. AFRICA AND SEBASTIAN'S JOURNEY IS A TESTAMENT TO THE POWER OF YOUTH LEADERSHIP. BOTH HAVE STOOD OUT FOR THEIR COMMITMENT TO SERVICE AND ENGAGEMENT, AND THEIR RECENT OPPORTUNITY TO PRESENT AT THE ANNUAL STATE MEETING IN FEBRUARY 2024 FURTHER SOLIDIFIED THEIR ROLES AS INFLUENTIAL COMMUNITY ADVOCATES. THEIR EXPERIENCES REFLECT THE EXTRAORDINARY POTENTIAL THAT LIES WITHIN YOUNG PEOPLE WHEN GIVEN THE OPPORTUNITY TO LEAD.

AS PART OF RCHF'S VISION TO EMPOWER YOUTH, THESE STORIES OF SUCCESS ARE CELEBRATED, KNOWING THAT BY INVESTING IN THE NEXT GENERATION A RIPPLE EFFECT CAN BE CREATED THAT WILL HELP THE ENTIRE COMMUNITY. THE TEEN HEALTH PROGRAM IS NOT ONLY PREPARING YOUTH FOR HEALTHIER LIVES TODAY BUT ALSO CULTIVATING LEADERS WHO WILL CONTINUE TO INSPIRE POSITIVE CHANGE FOR YEARS TO COME.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
DURING 2024 THERE WERE VARIOUS OTHER PROGRAMS RELATED TO COMMUNITY HEALTH INCLUDING THE EASTSIDE HEAL ZONE (HEALTHY EATING ACTIVE LIVING) COLLABORATIVE AND THE REAL COMMUNITY GROUP (RESIDENTS OF EASTSIDE ACTIVE IN LEADERSHIP).

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 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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service
Related Organizations and Unrelated Partnerships

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.

OMB No. 1545-0047

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

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes
(1) COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE	95-0642985 CA 92507		CA	501C3	10	N/A	X
(2)							
(3)							
(4)							
(5)							

Schedule R (Form 990) (Rev. 12-2024) RIVERSIDE COMMUNITY HEALTH

23-7276444

Page 2

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	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	537,542	
(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			
(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.

926

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service**Return by a U.S. Transferor of Property
to a Foreign Corporation**

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

OMB No. 1545-0026

Attachment
Sequence No. **128****Part I U.S. Transferor Information (see instructions)**

Name of transferor

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Identifying number (see instructions)

23-7276444

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No

b Did the transferor remain in existence after the transfer? Yes No
If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership
CANTERBURY PRIVATE INCOME FUND I LP	92-0855495

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No

c Is the partner disposing of its **entire** interest in the partnership? Yes No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
GOLDETREE PRIVATE CREDIT FUND LP

5a Identifying number, if any
98-1670253

6 Address (including country)
190 ELGIN AVENUE GRAND CAYMAN
GEORGE TOWN CJ KY1-9008 CAYMAN ISLANDS

5b Reference ID number
(see instructions)

7 Country code of country of incorporation or organization (see instructions)
CJ

8 Foreign law characterization (see instructions)
CORPORATION

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

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **926** (Rev. 11-2018)

Part III Information Regarding Transfer of Property (see instructions)**Section A—Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/24		111,409		

10 Was cash the only property transferred? Yes No

If "Yes," skip the remainder of Part III and go to Part IV.

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

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

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

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No

If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

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

13 Did the transferor transfer property described in section 367(d)(4)? Yes No

If "No," skip Section C and questions 14a through 15.

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

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

14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

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

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

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.

(a) Before 2.63 % (b) After 0.78 %

17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

- a** Gain recognition under section 904(f)(3)
- b** Gain recognition under section 904(f)(5)(F)
- c** Recapture under section 1503(d)
- d** Exchange gain under section 987

19 Did this transfer result from a change in entity classification?

20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.

