

Riverside Community Health
Foundation
Tax Returns
For the Tax Year Ended December 31, 2016

Roorda, Piquet & Bessee, Inc.

Certified Public Accountants

5995 Brockton Avenue/2nd floor

Riverside, CA 92506

Tel#: (951) 684-7781 Fax#: (951) 684-2921

e-mail: rpb@rpbcpa.com

November 13, 2017

CONFIDENTIAL

Riverside Community Health
Foundation
4275 Lemon St
Riverside, CA 92501-3844

Dear Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Report of Foreign Bank and Financial Accounts (FinCEN Form 114)
Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)
California Exempt Organization Business Income Tax Return (Form 109)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 12/31/16 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Roorda, Piquet & Bessee, Inc.
5995 Brockton Avenue/2nd Floor
Riverside, CA 92506

If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Your Form 990-T for the tax year ended 12/31/16 shows a total overpayment of \$3,000, which is to be refunded in its entirety. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return by November 15, 2017 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 12/31/16 shows a balance due of \$10. Include a check payable to Franchise Tax Board with payment voucher 3586 and write "E.I.N. 23-7276444, FTB 3586" on the check.

Mail the voucher AS SOON AS POSSIBLE to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

If a private delivery service is used, mail to:
Franchise Tax Board
Sacramento, CA 95827

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to Roorda, Piquet & Bessee, Inc. before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

California Form 109 Filing Instructions

Your Form 109 for the tax year ended 12/31/16 shows a total overpayment of \$3,000 which is to be refunded in its entirety. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return AS SOON AS POSSIBLE to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0500

If a private delivery service is used, mail to:
Franchise Tax Board
Sacramento, CA 95827

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 12/31/16 shows a balance due of \$150. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Attorney General's Registry of Charitable Trusts in the amount of \$150. Write "E.I.N. 23-7276444, RRF-1 Balance Due for the year ended 12/31/16" on the check. Mail the return by November 15, 2017 to:

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

A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Best regards,

Roorda, Piquet & Bessee, Inc.

Form **990**Department of the Treasury
Internal Revenue Service**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

2016**Open to Public
Inspection****A For the 2016 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 | | | D Employer identification number |
| Doing business as | | | | 23-7276444 |
| Number and street (or P.O. box if mail is not delivered to street address) | | | Room/suite | E Telephone number 951-788-3471 |
| 4275 Lemon St | | | | |
| City or town, state or province, country, and ZIP or foreign postal code | | | | |
| Riverside | | | CA 92501-3844 | G Gross receipts\$ 33,802,382 |
| F Name and address of principal officer: Daniel Anderson 4275 Lemon St Riverside CA 92501-3844 | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | H(c) Group exemption number u |
| J Website: u http://www.rchf.org | | | | |
| K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other u | | | | L Year of formation: 1973 M State of legal domicile: CA |

Part I Summary

| | | | |
|---|--|---|--------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: | To improve the health and well being of the community by providing health education and outreach programs as well as grants to non-profit organizations, schools, and government agencies. | |
| | 2 Check this box u <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Revenue | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| Expenses | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 86 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 100 |
| Net Assets or Fund Balances | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Prior Year | 8 Contributions and grants (Part VIII, line 1h) | 639,062 | Current Year 1,102,882 |
| | 9 Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 911,914 | 4,903,839 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 434,080 | 453,753 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,985,056 | 6,460,474 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,584,613 | 1,909,175 |
| | 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) | 1,724,653 | 2,115,587 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) u | 164,254 | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,253,454 | 1,504,636 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,562,720 | 5,529,398 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -2,577,664 | 931,076 | |
| 20 Total assets (Part X, line 16) | Beginning of Current Year 91,192,356 | End of Year 94,724,015 | |
| 21 Total liabilities (Part X, line 26) | 2,716,982 | 5,188,747 | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 88,475,374 | 89,535,268 | |

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 | | | |
| | Daniel Anderson | President | Date | |
| Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name Robert M. Bessee | Preparer's signature  | Date 11/13/17 | Check <input type="checkbox"/> if self-employed P00395353 |
| | Firm's name } Roorda, Piquet & Bessee, Inc. | Firm's EIN } 33-0252865 | | |
| | Firm's address } 5995 Brockton Avenue/2nd Floor | | | |
| | Firm's address } Riverside, CA 92506 | | Phone no. | 951-684-7781 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2016)

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 \$ 455,100 including grants of \$) (Revenue \$)
Miles of smiles - Provides free dental services and dental health education for disadvantaged youth. Program is provided at various schools in the city of Riverside, CA.

4b (Code:) (Expenses \$ 374,025 including grants of \$) (Revenue \$)
California Personal Responsibility and Education Program Grant - Provides adolescents with the knowledge, motivation, and skills necessary to change their behaviors in ways that will reduce their risk of pregnancy or contracting HIV and other sexually transmitted infections.

4c (Code:) (Expenses \$ 262,861 including grants of \$) (Revenue \$)
Community Outreach - Organize various health fairs and health interventions that include teaching exercise programs, workshops about diabetes, workshops about stroke prevention, and multiple other topics in English and Spanish.

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

(Expenses \$ 3,684,437 including grants of \$ 1,909,175) (Revenue \$)

4e Total program service expenses **u 4,776,423**

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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
- 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
- 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 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
- 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
- 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)
- 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
- 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

| | Yes | No |
|-----|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7 | | X |
| 8 | | X |
| 9 | | X |
| 10 | X | |
| 11a | X | |
| 11b | | X |
| 11c | | X |
| 11d | | X |
| 11e | X | |
| 11f | | X |
| 12a | X | |
| 12b | X | |
| 13 | | X |
| 14a | | X |
| 14b | | X |
| 15 | | X |
| 16 | | X |
| 17 | | X |
| 18 | X | |
| 19 | | X |

Part IV Checklist of Required Schedules (continued)

- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 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
- 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
- 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
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- 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
- 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
- a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 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
- 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
- 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
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

| | Yes | No |
|-----|------------|-----------|
| 20a | | X |
| 20b | | |
| 21 | X | |
| 22 | | X |
| 23 | X | |
| 24a | | X |
| 24b | | |
| 24c | | |
| 24d | | |
| 25a | | X |
| 25b | | X |
| 26 | | X |
| 27 | | X |
| 28a | | X |
| 28b | | X |
| 28c | | X |
| 29 | | X |
| 30 | | X |
| 31 | | X |
| 32 | | X |
| 33 | X | |
| 34 | | X |
| 35a | | X |
| 35b | | |
| 36 | | X |
| 37 | | X |
| 38 | X | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 **1a** **18**
- 1b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1b** **0**
- 1c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c**
- 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** **86**
- 2b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** **X**
- Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a**
- b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O **3b**
- 4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** **X**
- b** If "Yes," enter the name of the foreign country: **u Cayman Islands**
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** **X**
- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** **X**
- c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? **5c**
- 6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **6a** **X**
- b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**
- 7** **Organizations that may receive deductible contributions under section 170(c).**
- a** Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a**
- b** If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**
- c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c**
- d** If "Yes," indicate the number of Forms 8282 filed during the year **7d**
- e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e**
- f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f**
- g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g**
- h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7h**
- 8** **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? **8**
- 9** **Sponsoring organizations maintaining donor advised funds.**
- a** Did the sponsoring organization make any taxable distributions under section 4966? **9a**
- b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? **9b**
- 10** **Section 501(c)(7) organizations.** Enter:
- a** Initiation fees and capital contributions included on Part VIII, line 12 **10a**
- b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**
- 11** **Section 501(c)(12) organizations.** Enter:
- a** Gross income from members or shareholders **11a**
- b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**
- 12a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**
- b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**
- 13** **Section 501(c)(29) qualified nonprofit health insurance issuers.**
- a** Is the organization licensed to issue qualified health plans in more than one state? **13a**
- 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** **X**
- b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b**

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 in 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 | 21 | |
| | 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 in Schedule O. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 20 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 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 in Schedule O | | X |

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

| | Yes | No |
|-----|--|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | |
| 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? | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | |
| 13 | Did the organization have a written whistleblower policy? | |
| 14 | Did the organization have a written document retention and destruction policy? | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | |
| a | The organization's CEO, Executive Director, or top management official | |
| b | Other officers or key employees of the organization | |
| | If "Yes" to line 15a or 15b, describe the process in 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? | |
| 16b | | X |

