

Form **990**
(Rev. January 2020)
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

2019**Open to Public Inspection****Do not enter social security numbers on this form as it may be made public.****Go to www.irs.gov/Form990 for instructions and the latest information.****A For the 2019 calendar year, or tax year beginning , and ending****B Check if applicable:**

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

C Name of organization**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Doing business as

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

4275 LEMON ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

RIVERSIDE CA 92501-3844**F Name and address of principal officer:****DANIEL ANDERSON****4275 LEMON ST****RIVERSIDE****CA 92501-3844****D Employer identification number****23-7276444****E Telephone number****951-788-3471****G Gross receipts \$ 20,690,998****H(a) Is this a group return for subordinates?** ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

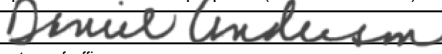
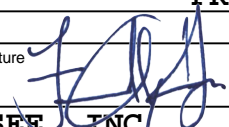
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **u HTTP://WWW.RCHF.ORG****H(c) Group exemption number u****K Form of organization:** ☐ Corporation ☐ Trust ☒ Association ☐ 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	76
	6 Total number of volunteers (estimate if necessary)	6	460
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,487
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,129,169	1,231,324
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,987,247	3,472,338
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	873,758	777,194
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,990,174	5,480,856
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,649,645	1,533,952
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,614,086	3,478,581
	b Total fundraising expenses (Part IX, column (D), line 25) u 245,608	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,515,386	3,334,129
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,779,117	8,346,662
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	211,057	-2,865,806
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	90,831,989	99,300,292
	22 Net assets or fund balances. Subtract line 21 from line 20	6,040,007	5,647,081
		84,791,982	93,653,211

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		11/16/2020
	Signature of officer	Date
	DANIEL ANDERSON	PRESIDENT
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 
	FERNANDO G. AYALA JR	Date 11/16/20 Check <input type="checkbox"/> if self-employed PTIN P01259082
	Firm's name } ROORDA, PIQUET & BESSEE, INC.	Firm's EIN } 33-0252865
	Firm's address } 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175	Phone no. 951-684-7781

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

TO IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITY BY PROVIDING HEALTH EDUCATION AND OUTREACH PROGRAMS AS WELL AS GRANTS TO NON-PROFIT ORGANIZATIONS, SCHOOLS, AND GOVERNMENT AGENCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code:) (Expenses \$ **1,397,049** including grants of \$) (Revenue \$)
COMMUNITY EMPOWERMENT PROGRAMS:

55,659 ENCOUNTERS/CONTACTS

GOAL: TO DEVELOP A THRIVING AND SELF-SUSTAINING COMMUNITY TO ENHANCE THE WELL-BEING OF INDIVIDUALS IN RIVERSIDE AND SURROUNDING AREAS.

SEE SCHEUDLE O FOR FURTHER DETAILS ON THESE PROGRAMS.

4b (Code:) (Expenses \$ **932,493** including grants of \$) (Revenue \$)
COMMUNITY WELLNESS PROGRAMS:

14,864 ENCOUNTERS/CONTACTS

GOAL: TO CREATE AN ENVIRONMENT WHERE HEALTHY LIFESTYLE BEHAVIORS WILL BECOME THE SOCIAL NORM, TO IMPROVE THE QUALITY OF LIFE FOR THE CITY OF RIVERSIDE AND SURROUNDING AREAS.

SEE SCHEDULE O FOR FURTHER DETAILS ON THESE PROGRAMS.

4c (Code:) (Expenses \$ **421,267** including grants of \$) (Revenue \$)
PINK RIBBON BREAST CANCER RESOURCE CENTER:

1,853 ENCOUNTERS/CONTACTS

GOAL: TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY CANCER THROUGH EDUCATION, FINANCIAL/SUPPORT SERVICES AND MENTAL HEALTH SUPPORT SERVICES.

SEE SCHEDULE O FOR FURTHER DETAILS ON THIS PROGRAM.

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

(Expenses \$ **3,637,705** including grants of \$ **1,533,952**) (Revenue \$)4e Total program service expenses **u 6,388,514**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 76		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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 SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

Section A. Governing Body and Management

	1a	21	1b	20	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **u**

KHYATI MEHTA
RIVERSIDE

4275 LEMON ST

CA 92501

951-788-3471

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 employee	Former			
(1) DANIEL ANDERSON	40.00									
PRESIDENT	0.00	X		X				240,750	0	0
(2) ARTURO ALCARAZ	0.50									
MEMBER	0.00	X						0	0	0
(3) PATRICK BRILLIANT	0.50									
MEMBER	0.00	X						0	0	0
(4) JOSE CAMPOS	0.50									
MEMBER	0.00	X						0	0	0
(5) JUDY CARPENTER	0.50									
VICE CHAIR	0.00	X		X				0	0	0
(6) TINA COVINGTON	0.50									
MEMBER	0.00	X						0	0	0
(7) ROSE ESCAMILLO	0.50									
MEMBER	0.00	X						0	0	0
(8) BRADLEY GILBERT	0.50									
MEMBER	0.00	X						0	0	0
(9) ERNIE HWANG	0.50									
TREASURER	0.00	X		X				0	0	0
(10) BEN JOHNSON II	0.50									
MEMBER	0.00	X						0	0	0
(11) JEANNENE KELLY	0.50									
MEMBER	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 employee	Former			
(12) CATHY KIENTLE										
SECRETARY	0.50 0.00	X		X				0	0	0
(13) MONROW MABON										
MEMBER	0.50 0.00	X						0	0	0
(14) TAREK MAHDI										
MEMBER	0.50 0.00	X						0	0	0
(15) CRAIG MARSHALL										
CHAIR	0.50 0.00	X		X				0	0	0
(16) CYNDI NOLASCO										
MEMBER	0.04 0.00	X						0	0	0
(17) RICHARD RAJARATNAM										
MEMBER	0.50 0.00	X						0	0	0
(18) JOSEPH SCHNEIDER										
MEMBER	0.50 0.00	X						0	0	0
(19) JESSICA C.H. SMITH										
MEMBER	0.50 0.00	X						0	0	0
1b Subtotal								240,750		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								240,750		