If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
c Did the domestic corporation not recognize gain or loss on the distribution of property because the _____

- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?
- 1 Did a domestic corporation make a Section 255 distribution of stock in a foreign controlled corporation

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions

Form **926** (Rev. 11-2018)

Federal Statements

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST AND DIVIDENDS	\$ 2,305,537		14	CA		
TOTAL	\$ 2,305,537					

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	\$ 371,211	\$ 209,825	\$ 140,479	\$ 20,907
PAYROLL FEES	16,453		16,453	
TOTAL	\$ 387,664	\$ 209,825	\$ 156,932	\$ 20,907

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES & SUBSCRIPTIONS	\$ 18,066	\$ 16,620	\$ 1,446	\$
AUTOMOBILE EXPENSE	13,799	10,405	3,244	150
TAXES & LICENSES	5,307	1,105	3,206	996
BANK FEES	2,814		2,356	458
AMORTIZATION - ROU ASSETS	244		244	
TOTAL	\$ 40,230	\$ 28,130	\$ 10,496	\$ 1,604

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470STREET ADDRESS:
1300 I Street
Sacramento, CA 95814WEBSITE ADDRESS:
www.oag.ca.gov/charitiesANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIASections 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

NINFA@RCHF.ORG

E-mail Address

Check if:

Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 014764Corporation or Organization No. 0679957Federal 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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/24 ending 12/31/24) list:

Total Revenue \$ (including noncash contributions)	<u>6,525,516</u>	Noncash Contributions \$	<u>0</u>	Total Assets \$	<u>109,261,943</u>
Program Expenses \$	<u>5,672,015</u>	Total Expenses \$	<u>6,744,002</u>		

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

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

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

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

NINFA DELGADO

PRESIDENT & CEO

Signature of Authorized Agent

Printed Name

Title

Date

California Statements

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**
2024 **Annual Information Return**

FORM

199

Calendar Year 2024 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return?		
<input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized		
Enter date: (mm/dd/yyyy) <input type="checkbox"/>		
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		
F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series		
G Is this a group filing? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H Is this organization in a group exemption	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," what is the parent's name? _____		
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," enter the gross receipts from nonmember sources \$ _____		
L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date filed with IRS _____		

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	<input checked="" type="checkbox"/> 1 4,905,000 00
	2 Gross dues and assessments from members and affiliates	<input checked="" type="checkbox"/> 2 00
	3 Gross contributions, gifts, grants, and similar amounts received	<input checked="" type="checkbox"/> 3 1,663,531 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	<input checked="" type="checkbox"/> 4 6,568,531 00
Expenses	5 Cost of goods sold	<input checked="" type="checkbox"/> 5 00
	6 Cost or other basis, and sales expenses of assets sold	<input checked="" type="checkbox"/> 6 43,015 00
Payments	7 Total costs. Add line 5 and line 6	<input checked="" type="checkbox"/> 7 43,015 00
	8 Total gross income. Subtract line 7 from line 4	<input checked="" type="checkbox"/> 8 6,525,516 00
	9 Total expenses and disbursements. From Side 2, Part II, line 18	<input checked="" type="checkbox"/> 9 6,744,002 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<input checked="" type="checkbox"/> 10 -218,486 00
	11 Total payments	<input checked="" type="checkbox"/> 11 0 00
12 Use tax. See General Information K	<input checked="" type="checkbox"/> 12 0 00	
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input checked="" type="checkbox"/> 13 0 00	
14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input checked="" type="checkbox"/> 14 0 00	
15 Penalties and interest. See General Information J	<input checked="" type="checkbox"/> 15 0 00	
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<input checked="" type="checkbox"/> 16 0 00	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Signature of officer ►	Title PRESIDENT & CEO	Date 09/19/2025	<input checked="" type="checkbox"/> Telephone 951-788-3471
Paid Preparer's Use Only	Preparer's signature ► 	Date 09/19/2025	<input checked="" type="checkbox"/> PTIN P01259082
	Firm's name (or yours, if self-employed) and address ► ROORDA, PIQUET & BESSEE, INC. 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175	Check if self-employed ► <input type="checkbox"/>	<input checked="" type="checkbox"/> Firm's FEIN 33-0252865
			<input checked="" type="checkbox"/> Telephone 951-684-7781
	May the FTB discuss this return with the preparer shown above? See instructions		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