Section C. Disclosure

| | | |
|----|--|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed | <input checked="" type="checkbox"/> CA |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O) |
| 19 | Describe in 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: | <input checked="" type="checkbox"/> Tracee Betancourt 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Check this box if 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|--|-----------------------|---------|--------------|------------------------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | | | |
| (1) Daniel Anderson President | 40.00 0.00 | X | | X | | | 209,522 | 0 | 20,664 |
| (2) Eliza Deniely-Woolfolk Chair | 0.00 | X | | X | | | 0 | 0 | 0 |
| (3) Arturo Alcaraz Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (4) Patrick Brilliant Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (5) Judy Carpenter Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (6) Richard J. Erickson Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (7) Thomas Ferrer Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (8) Katie Greene Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (9) Karl Hicks Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (10) Laura Holden Member | 0.00 0.00 | X | | | | | 0 | 0 | 0 |
| (11) Ben Johnson II Member | 0.00 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|--------------------|-----------------------|---------|--------------|---|---|--|
| | | Former or director | Individual trustee | Institutional trustee | Officer | Key employee | | | |
| (12) Cathy Kienle | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (13) Thomas Loza | 0.00 | | | | | | | | |
| Treasurer | 0.00 | X | X | | | | 0 | 0 | 0 |
| (14) Tarek Mahdi | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (15) Jennifer O'Farrell | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (16) Cyndi Nolasco | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (17) Erin Phillips | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (18) Richard Rajaratnam | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (19) George Reyes | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | u | 209,522 | | 20,664 |
| c Total from continuation sheets to Part VII, Section A | | | | | | u | 141,677 | | 10,204 |
| d Total (add lines 1b and 1c) | | | | | | u | 351,199 | | 30,868 |

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 u 2

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 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 u | 0 | |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|----------------------|----------------------|--|---|--|
| | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 191,280 | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 390,455 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 521,147 | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | u | 1,102,882 | | | |
| Program Service Revenue | | Busn. Code | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | u | | | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) | u | 1,655,461 | | | 1,655,461 |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | |
| | 5 Royalties | u | | | | |
| | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | 435,702 | | | | |
| | b Less: rental exps. | 88,181 | | | | |
| | c Rental inc. or (loss) | 347,521 | | | | |
| | d Net rental income or (loss) | u | 347,521 | | | 347,521 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | 30,502,105 | | | | |
| | b Less: cost or other basis & sales exps. | 27,253,727 | | | | |
| | c Gain or (loss) | 3,248,378 | | | | |
| | d Net gain or (loss) | u | 3,248,378 | 3,248,378 | | |
| Other Revenue | 8a Gross income from fundraising events (not including \$ | 191,280 | | | | |
| | of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | u | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | u | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | 106,232 | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | u | 106,232 | 106,232 | | |
| | Miscellaneous Revenue | Busn. Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | u | 6,460,474 | 3,354,610 | 0 | 2,002,982 |
| | 12 Total revenue. See instructions | u | | | | |

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,909,175 | 1,909,175 | | |
| 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 | 1,898,615 | 1,687,661 | 128,013 | 82,941 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 58,695 | | 58,695 | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 158,277 | 150,500 | | 7,777 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 11,723 | | 11,723 | |
| c Accounting | 60,358 | | 60,358 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 73,835 | 4,988 | 68,463 | 384 |
| 12 Advertising and promotion | 58,654 | 33,419 | 23,870 | 1,365 |
| 13 Office expenses | 57,446 | 45,057 | 3,054 | 9,335 |
| 14 Information technology | 40,125 | 18,315 | 20,490 | 1,320 |
| 15 Royalties | | | | |
| 16 Occupancy | 68,559 | 47,808 | | 20,751 |
| 17 Travel | 57,809 | 45,626 | 11,842 | 341 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 122,550 | 70,890 | 51,660 | |
| 20 Interest | 286 | 286 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 196,666 | 184,609 | 12,057 | |
| 23 Insurance | 217,963 | 195,853 | 21,411 | 699 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in 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 | 283,022 | 283,022 | | |
| b Supplies | 94,945 | 26,073 | 68,872 | |
| c Taxes & licenses | 39,865 | 699 | 39,166 | |
| d Event expenses | 29,748 | | | 29,748 |
| e All other expenses | 91,082 | 72,442 | 9,047 | 9,593 |
| 25 Total functional expenses. Add lines 1 through 24e | 5,529,398 | 4,776,423 | 588,721 | 164,254 |
| 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 |
|-----------------------------|---|--------------------------|-----|--------------------|
| | 1 Cash—non-interest bearing | 325,244 | 1 | 734,782 |
| | 2 Savings and temporary cash investments | 2,268,861 | 2 | 8,185,972 |
| | 3 Pledges and grants receivable, net | 131,202 | 3 | 107,035 |
| | 4 Accounts receivable, net | 1,926 | 4 | 218,081 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 23,598 | 8 | 23,234 |
| | 9 Prepaid expenses and deferred charges | 43,014 | 9 | 60,660 |
| Assets | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10,951,440 | | |
| | b Less: accumulated depreciation | 3,535,283 | | |
| | | 5,264,825 | 10c | 7,416,157 |
| | 11 Investments—publicly traded securities | 81,041,883 | 11 | 76,321,921 |
| | 12 Investments—other securities. See Part IV, line 11 | 2,053,653 | 12 | 999,964 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 11,000 | 14 | |
| | 15 Other assets. See Part IV, line 11 | 27,150 | 15 | 656,209 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 91,192,356 | 16 | 94,724,015 |
| | 17 Accounts payable and accrued expenses | 701,548 | 17 | 1,119,030 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 1,699,975 | 24 | 3,728,387 |
| | 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 | 315,459 | 25 | 341,330 |
| | 26 Total liabilities. Add lines 17 through 25 | 2,716,982 | 26 | 5,188,747 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 8,988,926 | 27 | 10,048,820 |
| | 28 Temporarily restricted net assets | 79,454,778 | 28 | 79,454,778 |
| | 29 Permanently restricted net assets | 31,670 | 29 | 31,670 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 88,475,374 | 33 | 89,535,268 |
| | 34 Total liabilities and net assets/fund balances | 91,192,356 | 34 | 94,724,015 |

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 | 6,460,474 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,529,398 |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 931,076 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 88,475,374 |
| 5 Net unrealized gains (losses) on investments | 5 | 128,818 |
| 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 in Schedule O) | 9 | |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 89,535,268 |

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 in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| 2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | 3a | X |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____ | 3b | |

Form 990 (2016)

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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|--------------------|-----------------------|---------|--------------|---|---|--|
| | | Former or director | Individual trustee | Institutional trustee | Officer | Key employee | | | |
| (20) Michele Reyes | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (21) Joseph Schneider | 0.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (22) Ninfa Delgado | 40.00 | | | | | | | | |
| Vice President | 0.00 | | X | | | | 141,677 | 0 | 10,204 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1b Sub-total | | | | | | | 141,677 | | 10,204 |
| 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 **u**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 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 u | | |

SCHEDULE A
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

2016**Open to Public
Inspection**

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

u Attach to Form 990 or Form 990-EZ.**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 or 990-EZ).)
 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 in 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 | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2016

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) u | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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) u | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 five 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 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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) u | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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) u | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 in 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 five 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 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|----------------------------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2016. 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—2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|------------|-----------|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 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))? <i>If "Yes," provide detail in Part VI.</i> | 9a | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9b | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | 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)? <i>If "Yes," answer 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 10b | |

Part IV Supporting Organizations (continued)

- 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 in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 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).

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3 By reason of the relationship described in (2), 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.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 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 The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.
- 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.

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 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 (explain in detail in Part VI): | | | |
| 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 1-1/2% 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 .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 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 | | |
| <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2016 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|---|-------------------------------------|---|--|
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013 | | | |
| d | From 2014 | | | |
| e | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013 | | | |
| c | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| e | Excess from 2016 | | | |

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, 990-EZ,
 or 990-PF)

Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

**Riverside Community Health
 Foundation**

Employer identification number

23-7276444

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private 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 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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 | Diabetes Hands Foundation 1962 University Ave Berkeley CA 94704 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Parkview Community Hospital Found 3865 Jackson St Riverside CA 92503 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Loma Linda University Health Service 11175 Mountain View Ave Ste. A Loma Linda CA 92354 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | The Auxillary of Riverside Comm Hosp 4445 Magnolia Ave Riverside CA 92501 | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | Inland Valley Hospice 3770 Myers St. Riverside CA 92503 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | Riverside University Health System 26520 Cactus Ave Moreno Valley CA 92555 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 | James K Wilden Trust 3700 Sixth St Riverside CA 92501 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | Borrego Community Health Foundation PO Box 2369 Borrego Springs CA 92004-2369 | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | Kaiser Foundation 75 N Fair Oaks Ave Pasadena CA 91103 | \$ 333,333 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | CA Department of Public Health Community Challenge Grant Program PO Box 997377 Sacramento CA 95899-7377 | \$ 390,455 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | The Community Foundation 3700 Sixth St. Ste 200 Riverside CA 92501 | \$ 107,740 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**u 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.

u Attach to Form 990.

OMB No. 1545-0047

2016Open 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?
- 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?

 Yes No Yes 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 (e.g., recreation or education)
 Protection of natural habitat
 Preservation of open space

Preservation of a historically important land area
 Preservation of a certified historic structure

- 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 in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, 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 u

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

- 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 u

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

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

 Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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

u \$

(ii) Assets included in Form 990, Part X

u \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

u \$

b Assets included in Form 990, Part X

u \$

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 are a significant use of its collection items (check all that apply):

- a Public exhibition
 b Scholarly research
 c Preservation for future generations

- d Loan or exchange programs
 e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 8,248,169 | 8,167,991 | 8,073,261 | 7,189,002 | 6,535,200 |
| b Contributions | 962 | 514 | 40 | 226 | 72 |
| c Net investment earnings, gains, and losses | 491,220 | 141,051 | 515,149 | 1,208,192 | 775,766 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 456,130 | 61,111 | 338,113 | 324,159 | 122,036 |
| f Administrative expenses | | 276 | 82,346 | | |
| g End of year balance | 8,284,221 | 8,248,169 | 8,167,991 | 8,073,261 | 7,189,002 |

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

a Board designated or quasi-endowment **u 100.00 %**

b Permanent endowment **u %**

c Temporarily restricted endowment **u %**

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 | | 370,155 | | 370,155 |
| b Buildings | | 9,041,541 | 2,257,878 | 6,783,663 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,539,744 | 1,277,405 | 262,339 |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u 7,416,157**

Part VII Investments—Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u | | |

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

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 | 287,744 |
| (3) Estimated future annuity liab | 53,586 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u | 341,330 |

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 FIN 48 (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 | 6,677,473 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2a | 128,818 |
| b Donated services and use of facilities | 2b | |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII.) | 2d | 88,181 |
| e Add lines 2a through 2d | 2e | 216,999 |
| 3 Subtract line 2e from line 1 | 3 | 6,460,474 |
| 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 | 6,460,474 |

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 | 5,617,579 |
| 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 | 88,181 |
| e Add lines 2a through 2d | 2e | 88,181 |
| 3 Subtract line 2e from line 1 | 3 | 5,529,398 |
| 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 | 5,529,398 |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses for Endowment Funds

A portion of the return derived by the portfolio will be used to advance and support the mission of the Foundation. It is expected that 5% of the average portfolio market value of preceeding three years will be withdrawn each year. This spending rate is determined in a spending policy approved by the board.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Adj to show rental income net of expenses \$ 88,181

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Adj to show rental income net of expenses \$ 88,181

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)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.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

**Riverside Community Health
Foundation**Employer identification number
23-7276444

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**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 non-government 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 |
|---|---------------|--|-----------------------------------|---|---|
| 1 | | Yes | No | | |
| | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| Total | | | | | |

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

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

| | (a) Event #1 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 | 191,280 | | | 191,280 |
| 2 Less: Contributions | 191,280 | | | 191,280 |
| 3 Gross income (line 1 minus line 2) | | | | |
| 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) | | | | ► |

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

.....

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

b If "Yes," explain:

.....

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

Name **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

- 16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

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 **u** \$

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

SCHEDULE I
(Form 990)

 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.

 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
**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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | American Heart Association 1700 Iowa Ave, Suite 240 | | | | | | | |
| | Riverside CA 92507 | 13-5613797 | 3 | 38,000 | | | | Outpatient |
| (2) | Arc of Riverside County 8138 Mar Vista Ct | | | | | | | |
| | Riverside CA 92504 | 95-1907771 | 3 | 40,000 | | | | Outpatient |
| (3) | Blindness Support Services, Inc. 3696 Beatty Dr. # A | | | | | | | |
| | Riverside CA 92506 | 33-0494002 | 3 | 31,855 | | | | Education |
| (4) | Borrego Community Health Foundation 655 Palm Canyon Dr | | | | | | | |
| | Borrego Springs CA 92004 | 33-0440021 | 3 | 105,000 | | | | Outpatient |
| (5) | Family Service Association 21250 Box Springs Rd | | | | | | | |
| | Moreno Valley CA 92557 | 95-1803694 | 3 | 75,000 | | | | Outpatient |
| (6) | Inland Regional Center PO Box 19037 | | | | | | | |
| | San Bernardino CA 92423 | 23-7121672 | 3 | 10,000 | | | | Outpatient |
| (7) | Inspire Life Skills Trainning 815 W 6th St # 160 | | | | | | | |
| | Corona CA 92882 | 20-1647743 | 3 | 10,000 | | | | Education |
| (8) | Janet Goeske Foundation 5257 Sierra St. | | | | | | | |
| | Riverside CA 92504 | 33-0023938 | 3 | 10,000 | | | | Education |
| (9) | Jurupa Area Rec and Park District 4810 Pedley Rd | | | | | | | |
| | Jurupa Valley CA 92509 | 33-0105732 | 3 | 10,000 | | | | Education |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22
- 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) (2016)

SCHEDULE I
(Form 990)

 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.

 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
**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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Loma Linda Univ Sch of Pub Health 24951 North Circle Dr Loma Linda CA 92350 | 33-0565591 | 3 | 200,000 | | | | Inpatient |
| (2) | Megan's Wings Foundation 1042 N. Mountain Ave Upland CA 91786 | 56-2501762 | 3 | 10,000 | | | | Outpatient |
| (3) | Olive Crest 555 Technology Ct Riverside CA 92507 | 95-2877102 | 3 | 50,000 | | | | Outpatient |
| (4) | Operation Safe House 9685 Hayes St Riverside CA 92503 | 33-0326090 | 3 | 30,000 | | | | Outpatient |
| (5) | Parkview Community Hospital 3865 Jackson St. Riverside CA 92503 | 95-2477294 | 3 | 352,000 | | | | Inpatient |
| (6) | Path of Life Ministries 6216 Brockton Ave. # 211 Riverside CA 92506 | 33-0724945 | 3 | 125,000 | | | | Outpatient |
| (7) | Queen of Hearts Therapeutic Riding 6405 Dana Ave Jurupa Valley CA 91752 | 33-0907556 | 3 | 10,000 | | | | Education |
| (8) | Riverside County Physicians Mem Fd 3993 Jurupa Ave Riverside CA 92506 | 95-6080778 | 3 | 18,000 | | | | Education |
| (9) | Riverside University Health Sys Fd 26520 Cactus Ave Moreno Valley CA 92552 | 33-0374018 | 3 | 350,000 | | | | Inpatient |

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

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

DAA

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

 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.

 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
**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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Teen Challenge 5445 Chicago Ave Riverside CA 92507 | 95-2683852 | 3 | 55,320 | | | | Outpatient |
| (2) | The Regents of the Univ of CA 1111 Franklin St Oakland CA 94607 | 95-6006142 | 3 | 150,000 | | | | Outpatient |
| (3) | Young Scholars for Academic Empower 4164 Brockton Ave Riverside CA 92501 | 26-2350778 | 3 | 200,000 | | | | Outpatient |
| (4) | Other Misc Small Grants | | | 29,000 | | | | Education / Patient |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

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

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

DAA

Schedule I (Form 990) (2016)

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)
Department of the Treasury
Internal Revenue Service

Name of the organization

**Riverside Community Health
Foundation**

OMB No. 1545-0047

2016Open to Public
InspectionFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employeesu Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.u Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.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 in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2016

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 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 | | | | |
| Daniel Anderson 1 President | (i) 186,193 | 17,329 | 6,000 | 0 | 20,664 | 230,186 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ninfa Delgado 2 Vice President | (i) 136,677 | 0 | 5,000 | 0 | 10,204 | 151,881 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | (i) ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| 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) ..... | ..... | ..... | ..... | ..... | ..... | ..... |

Schedule J (Form 990) 2016 **Riverside Community Health**

23-7276444

Page 3

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

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, Line 4d - All Other Accomplishment

Inpatient and outpatient grants and services related to Riverside Community Hospital and on-going operation of the Eastside Health Clinic.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Cayman Islands

Form 990, Part VI, Line 1a - Authority Delegated to Committee Explanation

Present recommendations for action to the board for approval, review performance of the President and approve employment contract on an annual basis, develop policies and periodic strategic plans for approval by the board, establish annual goals and evaluate progress at the end of each year, and support the fundraising efforts of RCHF.

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.

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization

Riverside Community Health

Employer identification number

23-7276444**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Compensation is reviewed annually by the executive committee, compensation is compared to similar non profit organizations.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation is reviewed annually by the President/CEO and is compared to similar non profit organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

All governing documents and financial information is available to the public upon written or in-person request. The organization also distributes this information at public functions in their brochures.