RIVERSIDE COMMUNITY HEALTH

23-7276444

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

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	● 1	93,015	00
	2 Interest	● 2		00
	3 Dividends	● 3	2,305,537	00
	4 Gross rents	● 4	607,230	00
	5 Gross royalties	● 5		00
	6 Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	● 6	1,853,764	00
	7 Other income. Attach schedule	● 7	45,454	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	4,905,000	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 3	● 9	597,542	00
	10 Disbursements to or for members	● 10		00
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 4	● 11		00
	12 Other salaries and wages	● 12	3,291,483	00
	13 Interest	● 13	108,036	00
	14 Taxes	● 14		00
	15 Rents	● 15	51,236	00
	16 Depreciation and depletion (See instructions) SEE STATEMENT 5	● 16	345,066	00
	17 Other expenses and disbursements. Attach schedule	● 17	2,350,639	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	● 18	6,744,002	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		5,455,287		● 3,559,123
2 Net accounts receivable		526,404		● 601,216
3 Net notes receivable STMT 6		6,205		●
4 Inventories		71,753		● 76,739
5 Federal and state government obligations				●
6 Investments in other bonds STMT 7		10,458,622		● 12,810,826
7 Investments in stock STMT 8		53,201,302		● 56,206,166
8 Mortgage loans				●
9 Other investments. Attach schedule STMT 9		24,013,316		● 26,154,669
10 a Depreciable assets	12,366,685		12,427,259	
b Less accumulated depreciation	3,822,305	8,544,380	4,109,860	8,317,399
11 Land		1,113,061		● 1,113,061
12 Other assets. Attach schedule STMT 10		400,177		● 422,744
13 Total assets		103,790,507		109,261,943
Liabilities and net worth				
14 Accounts payable		555,271		● 304,627
15 Contributions, gifts, or grants payable		30,000		● 45,000
16 Bonds and notes payable				●
17 Mortgages payable				●
18 Other liabilities. Attach schedule STMT 11		3,840,954		3,543,659
19 Capital stock or principal fund				●
20 Paid-in or capital surplus. Attach reconciliation				●
21 Retained earnings or income fund		99,364,282		● 105,368,657
22 Total liabilities and net worth		103,790,507		109,261,943

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

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

1 Net income per books	● 6,004,375	7 Income recorded on books this year not included in this return. Attach schedule SEE STMT 12	
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	● 6,222,861
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	● 6,222,861
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6	-218,486
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5	6,004,375		

California Statements

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

Description		How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
AXIOM INTL SMALL MICRO CAP OPP FUND PURCHASE						\$ 87,206	\$	\$	\$
CANTERBURY CONSULTING PC FUND II PURCHASE						20,775			
CANTERBURY STEPSTONE PURCHASE						12,266			
CCI CORE BOND PURCHASE						117,945			
CNB ANNUITY PURCHASE						86			
CNB ANNUITY PURCHASE						3,677			
CNB ARISTOTLE PURCHASE						20,726			
CNB MUTUAL FUNDS PURCHASE							42,699		42,699
CNB MUTUAL FUNDS PURCHASE						18,155			
CNB PRIVATE INCOME FUND I LP PURCHASE						104,785			
CNB WCM PURCHASE						25,517			
GOLDEN TREE SELECT OFFSHORE PURCHASE						280,602			
HAWK RIDGE PARTNERS OFFSHORE PURCHASE						83,645			
KING STREET CAPITAL LTD PURCHASE						95,020			
SILVER POINT CAPITAL OFFSHORE LTD PURCHASE						223,279			
STEBLER - LONG TERM PURCHASE						54,213			
STEBLER - SHORT TERM PURCHASE						633			

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
UBS - LONG TERM PURCHASE				\$ 700,363	\$	\$	\$
UBS - SHORT TERM PURCHASE				3,412			
OTHER PURCHASE				1,459			
APPLE IPAD 16GB BLACK PURCHASE		5/31/14	12/31/24		434	434	
APPLE IPAD 16GB BLACK PURCHASE		5/31/14	12/31/24		434	434	
APPLE IPAD 16GB BLACK PURCHASE		5/31/14	12/31/24		434	434	
APPLE IPAD 16GB BLACK PURCHASE		5/31/14	12/31/24		434	434	
APPLE IPAD 16GB BLACK PURCHASE		5/31/14	12/31/24		434	434	
OPTIPLEX 3020 COMPUTER PURCHASE		12/29/14	12/31/24		899	899	
OPTIPLEX 3020 COMPUTER PURCHASE		12/29/14	12/31/24		899	899	
LAPTOP LATITUDE 15 5000 SERIES PURCHASE		12/29/14	12/31/24		791	791	
LAPTOP LATITUDE 15 5000 SERIES PURCHASE		12/29/14	12/31/24		791	791	
LAPTOP LATITUDE 15 5000 SERIES PURCHASE		12/29/14	12/31/24		791	791	
LAPTOP LATITUDE 15 5000 SERIES PURCHASE		12/29/14	12/31/24		791	791	
LAPTOP LATITUDE 15 5000 SERIES PURCHASE		12/29/14	12/31/24		791	791	
COMPUTER AND MONITOR PURCHASE		5/31/14	12/31/24		792	792	
COMPUTER AND MONITOR PURCHASE		5/31/14	12/31/24		792	792	
COMPUTERS (DELL) PURCHASE		3/31/15	12/31/24	7,408	7,408	7,408	