Additionally, most documents are available on the Organization's website and filings with the California Attorney General are posted for public scrutiny on Guidestar.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Adj to show rental income net of expenses \$ 88,181

Adj to show rental income net of expenses \$ -88,181

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2016**Open to Public
Inspection**

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

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

**Riverside Community Health
Foundation**

Employer identification number

23-7276444**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | | Yes | No |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

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

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) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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

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

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

Schedule R (Form 990) 2016 **Riverside Community Health**

23-7276444

Page 5

Part VII

Supplemental Information

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

Federal Statements

Taxable Interest on Investments

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | Acquired after 6/30/75 | US Obs (\$ or %) |
|-------------|-------------------|-------------------------|----------------|-------------|------------------------|------------------|
| Interest | \$ 579,760 | | | | 14 | |
| Total | \$ <u>579,760</u> | | | | | |

Taxable Dividends from Securities

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | Acquired after 6/30/75 | US Obs (\$ or %) |
|-------------|---------------------|-------------------------|----------------|-------------|------------------------|------------------|
| Dividends | \$ 1,075,701 | | | | 14 CA | |
| Total | \$ <u>1,075,701</u> | | | | | |

Federal Statements

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------------------|------------------|-----------------|----------------------|---------------|
| Other professional fees | \$ 73,451 | \$ 4,988 | \$ 68,463 | \$ |
| Pink on Parade | | | | |
| Other professional fees | 384 | | | 384 |
| Total | <u>\$ 73,835</u> | <u>\$ 4,988</u> | <u>\$ 68,463</u> | <u>\$ 384</u> |

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------------------|------------------|------------------|----------------------|-----------------|
| Miscellaneous | \$ 29,160 | \$ 29,659 | \$ -499 | \$ |
| Repairs and maintenance | 20,023 | 22,723 | -2,700 | |
| Utilities | 20,018 | 20,018 | | |
| Bank fees | 6,171 | 40 | 6,131 | |
| Dues & subscriptions | 5,590 | | 5,590 | |
| Utilities | 4,792 | | | 4,792 |
| Bank fees & charges | 2,862 | | | 2,862 |
| Supplies | 1,273 | | | 1,273 |
| Repairs & maintenance | 666 | | | 666 |
| Donor recognition | 525 | | 525 | |
| Rounding | 2 | 2 | | |
| Total | <u>\$ 91,082</u> | <u>\$ 72,442</u> | <u>\$ 9,047</u> | <u>\$ 9,593</u> |

839 Riverside Community Health
23-7276444
FYE: 12/31/2016

11/13/2017 12:52 PM

Federal Statements

The Pink Ribbon Place

Other Direct Fundraising or Gaming Expenses

| Description | Amount |
|----------------|------------------|
| Event expenses | \$ 29,748 |
| Total | <u>\$ 29,748</u> |

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, and ending _____

 Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations Only

| | | | | |
|--|--|--|--|--|
| A <input checked="" type="checkbox"/> Check box if address changed | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Riverside Community Health Foundation | | | D Employer identification number (Employees' trust, see instructions.) 23-7276444 |
| B Exempt under section 501(C) (3) 408(e) <input type="checkbox"/> 220(e) 408A <input type="checkbox"/> 530(a) 529(a) | Number, street, and room or suite no. If a P.O. box, see instructions. 4275 Lemon St | | | E Unrelated business activity codes (See instructions.) |
| C Book value of all assets at end of year 94,724,015 | City or town, state or province, country, and ZIP or foreign postal code Riverside CA 92501-3844 | | | |
| F Group exemption number (See instructions.) u | G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | | |

H Describe the organization's primary unrelated business activity.

u Investment income from pass thru entity.I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.
uJ The books are in care of **u Tracee Betancourt** Telephone number **u 951-788-3471**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|--------------------------|------------|--------------|---------|
| 1a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance u | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | |
| 4a Capital gain net income (attach Schedule D) | | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | | 5 | | |
| 6 Rent income (Schedule C) | | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | | 10 | | |
| 11 Advertising income (Schedule J) | | 11 | | |
| 12 Other income (See instructions; attach schedule) | | 12 | | |
| 13 Total. Combine lines 3 through 12 | 0 | 13 | 0 | 0 |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | |
|---|-----|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 |
| 15 Salaries and wages | 15 |
| 16 Repairs and maintenance | 16 |
| 17 Bad debts | 17 |
| 18 Interest (attach schedule) | 18 |
| 19 Taxes and licenses | 19 |
| 20 Charitable contributions (See instructions for limitation rules) | 20 |
| 21 Depreciation (attach Form 4562) | 21 |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a |
| 23 Depletion | 23 |
| 24 Contributions to deferred compensation plans | 24 |
| 25 Employee benefit programs | 25 |
| 26 Excess exempt expenses (Schedule I) | 26 |
| 27 Excess readership costs (Schedule J) | 27 |
| 28 Other deductions (attach schedule) | 28 |
| 29 Total deductions. Add lines 14 through 28 | 29 |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 |
| | 0 |

Part III Tax Computation

| | | | |
|-----|--|-----|-------|
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> <input type="checkbox"/> See instructions and: | | |
| a | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | |
| (1) | \$ | (2) | \$ |
| (3) | \$ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | \$ | |
| | (2) Additional 3% tax (not more than \$100,000) | \$ | |
| c | Income tax on the amount on line 34 | | ► 35c |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | | ► 36 |
| 37 | Proxy tax. See instructions | | ► 37 |
| 38 | Alternative minimum tax | | 38 |
| 39 | Tax on Non-Compliant Facility Income. See instructions | | 39 |
| 40 | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | | 40 |

Part IV Tax and Payments

| | | | | |
|-----|--|-----|-------|--|
| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | | |
| b | Other credits (see instructions) | 41b | | |
| c | General business credit. Attach Form 3800 (see instructions) | 41c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | |
| e | Total credits. Add lines 41a through 41d | 41e | | |
| 42 | Subtract line 41e from line 40 | 42 | | |
| 43 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) | 43 | | |
| 44 | Total tax. Add lines 42 and 43 | 44 | 0 | |
| 45a | Payments: A 2015 overpayment credited to 2016 | 45a | 3,000 | |
| b | 2016 estimated tax payments | 45b | | |
| c | Tax deposited with Form 8868 | 45c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | | |
| e | Backup withholding (see instructions) | 45e | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | |
| g | Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <input checked="" type="checkbox"/> | 45g | | |
| 46 | Total payments. Add lines 45a through 45g | 46 | 3,000 | |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | | |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed <input type="checkbox"/> | 48 | | |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <input type="checkbox"/> | 49 | 3,000 | |
| 50 | Enter the amount of line 49 you want: Credited to 2017 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/> | 50 | 3,000 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|----|--|-------------------------------------|--------------------------|
| 51 | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input checked="" type="checkbox"/> | Yes | No |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> \$ | | |

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.

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

| | | | | | | | |
|------------------------|---|--|----------|-------|-------------------------|---|-----------|
| Sign Here | <input checked="" type="checkbox"/> | u President | Date | Title | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Paid Preparer Use Only | Print/Type preparer's name Robert M. Bessee | Preparer's signature  | 11/13/17 | | | | P00395353 |
| | Firm's name } Roorda, Piquet & Bessee, Inc. | | | | Firm's EIN } 33-0252865 | | |
| | Firm's address } 5995 Brockton Avenue/2nd Floor | | | | | | |
| | Firm's address } Riverside, CA 92506 | | | | Phone no. | 951-684-7781 | |

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

| | | | | | | | |
|----|--|----|--|---|--|---|-----|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | | | | |
| 4a | Additional sec. 263A costs (attach schedule) | 4a | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes |
| b | Other costs (attach schedule) | 4b | | | | | No |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | |

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued

| | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**u****Schedule E – Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|--|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | N/A | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A). u | Enter here and on page 1, Part I, line 7, column (B). u |
| Total dividends-received deductions included in column 8 | | | | |

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross inc. | 6. Deductions directly connected with income in column 5 |
| (1) N/A | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

Totals**u****Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col.4) |
|--------------------------|---------------------|---|---------------------------------|--|
| (1) N/A | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | |
| Totals | | u | | |
| | | | | |
| | | | | |
| | | | | |

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | |
| Totals | | u | | | | Enter here and on page 1, Part II, line 26. |

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | u | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|--|--|--|-----------------------|---------------------|---|
| (1) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I u | | | | | | |
| Totals, Part II (lines 1-5) u | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) N/A | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | u | |

034

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312**

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

| | | | |
|-----------------------------------|--|--|-------------------|
| State Charity Registration Number | | Check if: | |
| RIVERSIDE COMMUNITY HEALTH | | <input checked="" type="checkbox"/> | Change of address |
| Name of Organization | | <input type="checkbox"/> | Amended report |
| 4275 LEMON ST | | Corporate or Organization No. 0679957 | |
| Address (Number and Street) | | Federal Employer I.D. No. 23-7276444 | |
| RIVERSIDE | | CA 92501-3844 | |
| City or Town, State and ZIP Code | | | |

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

| <u>Gross Annual Revenue</u> | <u>Fee</u> | <u>Gross Annual Revenue</u> | <u>Fee</u> | <u>Gross Annual Revenue</u> | <u>Fee</u> |
|--------------------------------|------------|-----------------------------------|------------|---------------------------------------|------------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning **01/01/16** ending **12/31/16**) list:

Gross annual revenue \$ 6,460,474 Total assets \$ 94,724,015

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

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet 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 prop. or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | STMT 1 | X |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | X |

Organization's area code and telephone number **951-788-3471**

Organization's e-mail address **TRACEE@RCHF.ORG**

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

DANIEL ANDERSON

PRESIDENT

Signature of authorized officer

Printed Name

Title

Date

California Statements

Statement 1 - Form RRF-1, Part B, Line 6 - Governmental Funding

Description

State of California
Department of Public Health
1615 Capitol Ave
PO Box 997420
Sacramento, CA 95899-7420
Attn: Kim Spurlock
Phone: (916) 650-0339

TAXABLE YEAR **2016** California Exempt Organization
Annual Information Return

FORM

199

Calendar Year 2016 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)

PMB no.

4275 LEMON ST

City

State

RIVERSIDE

Zip code

CA 92501-3844

Foreign country name Foreign province/state/county Foreign postal code

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

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

| | | | | |
|------------------------------|--|-----------------------------|-------------------|--------------|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | <input type="checkbox"/> 1 | 32,699,500 | 00 |
| | 2 Gross dues and assessments from members and affiliates | <input type="checkbox"/> 2 | | 00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received | <input type="checkbox"/> 3 | 1,102,882 | 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 Instruction B | <input type="checkbox"/> 4 | 33,802,382 | 00 |
| | 5 Cost of goods sold | <input type="checkbox"/> 5 | 00 | |
| | 6 Cost or other basis, and sales expenses of assets sold | <input type="checkbox"/> 6 | 27,261,616 | 00 |
| | 7 Total costs. Add line 5 and line 6 | <input type="checkbox"/> 7 | 27,261,616 | 00 |
| | 8 Total gross income. Subtract line 7 from line 4 | <input type="checkbox"/> 8 | 6,540,766 | 00 |
| | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | <input type="checkbox"/> 9 | 5,617,597 | 00 |
| Expenses | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | <input type="checkbox"/> 10 | 923,169 | 00 |
| Filing Fee | 11 Total payments | <input type="checkbox"/> 11 | | 00 |
| | 12 Use tax. See General Instruction K | <input type="checkbox"/> 12 | | 00 |
| | 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | <input type="checkbox"/> 13 | | 00 |
| | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | <input type="checkbox"/> 14 | | 00 |
| | 15 Filing fee \$10 or \$25. See General Instruction F | <input type="checkbox"/> 15 | | 10 00 |
| | 16 Penalties and Interest. See General Instruction J | <input type="checkbox"/> 16 | | 00 |
| | 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | <input type="checkbox"/> 17 | | 10 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 u | Title PRESIDENT | Date | <input type="checkbox"/> PTIN 951-788-3471 | |
| Paid Preparer's Use Only | Preparer's signature u <i>Robert Bussa</i> | Date 11/13/2017 | Check if self-employed .. <input type="checkbox"/> FEIN P00395353 | <input type="checkbox"/> FEIN 33-0252865 |
| | Firm's name (or yours, if self-employed) and address u ROORDA, PIQUET & BESSEE, INC. 5995 BROCKTON AVENUE/2ND FLOOR RIVERSIDE, CA 92506 | | | Telephone 951-684-7781 |

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

 Yes No

RIVERSIDE COMMUNITY HEALTH

23-7276444

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

| | | | | |
|--|---|----|------------|----|
| Receipts from Other Sources | 1 Gross sales or receipts from all business activities. See instructions | 1 | 106,232 | 00 |
| | 2 Interest | 2 | 579,760 | 00 |
| | 3 Dividends | 3 | 1,075,701 | 00 |
| | 4 Gross rents | 4 | 435,702 | 00 |
| | 5 Gross royalties | 5 | | 00 |
| | 6 Gross amount received from sale of assets (See Instructions) SEE STATEMENT 1 | 6 | 30,502,105 | 00 |
| | 7 Other income. Attach schedule | 7 | | 00 |
| | 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 32,699,500 | 00 |
| | 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2 | 9 | 1,909,175 | 00 |
| | 10 Disbursements to or for members | 10 | | 00 |
| | 11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3 | 11 | | 00 |
| | 12 Other salaries and wages | 12 | 1,898,615 | 00 |
| | 13 Interest | 13 | 69,116 | 00 |
| | 14 Taxes | 14 | 7,777 | 00 |
| | 15 Rents | 15 | 47,808 | 00 |
| | 16 Depreciation and depletion (See instructions) SEE STATEMENT 4 | 16 | 196,684 | 00 |
| | 17 Other Expenses and Disbursements. Attach schedule | 17 | 1,488,422 | 00 |
| | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 5,617,597 | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|------------|---------------------|------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 2,594,105 | | 8,920,754 |
| 2 Net accounts receivable | | 133,128 | | 325,116 |
| 3 Net notes receivable | | | | |
| 4 Inventories | | 23,598 | | 23,234 |
| 5 Federal and state government obligations STMT 5 | | 2,340,160 | | 456,661 |
| 6 Investments in other bonds STMT 6 | | 15,394,401 | | 11,481,341 |
| 7 Investments in stock STMT 7 | | 53,056,592 | | 52,480,699 |
| 8 Mortgage loans | | | | |
| 9 Other investments. Attach schedule | | 12,304,383 | | 12,903,184 |
| 10 a Depreciable assets | 8,244,289 | | 10,581,285 | |
| b Less accumulated depreciation | (3,349,619) | 4,894,670 | (3,535,283) | 7,046,002 |
| 11 Land | | 370,155 | | 370,155 |
| 12 Other assets. Attach schedule | STMT 9 | 81,164 | | 716,869 |
| 13 Total assets | | 91,192,356 | | 94,724,015 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 701,548 | | 1,119,030 |
| 15 Contributions, gifts, or grants payable | | | | |
| 16 Bonds and notes payable | | | | |
| 17 Mortgages payable | | | | |
| 18 Other liabilities. Attach schedule | STMT 10 | 2,015,434 | | 4,069,717 |
| 19 Capital stock or principal fund | | | | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 Retained earnings or income fund | | 88,475,374 | | 89,535,268 |
| 22 Total liabilities and net worth | | 91,192,356 | | 94,724,015 |

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 | 1,051,987 | 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 | |
| 3 Excess of capital losses over capital gains | | 9 Total. Add line 7 and line 8 | 216,999 |
| 4 Income not recorded on books this year. Attach schedule | | 10 Net income per return. Subtract line 9 from line 6 | 216,999 |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule | STMT 11 88,181 | | 923,169 |
| 6 Total. Add line 1 through line 5 | 1,140,168 | | |

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)

Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

**Riverside Community Health
 Foundation**

Employer identification number

23-7276444

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private 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 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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 | Diabetes Hands Foundation 1962 University Ave Berkeley CA 94704 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Parkview Community Hospital Found 3865 Jackson St Riverside CA 92503 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Loma Linda University Health Service 11175 Mountain View Ave Ste. A Loma Linda CA 92354 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | The Auxillary of Riverside Comm Hosp 4445 Magnolia Ave Riverside CA 92501 | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | Inland Valley Hospice 3770 Myers St. Riverside CA 92503 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | Riverside University Health System 26520 Cactus Ave Moreno Valley CA 92555 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 | James K Wilden Trust 3700 Sixth St Riverside CA 92501 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | Borrego Community Health Foundation PO Box 2369 Borrego Springs CA 92004-2369 | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | Kaiser Foundation 75 N Fair Oaks Ave Pasadena CA 91103 | \$ 333,333 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | CA Department of Public Health Community Challenge Grant Program PO Box 997377 Sacramento CA 95899-7377 | \$ 390,455 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | The Community Foundation 3700 Sixth St. Ste 200 Riverside CA 92501 | \$ 107,740 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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 |
|-----------------|--------------------|--------------|--------------|---------------|-----------|----------------|----------------|------|------------|
| | | | | | | | | | |
| 21st Century | Endowment Purchase | | | 1/01/16 | 12/31/16 | \$ 153,694 | \$ 142,043 | \$ | \$ 142,043 |
| 21st Century | Endowment Purchase | | | 1/01/15 | 12/31/16 | 760,208 | 593,921 | | 593,921 |
| Education Trust | Purchase | | | 1/01/16 | 12/31/16 | 554,779 | 521,258 | | 521,258 |
| Education Trust | Purchase | | | 1/01/15 | 12/31/16 | 2,097,744 | 1,543,845 | | 1,543,845 |
| Annuity Growth | Purchase | | | 1/01/16 | 12/31/16 | 28,773 | 29,102 | | 29,102 |
| Annuity Growth | Purchase | | | 1/01/15 | 12/31/16 | 4,064 | 5,943 | | 5,943 |
| Annuity Reserve | Purchase | | | 1/01/15 | 12/31/16 | 24,186 | 25,305 | | 25,305 |
| Diamond Hill | Purchase | | | 1/01/15 | 12/31/16 | 4,223 | | | |
| Diamond Hill | Purchase | | | 1/01/16 | 12/31/16 | 335,811 | 118,225 | | 118,225 |
| Legg Mason | Purchase | | | 1/01/16 | 12/31/16 | 21,322 | | | |
| Legg Mason | Purchase | | | 1/01/15 | 12/31/16 | 5,466 | | | |
| Crescent | Purchase | | | 1/01/16 | 12/31/16 | | 44,384 | | 44,384 |
| Crescent | Purchase | | | 1/01/15 | 12/31/16 | | 38,683 | | 38,683 |
| Metropolitan | Purchase | | | 1/01/15 | 12/31/16 | | | | |
| Metropolitan | Purchase | | | 1/01/16 | 12/31/06 | 646,704 | 625,252 | | 625,252 |
| Delaware US | Growth Purchase | | | 1/01/15 | 12/31/16 | 2,524 | | | |
| Dodge & Cox | Purchase | | | 1/01/15 | 12/31/16 | 483,997 | 136,730 | | 136,730 |
| Dodge & Cox | Purchase | | | 1/01/15 | 12/31/16 | 30,336 | | | |