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
COMPUTERS (DELL)								
	PURCHASE		11/01/16	12/31/24	\$	\$ 5,470	\$ 5,470	\$
COMPUTERS TPRP								
	PURCHASE		5/04/16	12/31/24		1,070		1,070
COMPUTER UPGRADES								
	PURCHASE		12/01/18	12/31/24		636		636
COMPUTER UPGRADES								
	PURCHASE		12/01/18	12/31/24		8,493		8,493
COMPUTER UPGRADES								
	PURCHASE		12/01/18	12/31/24		566		566
COMPUTER UPGRADES								
	PURCHASE		12/01/18	12/31/24		2,057		2,057
COMPUTER UPGRADES								
	PURCHASE		12/01/18	12/31/24		3,790		3,790
3 LAPTOPS								
	PURCHASE		2/01/19	12/31/24		3,931		3,931
COMPUTER FOR KANALE R.								
	PURCHASE		5/01/19	12/31/24		1,028		1,028
COMPUTER EQUIPMENT								
	PURCHASE		12/11/19	12/31/24		3,778		3,778
LAPTOPS AND DOCKING STATION								
	PURCHASE		12/31/19	12/31/24		3,106		3,106
INTEGRATION COST FOR MINDBODY AND BRANDED APP								
	PURCHASE		12/16/19	12/31/24		4,000		4,000
DELL LATITUDE 5490 LAPTOP								
	PURCHASE		4/01/20	12/31/24		1,223		1,161
DELL LATITUDE 5490 LAPTOP								62
	PURCHASE		4/01/20	12/31/24		1,223		1,161
DELL THUNDERBOLT DOCKING STATION								62
	PURCHASE		4/01/20	12/31/24		248		235
DELL THUNDERBOLT DOCKING STATION								13
	PURCHASE		4/01/20	12/31/24		248		235
LENOVO THINKPAD USB-C DOCK, GEN								13
	PURCHASE		9/30/21	12/31/24		237		154

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
LENOVO THINKPAD USB-C DOCK, GEN PURCHASE		9/30/21	12/31/24	\$ <u>1,853,764</u>	\$ <u>237</u>	\$ <u>154</u>	\$ <u>83</u>
TOTAL				\$ <u>1,853,764</u>	\$ <u>100,521</u>	\$ <u>57,506</u>	\$ <u>43,015</u>

California Statements

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

Description	Amount
PINK ON PARADE GALA	\$ 45,454
TOTAL	<u>\$ 45,454</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 COMMUNITY NOW	GENERAL DISTRIBUTION	2155 CHICAGO AVE, SUITE 100 28604 MARANDA COURN	RIVERSIDE MORENO VALLEY	CA	92507 92555		
	COMMUNITY SETTLEMENT ASSOCIATION	GENERAL SUPPORT	4366 BERMUDA AVE 537,542	RIVERSIDE	CA	92507		
	DIVERSITY UPLIFTS, INC.	POSTPARTUM SUPPORT	PO BOX 2605	RIVERSIDE	CA	92517		
	EMPOWER YOU EDUTAINMENT	MENTAL HEALTH WELL	1427 MURDOCK COURT	RIVERSIDE	CA	92507		
	LOMA LINDA UNIVERSITY CHILDRENS HOS	MEDICAL CARE DKA	1427 MURDOCK CT	RIVERSIDE	CA	92507		
	NORTH COUNTY HEALTH PROJECT INC.	PATIENT SERVICES	150 VALPREDA ROAD	SAN MARCOS	CA	92609		
	OLIVE CREST	TRAUMA RECOVERY SERV	2130 EAST FOURTH ST. STE 200	SANTA ANA	CA	92705		
	OLIVE CREST	COUNSELING SERVICES	2130 EAST FOURTH ST. STE 200	SANTA ANA	CA	92705		
	PLANNED PARENTHOOD	GENERAL DISTRIBUTION	1075 CAMINO DEL RIO SOUTH	SAN DIEGO	CA	92108		
	RENEWING HOPE STRATEGIES	MOBILE MENTAL HEALTH	2130 EAST FOURTH ST STE 200	SANTA ANA	CA	92705		
	RIVERSIDE MEDICAL CLINIC CHARITABLE PROJECT HEART	STEBLER DISTRIBUTION	1845 CHICAGO AVE STE B P.O. BOX 9850	RIVERSIDE MORENO VALLEY	CA	92507 92552		
	RIVERSIDE UNIVERSTIY HEALTH SYSTEM	RECOVERY CURRICULUM	506 W GRAHAM AVE STE 105	LAKE ELSINOIRE	CA	92530		
	THE HAPPIER LIFE PROJECT	TRAINING & TECH ASST	5265 S SLAUSON AVE	CULVER CITY	CA	90231		
	WALDEN FAMILY SERVICES	HEALTHY BODIES/LIVES	3576 ARLINGOTN AVENUE, STE. 106	RIVERSIDE	CA	92506		
	WALDEN FAMILY SERVICES	EQUITY IN WELL-BEING	3576 ARLINGOTN AVENUE, STE. 106	RIVERSIDE	CA	92506		
	YOUNG SCHOLARS FOR ACADEMIC	GENERAL DISTRIBUTION	4164 BROCKTON AVENUE, SUITE A	RIVERSIDE	CA	92501		
	A COMING OF AGE TO ADULTHOOD INC.	MENTAL HEALTH WELL	PO BOX 964 30,000	MORENO VALLEY	CA	92552		
	RIVERISDE AREA RAPE CRISIS CENTER	MENTAL HEALTH WELL	1845 CHICAGO AVE A 30,000	RIVERSIDE	CA	92507		
SUBTOTAL			\$ 597,542					
TOTAL			\$ 597,542					