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 |
|----------------------------|-------------------|--------------|--------------|---------------|-----------|----------------|----------------|------|------------|
| | | | | | | | | | |
| Pimco | Purchase | | | 1/01/15 | 12/31/16 | \$ 575,000 | \$ 622,487 | \$ | \$ 622,487 |
| Canterbury Consulting | Vulcan Purchase | | | 1/01/16 | 12/31/16 | 1,795,874 | 1,646,524 | | 1,646,524 |
| Canterbury Consulting | Vulcan Purchase | | | 1/01/15 | 12/31/16 | 1,160,653 | 1,131,027 | | 1,131,027 |
| Canterbury Consulting | Master Purchase | | | 1/01/16 | 12/31/16 | 340,209 | 315,754 | | 315,754 |
| Canterbury Consulting | Master Purchase | | | 1/01/15 | 12/31/16 | 1,626,135 | 1,278,684 | | 1,278,684 |
| Canterbury Consulting | Pinnacle Purchase | | | 1/01/16 | 12/31/16 | 14,215 | 32,376 | | 32,376 |
| Canterbury Consulting | Pinnacle Purchase | | | 1/01/15 | 12/31/16 | 436,382 | 93,440 | | 93,440 |
| UBS International | Bonds Purchase | | | 1/01/16 | 12/31/16 | 56,836 | 55,641 | | 55,641 |
| UBS International | Bonds Purchase | | | 1/01/15 | 12/31/16 | 1,701,426 | 1,755,197 | | 1,755,197 |
| UBS West Asset | Bond Purchase | | | 1/01/16 | 12/31/16 | 2,551,284 | 2,578,983 | | 2,578,983 |
| UBS West Asset | Bond Purchase | | | 1/01/15 | 12/31/16 | 5,416,187 | 5,223,789 | | 5,223,789 |
| UBS Harding Loevner | Purchase | | | 1/01/16 | 12/31/16 | 154,413 | 148,710 | | 148,710 |
| UBS Harding Loevner | Purchase | | | 1/01/15 | 12/31/16 | 1,280,919 | 1,053,897 | | 1,053,897 |
| UBS Delaware International | Purchase | | | 1/01/16 | 12/31/16 | 13,754 | 12,292 | | 12,292 |
| UBS Delaware International | Purchase | | | 1/01/15 | 12/31/16 | 343,064 | 338,084 | | 338,084 |
| UBS Lord Abbott Large | Value Purchase | | | 1/01/16 | 12/31/16 | 481,815 | 536,161 | | 536,161 |
| UBS Lord Abbott Large | Value Purchase | | | 1/01/15 | 12/31/16 | 667,268 | 540,248 | | 540,248 |

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 | TCW Mid Growth Purchase | | | 1/01/16 | 12/31/16 | \$ 805,842 | \$ 879,337 | \$ | \$ 879,337 |
| UBS | TCW Mid Growth Purchase | | | 1/01/15 | 12/31/16 | 1,183,899 | 1,106,490 | | 1,106,490 |
| UBS | Winslow Large Growth Purchase | | | 1/01/16 | 12/31/16 | 1,636,574 | 1,748,853 | | 1,748,853 |
| UBS | Winslow Large Growth Purchase | | | 1/01/15 | 12/31/16 | 1,067,931 | 805,986 | | 805,986 |
| UBS | Small Value Purchase | | | 1/01/16 | 12/31/16 | 74,280 | 82,968 | | 82,968 |
| UBS | Small Value Purchase | | | 1/01/15 | 12/31/16 | 348,920 | 339,984 | | 339,984 |
| UBS | Clearbridge MCG Purchase | | | 1/01/16 | 12/31/16 | 31,198 | 27,852 | | 27,852 |
| UBS | Clearbridge MCG Purchase | | | 1/01/15 | 12/31/16 | 602,436 | 192,332 | | 192,332 |
| UBS | Blackrock Large Value Purchase | | | 1/01/16 | 12/31/16 | 53,284 | 52,101 | | 52,101 |
| UBS | Blackrock Large Value Purchase | | | 1/01/15 | 12/31/16 | 594,986 | 446,690 | | 446,690 |
| UBS | Millenium Fund Purchase | | | 1/01/15 | 12/31/16 | 49,908 | | | |
| Goldman Sachs | Purchase | | | 1/01/15 | 12/31/16 | 283,582 | 333,399 | | 333,399 |
| UBS | Purchase | | | 1/01/15 | 12/31/16 | | 49,750 | | 49,750 |
| IP Rights | Purchase | | | 10/01/13 | 12/31/16 | | 10,000 | 2,111 | 7,889 |
| Covenant not to compete | Purchase | | | 10/01/13 | 12/31/16 | | 10,000 | 10,000 | |

California Statements

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

| Description | | | | | | | |
|--------------|--------------|---------------|-----------|--------------------|--------------------|------------------|--------------------|
| How Received | Whom Sold To | Date Acquired | Date Sold | Gross Proceeds | Cost & Expense | Depr | Net Basis |
| Total | | | | \$ <u>30502105</u> | \$ <u>27273727</u> | \$ <u>12,111</u> | \$ <u>27261616</u> |

839 Riverside Community Health
23-7276444
FYE: 12/31/2016

11/13/2017 12:52 PM

California Statements

Form 199, Part II, Line 7 - Other Income

| Description | Amount |
|----------------|--------------------------------|
| Pink on Parade | \$ _____ |
| Total | \$ <u> </u> 0 |

California Statements**Statement 2 - 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 |
| | American Heart | Association Outpatient | 1700 Iowa Ave, Suite 240 38,000 | Riverside | CA | 92507 | | |
| | Janet Goeske Foundation | Education | 5257 Sierra St. 10,000 | Riverside | CA | 92504 | | |
| | Loma Linda Univ | Sch of Pub Health | 24951 North Circle Dr 200,000 | Loma Linda | CA | 92350 | | |
| | Operation Safe House | Inpatient | 9685 Hayes St 30,000 | Riverside | CA | 92503 | | |
| | Parkview Community Hospital | Outpatient | 3865 Jackson St. 352,000 | Riverside | CA | 92503 | | |
| | Path of Life Ministries | Inpatient | 6216 Brockton Ave. # 211 125,000 | Riverside | CA | 92506 | | |
| | Teen Challenge | Outpatient | 5445 Chicago Ave 55,320 | Riverside | CA | 92507 | | |
| | The Regents of the Univ of CA | Outpatient | 1111 Franklin St 150,000 | Oakland | CA | 94607 | | |
| | Arc of Riverside County | Outpatient | 8138 Mar Vista Ct 40,000 | Riverside | CA | 92504 | | |
| | Blindness Support Services, Inc. | Education | 3696 Beatty Dr. # A 31,855 | Riverside | CA | 92506 | | |
| | Borrego Community Health Foundation | Outpatient | 655 Palm Canyon Dr 105,000 | Borrego Springs | CA | 92004 | | |
| | Family Service Association | Outpatient | 21250 Box Springs Rd 75,000 | Moreno Valley | CA | 92557 | | |
| | Inland Regional Center | Outpatient | PO Box 19037 10,000 | San Bernardino | CA | 92423 | | |
| | Inspire Life Skills Trainning | Education | 815 W 6th St # 160 10,000 | Corona | CA | 92882 | | |
| | Jurupa Area Rec and Park District | Education | 4810 Pedley Rd 10,000 | Jurupa Valley | CA | 92509 | | |
| | Megan's Wings Foundation | Outpatient | 1042 N. Mountain Ave 10,000 | Upland | CA | 91786 | | |
| | Olive Crest | Outpatient | 555 Technology Ct 50,000 | Riverside | CA | 92507 | | |
| | Queen of Hearts Therapeutic Riding | Education | 6405 Dana Ave 10,000 | Jurupa Valley | CA | 91752 | | |
| | Riverside County Physicians Mem Fd | Education | 3993 Jurupa Ave 18,000 | Riverside | CA | 92506 | | |
| | Riverside University Health Sys Fd | Inpatient | 26520 Cactus Ave 350,000 | Moreno Valley | CA | 92552 | | |
| | Young Scholars for Academic Empower | Outpatient | 4164 Brockton Ave 200,000 | Riverside | CA | 92501 | | |
| | Other Misc Small Grants | Education / Patient | 29,000 | | | | | |
| Subtotal | | | \$ 1,909,175 | | | | | |

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts (continued)

| PSA | Class | Name | Address | City | State | Zip | | |
|--------------|--------|---------|---------------------|---------------------|-----------------|-------------------|------------------------|------|
| Relationship | Status | Purpose | Amount | Noncash Description | FMV Explanation | Book Value Amount | Book Value Explanation | Date |
| Total | | | \$ <u>1,909,175</u> | | | | | |

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

| Name | Address | Title | Avg Hrs | Compensation Amount |
|------------------------|---------------|-----------|---------|---------------------|
| City | State | Zip | | |
| Eliza Deniely-Woolfolk | | Chair | | |
| Arturo Alcaraz | | Member | | |
| Daniel Anderson | 4275 Lemon St | President | 40.00 | |
| | CA 92501-3844 | | | |
| Patrick Brilliant | | Member | | |
| Judy Carpenter | | Member | | |
| Richard J. Erickson | | Member | | |
| Thomas Ferrer | | Member | | |
| Katie Greene | | Member | | |
| Karl Hicks | | Member | | |
| Laura Holden | | Member | | |
| Ben Johnson II | | Member | | |
| Cathy Kienle | | Member | | |
| Thomas Loza | | Treasurer | | |

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

| Name | Address | Avg Hrs | Compensation Amount | | |
|--------------------|---------|---------|---------------------|-------|---|
| City | State | Zip | Title | | |
| Tarek Mahdi | | | Member | | |
| Jennifer O'Farrell | | | Member | | |
| Cyndi Nolasco | | | Member | | |
| Erin Phillips | | | Member | | |
| Richard Rajaratnam | | | Member | | |
| George Reyes | | | Member | | |
| Michele Reyes | | | Member | | |
| Joseph Schneider | | | Member | | |
| Ninfa Delgado | | | Vice President | 40.00 | 0 |
| Total | | | | | |

California Statements

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

| Description | Amount |
|----------------------------|---------------------|
| | \$ |
| Pink on Parade | |
| Repairs & maintenance | 666 |
| Printing & mailing exp | 9,335 |
| Information technology | 1,320 |
| Travel | 341 |
| Adversiting and promotion | 1,365 |
| Rent | 20,751 |
| Other professional fees | 384 |
| Insurance | 699 |
| Bank fees & charges | 2,862 |
| Event expenses | 29,748 |
| Supplies | 1,273 |
| Utilities | 4,792 |
| Health Educ. Center | |
| Cleaning & Maintenance | 3,029 |
| Utilities | 16,322 |
| Payroll taxes | 150,500 |
| Accounting fees | 60,358 |
| Legal fees | 11,723 |
| Other professional fees | 73,451 |
| Printing & mailing expense | 48,111 |
| Travel expense | 57,468 |
| Conferences and meetings | 122,550 |
| Dues & subscriptions | 5,590 |
| Health programs/fairs | 283,022 |
| Miscellaneous | 29,160 |
| Repairs and maintenance | 20,023 |
| Taxes & licenses | 39,865 |
| Utilities | 20,018 |
| Rounding | 2 |
| Pension expense | 58,695 |
| Advertising expense | 57,289 |
| Software & website expense | 38,805 |
| Insurance expense | 217,264 |
| Bank fees | 6,171 |
| Donor recognition | 525 |
| Supplies | 94,945 |
| Total | <u>\$ 1,488,422</u> |

Statement 5 - Form 199, Schedule L, Line 5 - Federal and State Government

| Description | Beginning of Year | End of Year |
|----------------------------|-------------------------|-------------------|
| Treasury obligations | \$ 1,389,322 | \$ 456,661 |
| Mortgage backed securities | 950,838 | |
| Total | <u>\$ 2,340,160</u> | <u>\$ 456,661</u> |

California Statements

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

| Description | Beginning of Year | End of Year |
|-----------------|-------------------------|---------------------|
| Corporate bonds | \$15,394,401 | \$11,481,341 |
| Total | <u>\$15,394,401</u> | <u>\$11,481,341</u> |

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

| Description | Beginning of Year | End of Year |
|-------------|-------------------------|---------------------|
| Equities | \$53,056,592 | \$52,480,699 |
| Total | <u>\$53,056,592</u> | <u>\$52,480,699</u> |

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

| Description | Beginning of Year | End of Year |
|--------------------------------------|-------------------------|---------------------|
| Alternative investments | \$10,242,066 | \$11,897,816 |
| Real estate & specialty assets | 8,664 | 5,404 |
| Crecent Capital High Income Fund, LP | 914,628 | 999,964 |
| UBS Millenium | 1,139,025 | |
| Total | <u>\$12,304,383</u> | <u>\$12,903,184</u> |

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

| Description | Beginning of Year | End of Year |
|--------------------------|-------------------------|-------------------|
| Construction in progress | \$ 27,150 | \$ 653,894 |
| Clearing account | | 2,315 |
| Prepaid Expenses | 43,014 | 60,660 |
| Intangible assets | 11,000 | |
| Total | <u>\$ 81,164</u> | <u>\$ 716,869</u> |

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

| Description | Beginning of Year | End of Year |
|-----------------------------------|-------------------------|---------------------|
| Estimated future annuity liab | \$ 59,736 | \$ 53,586 |
| Deferred compensation | 255,723 | 287,744 |
| Unsecured Notes and Loans Payable | 1,699,975 | 3,728,387 |
| Total | <u>\$ 2,015,434</u> | <u>\$ 4,069,717</u> |

California Statements

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

| Description | Amount |
|---|------------------|
| Adj to show rental income net of expenses | \$ 88,181 |
| Total | <u>\$ 88,181</u> |

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

| Description | Amount |
|---|-------------------|
| Adj to show rental income net of expenses | \$ 88,181 |
| Net unrealized gains | <u>128,818</u> |
| Total | <u>\$ 216,999</u> |

TAXABLE YEAR

California Exempt Organization Business Income Tax Return

FORM

109

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

RIVERSIDE COMMUNITY HEALTH
FOUNDATIONCalifornia corporation number
0679957

Additional information. See instructions.

FEIN

23-7276444

Street address (suite/room no.)

4275 LEMON ST

PMB no.

City (If the corporation has a foreign address, see instructions.)

RIVERSIDE

State

CA

ZIP code

92501-3844

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First Return Filed? Yes No
- B** Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D** Final Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized. Enter date (mm/dd/yyyy)
- E** Amended Return Yes No
- F** Accounting Method Used: (1) Cash (2) Accrual (3) Other
- G** Nature of trade or business
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I** Is this organization claiming any former Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K** Unrelated Business Activity (UBA) Code
- L** Is this a Hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

| | | | |
|--|--|----|----------|
| Taxable Corporation | 1 Unrelated business taxable income from Side 2, Part II, line 30 | 1 | 00 |
| | 2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions | | 00 |
| | 3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1 | | 00 |
| Taxable Trust | 4 Unrelated business taxable income from Side 2, Part II, line 30 | 1 | 00 |
| Tax Computation | 5 Unrelated business taxable income from line 3 or line 4 | 1 | 00 |
| | 6 Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction | 1 | 00 |
| | 7 Net Operating Loss deduction. See General Information N | 1 | 00 |
| Total Tax | 8 Add line 6 and line 7 | 1 | 00 |
| | 9 Net unrelated business taxable income. Subtract line 8 from line 5 | 1 | 00 |
| | 10 Tax 8.84 % x line 9. See General Information J | 1 | 00 |
| Payments | 11 Tax credits from Schedule B. See instructions | 1 | 00 |
| | 12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- | 1 | 00 |
| | 13 Alternative minimum tax. See General Information O | 1 | 00 |
| Use Tax/ Tax Due/ Overpay- ment | 14 Total tax. Add line 12 and line 13 | 1 | 00 |
| | 15 Overpayment from a prior year allowed as a credit | 15 | 3,000 00 |
| | 16 2016 estimated tax payments. See instructions | 16 | 00 |
| | 17 Withholding (Form 592-B and/or 593.) See instructions | 17 | 00 |
| | 18 Amount paid with extension (Form FTB 3539) | 18 | 00 |
| | 19 Total payments and credits. Add line 15 through line 18 | 19 | 3,000 00 |
| | 20 Use tax. See instructions | 20 | 00 |
| | 21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 | 21 | 3,000 00 |
| | 22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20 | 22 | 00 |
| | 23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions | 23 | 00 |
| | 24 Overpayment. Subtract line 14 from line 21. See instructions | 24 | 3,000 00 |
| | 25 Enter amount of line 24 to be applied to 2017 estimated tax | 25 | 00 |

RIVERSIDE COMMUNITY HEALTH
23-7276444

| | | | | | |
|----------------------------|--|---|-----|-------|----|
| Refund or Amount Due | 26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 | I | 26 | 3,000 | 00 |
| | a Fill in the account information to have the refund directly deposited. Routing number | I | 26a | | |
| | b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number | I | 26c | | |
| | 27 Penalties and interest. See General Information M | I | 27 | | 00 |
| | 28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806 | I | 28 | | |
| | 29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24 | I | 29 | | 00 |

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

| | | | | | |
|---|-------------------------------------|-----------------|----|----|----|
| 1 a Gross receipts or gross sales | b Less returns and allowances | c Balance | I | 1c | 00 |
| 2 Cost of goods sold and/or operations (Schedule A, line 7) | | I | 2 | | 00 |
| 3 Gross profit. Subtract line 2 from line 1c | | I | 3 | | 00 |
| 4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) | | I | 4a | | 00 |
| b Net gain (loss) from Part II, Schedule D-1 | | I | 4b | | 00 |
| c Capital loss deduction for trusts | | I | 4c | | 00 |
| 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule | | I | 5 | | 00 |
| 6 Rental income (Schedule C) | | I | 6 | | 00 |
| 7 Unrelated debt-financed income (Schedule D) | | I | 7 | | 00 |
| 8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) | | I | 8 | | 00 |
| 9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) | | I | 9 | | 00 |
| 10 Exploited exempt activity income (Schedule G) | | I | 10 | | 00 |
| 11 Advertising income (Schedule H, Part III, Column A) | | I | 11 | | 00 |
| 12 Other income. Attach schedule | | I | 12 | | 00 |
| 13 Total unrelated trade or business income. Add line 3 through line 12 | | I | 13 | | 00 |