California Statements

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

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
MICHELLE BURROUGHS				CHAIR	1.00	
MICHELLE REYES				SECRETARY	1.00	
MICAH TOKUDA				TREASURER	1.00	
CHEYLYNDA BARNARD				MEMBER	1.00	
RAFAEL ELIZALDE				MEMBER	1.00	
RICH ERICKSON				MEMBER	1.00	
KARL HICKS				MEMBER	1.00	
BEN JOHNSON II				MEMBER	1.00	
RAFAELA KING				MEMBER	1.00	
JASON LOHR				MEMBER	1.00	
KELLY MARSHALL				MEMBER	1.00	
KARL McCLEARY				MEMBER	1.00	
ERIN PHILLIPS				MEMBER	1.00	
RICHARD RAJARATNAM				MEMBER	1.00	
LARONDA FISHER-ROGERS				MEMBER	1.00	
MICHELLE THOMAS				MEMBER	1.00	
TAKASHI WADA				MEMBER	1.00	

California Statements

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

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
JAMIE WRAGE				MEMBER	1.00	
TOM PODGORSKI				MEMBER	1.00	
SHENE BOWIE-HUSSEY				PAST PRESIDENT & CEO	40.00	
NINFA DELGADO				PRESIDENT & CEO	40.00	
TOTAL					0	0

California Statements

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

Description	Amount
INSURANCE & BENEFITS	\$ 361,836
PAYROLL TAXES	262,203
OTHER PROFESSIONAL FEES	371,211
INVESTMENT MANAGEMENT	372,833
PRINTING & MAILING EXPENSE	54,568
CONFERENCES & MEETINGS	20,491
AUTOMOBILE EXPENSE	13,799
BAD DEBT EXPENSE	19,744
BANK FEES	2,814
DUES & SUBSCRIPTIONS	18,066
HEALTH PROGRAMS / FAIRS	131,742
REPAIRS AND MAINTENANCE	90,954
TAXES & LICENSES	5,307
UTILITIES	78,167
PENSION EXPENSE	65,990
ADVERTISING EXPENSE	6,547
CHARITABLE SPONSORSHIP	115,000
OFFICE SUPPLIES	97,163
INSURANCE EXPENSE	85,405
PAYROLL FEES	16,453
TECHNOLOGY	160,102
AMORTIZATION - ROU ASSETS	244
TOTAL	\$ <u>2,350,639</u>

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

Description	Beginning of Year	End of Year
SHENE BOWIE-HUSSEY	\$ <u>6,205</u>	\$ <u> </u>
TOTAL	\$ <u>6,205</u>	\$ <u> 0</u>

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

Description	Beginning of Year	End of Year
CORPORATE BONDS	\$ <u>10,458,622</u>	\$ <u>12,810,826</u>
TOTAL	\$ <u>10,458,622</u>	\$ <u>12,810,826</u>