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|---|---|-----|-------|
| 14 Compensation of officers, directors, and trustees from Schedule I | I | 14 | 00 |
| 15 Salaries and wages | I | 15 | 00 |
| 16 Repairs | I | 16 | 00 |
| 17 Bad debts | I | 17 | 00 |
| 18 Interest. Attach schedule | I | 18 | 00 |
| 19 Taxes. Attach schedule | I | 19 | 00 |
| 20 Contributions. See instructions and attach schedule | I | 20 | 00 |
| 21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) | I | 21a | 00 |
| b Less: depreciation claimed on Schedule A. See instructions | I | 21b | 00 |
| 22 Depletion. Attach schedule | I | 22 | 00 |
| 23 a Contributions to deferred compensation plans | | 23a | 00 |
| b Employee benefit programs. See instructions | | 23b | 00 |
| 24 Other deductions. Attach schedule | I | 24 | 00 |
| 25 Total deductions. Add line 14 through line 24 | I | 25 | 00 |
| 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 | I | 26 | 00 |
| 27 Excess advertising costs (Schedule H, Part III, Column B) | I | 27 | 00 |
| 28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 | I | 28 | 00 |
| 29 Specific deduction. See instructions | I | 29 | 1,000 |
| 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 | I | 30 | 00 |

| | | | | | |
|---|--|---------------------------|---|----------|---|
| Sign Here | To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice . To request this notice by mail, call 800.852.5711. | | | | |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | Signature of officer „ | Title PRESIDENT | Date | Check if self-employed „ <input type="checkbox"/> |
| Preparer's signature „ | <i>Robert Bussu</i> | | | 11/13/17 | I PTIN P00395353 |
| Firm's name (or yours, if self-employed) „ | ROORDA, PIQUET & BESSEE, INC. | Date | Check if self-employed „ <input type="checkbox"/> | | I FEIN 33-0252865 |
| and address | 5995 BROCkTON AVENUE/2ND FLOOR RIVERSIDE, CA 92506 | | | | I Telephone 951-684-7781 |
| May the FTB discuss this return with the preparer shown above? See instructions | | | | | I <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

RIVERSIDE COMMUNITY HEALTH
23-7276444



Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

| | | |
|---|----|----|
| 1 Inventory at beginning of year | 1 | 00 |
| 2 Purchases | 2 | 00 |
| 3 Cost of labor | 3 | 00 |
| 4 a Additional IRC Section 263A costs. Attach schedule | 4a | 00 |
| b Other costs. Attach schedule | 4b | 00 |
| 5 Total. Add line 1 through line 4b | 5 | 00 |
| 6 Inventory at end of year | 6 | 00 |
| 7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 | 7 | 00 |

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

| | |
|---|---|
| 1 Enter credit name _____ code \| 1 \| 00 | |
| 2 Enter credit name _____ code \| 2 \| 00 | |
| 3 Enter credit name _____ code \| 3 \| 00 | |
| 4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11 | 4 |

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

| | | |
|---|----|----|
| 1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 | 1 | 00 |
| 2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots | 2a | 00 |
| b Method for non-dealer installment obligations | 2b | 00 |
| 3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles | 3 | 00 |
| 4 Credit recapture. Credit name | 4 | 00 |
| 5 Total. Combine the amounts on line 1 through line 4. See instructions | 5 | 00 |

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

| | (a) Total within and outside California | (b) Total within California | (c) Percent within California $[(b) \div (a)] \times 100$ |
|---|---|-----------------------------------|---|
| 1 Total Sales ..... | \| | \| |  |
| 2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. .... |  |  | \| |

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

| | (a) Total within and outside California | (b) Total within California | (c) Percent within California $[(b) \div (a)] \times 100$ |
|---|---|-----------------------------------|---|
| 1 Property factor: See instructions ..... | \| 0 \| | \| 0 \| |  |
| 2 Payroll factor: Wages and other compensation of employees ..... | \| 0 \| | \| 0 \| |  |
| 3 Sales factor: Gross sales and/or receipts less returns and allowances ..... | \| 0 \| | \| 0 \| |  |
| 4 Total percentage: Add the percentages in column (c) | | | |
| 5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions | | | |

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, & Section 23701n organizations. See instructions for exceptions.

| | | |
|---|--|--|
| 1 Description of property | 2 Rent received or accrued | 3 Percentage of rent attributable to personal property |
| N/A | | % |
| | | % |
| | | % |
| 4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income | 5 Complete if any item in column 3 is more than 10%, but not more than 50% | |
| (a) Deductions directly connected (attach schedule) | (b) Income includable, column 2 less column 4(a) | (a) Gross income reportable, column 2 x column 3 |
| | | (b) Deductions directly connected with personal property (attach schedule) |
| | | (c) Net income includable, column 5(a) less column 5(b) |
| Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 | | 0 |

RIVERSIDE COMMUNITY HEALTH
23-7276444

Schedule D Unrelated Debt-Financed Income

| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | | 3 Deductions directly connected with or allocable to debt-financed property | |
|--|--|--|--|---|---|
| | | | | (a) Straight-line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| N/A | | | | | |
| | | | | | |
| | | | | | |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Debt basis percentage, column 4 ÷ column 5 | 7 Gross income reportable, column 2 x column 6 | 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6 | 9 Net income (or loss) includable, column 7 less column 8 |
| | | % | | | |
| | | % | | | |
| | | % | | | |
| Total. Enter here and on Side 2, Part I, line 7 | | | | | |

Total. Enter here and on Side 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

| 1 Description | 2 Amount | 3 Deductions directly connected (attach schedule) | 4 Net investment income, column 2 less column 3 | 5 Set-asides (attach schedule) | 6 Balance of investment income, column 4 less column 5 |
|---------------|----------|---|---|--------------------------------|--|
| N/A | | | | | |
| | | | | | |
| | | | | | |

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

| | | Exempt Controlled Organizations | | | |
|------------------------------------|----------------------------------|---------------------------------|------------------------------------|--|---|
| 1 Name of controlled organizations | 2 Employer Identification Number | 3 Net unrelated income (loss) | 4 Total of specified payments made | 5 Part of column (4) that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| 1 N/A | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Nonexempt Controlled Organizations

| 7 Taxable Income | 8 Net unrelated income (loss) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) |
|---|-------------------------------|------------------------------------|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 Add columns 5 and 10 | | | | |
| 5 Add columns 6 and 11 | | | | |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9 | | | | |

Schedule G Exploited Exempt Activity Income, other than Advertising Income

| 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income from unrelated trade or business, column 2 less column 3 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expense, column 6 less column 5 but not more than column 4 | 8 Net income includable, column 4 less column 7 but not less than zero |
|--|--|--|---|--|-------------------------------------|--|--|
| N/A | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Enter here and on Side 2, Part I, line 10 | | | | | | | |

Total. Enter here and on Side 2, Part I, line 10 .

RIVERSIDE COMMUNITY HEALTH
23-7276444



Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7. | 5 Circulation income | 6 Readership costs | 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0. |
|----------------------|----------------------------|----------------------------|---|----------------------|--------------------|--|
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Part II Income from Periodicals Reported on a Separate Basis

| | | | | | |
|------------|--|--|--|--|--|
| N/A | | | | | |
| | | | | | |
| | | | | | |

Part III Column A – Net Advertising Income

| | | | |
|--|--|--|---|
| (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals | (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7 | (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals | (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4 |
|--|--|--|---|

N/A

N/A

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

| 1 Name of Officer | 2 SSN or ITIN | 3 Title | 4 Percent of time devoted to business | 5 Compensation attributable to unrelated business | 6 Expense account allowances |
|-------------------|---------------|---------|---------------------------------------|---|------------------------------|
| N/A | | | % | | |
| | | | % | | |
| | | | % | | |
| | | | % | | |
| | | | % | | |

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

| 1 Group and guideline class or description of property | 2 Date acquired (dd/mm/yyyy) | 3 Cost or other basis | 4 Depreciation allowed or allowable in prior years | 5 Method of computing depreciation | 6 Life or rate | 7 Depreciation for this year |
|---|------------------------------|-----------------------|--|------------------------------------|----------------|------------------------------|
| 1 Total additional first-year depreciation (do not include in items below) | | | | | | 0 |
| 2 Other depreciation: | | | | | | |
| Buildings | N/A | | | | | 0 |
| Furniture and fixtures | | | | | | |
| Transportation equipment | | | | | | |
| Machinery and other equipment | | | | | | |
| Other (specify) | | | | | | |
| 3 Other depreciation | | | | | | |
| 4 Total | | | | | | 0 |
| 5 Amount of depreciation claimed elsewhere on return | | | | | | 0 |
| 6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a | | | | | | |