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

Description	Beginning of Year	End of Year
EQUITIES	\$ <u>53,201,302</u>	\$ <u>56,206,166</u>
TOTAL	\$ <u>53,201,302</u>	\$ <u>56,206,166</u>

California Statements

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

Description	Beginning of Year	End of Year
ALTERNATIVE INVESTMENTS	\$ 23,994,033	\$ 26,138,738
TANGIBLE ASSETS	19,283	15,931
TOTAL	\$ 24,013,316	\$ 26,154,669

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

Description	Beginning of Year	End of Year
CONSTRUCTION IN PROGRESS	\$ 216,493	\$ 181,725
DEFERRED RENT RECEIVABLE	128,011	92,275
ROU, NET ASSET	3,000	89,326
SECURITY DEPOSIT	52,673	59,418
PREPAID EXPENSES		
TOTAL	\$ 400,177	\$ 422,744

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

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	\$ 817,539	\$ 977,558
ESTIMATED FUTURE ANNUITY LIAB	53,586	53,586
OPERATING LEASE LIABILITY	131,589	93,148
UNSECURED NOTES AND LOANS PAYABLE	2,838,240	2,419,367
TOTAL	\$ 3,840,954	\$ 3,543,659

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

Description	Amount
UNREALIZED GAINS	\$ 6,222,861
TOTAL	\$ 6,222,861

<p>Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015</p>	<p>Record of Authorization to Electronically File FBARs (See instructions below for completion)</p> <p><u>Do not send to FinCEN. Retain this form for your records.</u> The form 114a may be digitally signed</p>	<p>FINANCIAL CRIMES ENFORCEMENT NETWORK</p>		
<p>Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)</p>				
<p>1. Owner last name or entity's legal name RIVERSIDE COMMUNITY HEALTH</p>		<p>2. Owner first name</p>	<p>3. Owner M. I.</p>	
<p>4. Spouse last name (if jointly filing FBAR - see instructions below)</p>		<p>5. Spouse first name</p>	<p>6. Spouse M. I.</p>	
<p>I/we declare that I/we have provided information concerning <u>4</u> (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, <u>2024</u> 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.</p>				
<p>7. Owner signature (Authorized representative if entity)</p>		<p>8. Date 09/19/2025 MM DD YYYY</p>	<p>9. Owner or entity TIN 23-7276444</p>	<p>10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign</p>
<p>11. Spouse signature</p>		<p>12. Date MM DD YYYY</p>	<p>13. Spouse TIN</p>	<p>14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign</p>
<p>Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.</p>				
<p>15. Preparer last name AYALA JR</p>		<p>16. Preparer first name FERNANDO</p>	<p>17. Preparer M.I. G</p>	<p>18. Preparer PTIN P01259082</p>
<p>19. Address 3550 VINE ST SUITE 110</p>		<p>20. City RIVERSIDE</p>	<p>21. State CA</p>	<p>22. ZIP/postal code 92507-4175</p>
<p>23. Country code US</p>	<p>24. Preparer's (item 15) employer's (Entity) name ROORDA, PIQUET & BESSEE, INC.</p>	<p>25. Employer EIN 33-0252865</p>	<p>26. Preparer's signature</p>	
<p>Instructions for completing the FBAR Signature Authorization Record This is a fill and print form using Adobe Reader</p> <p>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://bsaefiling.fincen.treas.gov/main.html for registration).</p> <p>Read and complete the account owner statement in Part I.</p> <p>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.</p> <p><u>Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)</u> 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).</p> <p>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.</p> <p>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).</p> <p>DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.</p>				

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 1	
	2024	
For calendar year 2024 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**2024**

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
12 Zip/postal code	CALIFORNIA
13 Country	925013844

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

FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2

Form 990

2024

For calendar year 2024 or tax year beginning

, ending

Name

RIVERSIDE COMMUNITY HEALTH

Employer Identification Number
23-7276444Warning: 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 2,248,037 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 1,633,932 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 1,954,426 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 1,759,724 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	
	2024	
	For calendar year 2024 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

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 **09/19/2025**

Third Party Preparer Use Only

47 Preparer's last name	AYALA JR
48 First name	FERNANDO
49 Middle name/initial	<input type="checkbox"/> G
50 Check if self-employed	<input type="checkbox"/>
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	<input type="checkbox"/> CA
58 Zip/postal code	92507-4175
59 Country	US US