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 4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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 RevenueCheck 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	251,024				
	d Related organizations	1d					
	e Government grants (contributions)	1e	462,778				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	517,522				
	g Noncash contributions included in lines 1a-1f	1g	\$ 81,968				
	h Total. Add lines 1a-1f	u	1,231,324				
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f	u						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,714,573			1,714,573	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real 757,169	(ii) Personal			
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	757,169				
	d Net rental income or (loss)	u	757,169			757,169	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities 16,840,190	(ii) Other 45,749			
	b Less: cost or other basis and sales exps.	7b	15,121,757	6,417			
	c Gain or (loss)	7c	1,718,433	39,332			
	d Net gain or (loss)	u	1,757,765	1,757,765			
	8a Gross income from fundraising events (not including \$ 251,024 of contributions reported on line 1c). See Part IV, line 18	8a	17,538				
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events	u	17,538			17,538	
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
	10a Gross sales of inventory, less returns and allowances	10a	81,968				
	b Less: cost of goods sold	10b	81,968				
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue			Business Code				
	11a UBI INCOME FROM EIN: 36-47636		525990	2,487		2,487	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	2,487				
12 Total revenue. See instructions	u	5,480,856	1,757,765	2,487	2,489,280		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,533,952	1,533,952		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,959,840	2,793,048		166,792
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,211		171,211	
9 Other employee benefits				
10 Payroll taxes	347,530	195,139	97,110	55,281
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	87,426		87,426	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	761,410		761,410	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	173,145	168,008		5,137
12 Advertising and promotion	17,829	16,939	771	119
13 Office expenses	113,088	103,238		9,850
14 Information technology	77,325	70,713	5,052	1,560
15 Royalties				
16 Occupancy	147,223	147,223		
17 Travel	27,807	25,744	2,063	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	114,250	114,250		
20 Interest	196,260	196,260		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	391,214		391,214	
23 Insurance	415,489	341,302	74,187	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD CATERING AND MEALS	197,401	197,401		
b SUPPLIES	96,702	63,568	33,134	
c SUB-CONTRACTS	96,512	96,512		
d REPAIRS AND MAINTENANCE	86,795	86,635	120	40
e All other expenses	334,253	238,582	88,842	6,829
25 Total functional expenses. Add lines 1 through 24e	8,346,662	6,388,514	1,712,540	245,608
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,470	1	424,361
	2 Savings and temporary cash investments	1,545,452	2	1,248,521
	3 Pledges and grants receivable, net	75,291	3	
	4 Accounts receivable, net	177,282	4	434,439
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	25,467	8	28,104
	9 Prepaid expenses and deferred charges	17,814	9	43,335
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,259,231		
	b Less: accumulated depreciation	10b 3,069,840		
	11 Investments—publicly traded securities	11,471,110	10c 11,189,391	
	12 Investments—other securities. See Part IV, line 11	77,506,185	11 85,686,211	
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	5,918	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	90,831,989	15 245,930	16 99,300,292	
Liabilities	17 Accounts payable and accrued expenses	463,681	17	391,846
	18 Grants payable	656,500	18	386,898
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	4,508,855	24	4,326,000
	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	410,971	25	542,337
	26 Total liabilities. Add lines 17 through 25	6,040,007	26	5,647,081
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-1,627,010	27	16,833,660
	28 Net assets with donor restrictions	86,418,992	28	76,819,551
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	84,791,982	32	93,653,211
	33 Total liabilities and net assets/fund balances	90,831,989	33	99,300,292

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	5,480,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,346,662
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,865,806
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,791,982
5	Net unrealized gains (losses) on investments	5	11,727,035
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	93,653,211

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 employee	Former			
(20) MICAH TOKUDA	0.50									
MEMBER	0.00	X						0	0	0
(21) CORINA VELASQUEZ	0.50									
MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

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

- 1) NAME OF US TRANSFEROR: RIVERSIDE COMMUNITY HEALTH FOUNDATION
EIN: 23-7276444
ADDRESS: 4275 LEMON ST, RIVERSIDE, CA 92501-3844
- 2) NAME OF FOREIGN TRANSFEREE: SILVERPOINT CAPITAL OFFSHORE FUND, LTD.
EIN: FOREIGN
ADDRESS: SS&C GLOBEOP
5225 ORBITOR DRIVE
MISSISSAUGA, ONTARIO
CANADA, L4W5M6
COUNTRY OF INCORPORATION: CANADA
- 3) THE FOLLOWING CONSIDERATION WAS RECEIVED BY THE US TRANSFEROR:
DESCRIPTION: COMMON STOCK
ESTIMATED FAIR VALUE: \$1,000,000
- 4) THE FOLLOWING PROPERTY WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRUSTEE:
 - I) ACTIVE TRADE OR BUSINESS PROPERTY - N/A
 - II) STOCK OR SECURITIES - N/A
 - III) DEPRECIATED PROPERTY - N/A
 - IV) PROPERTY TO BE LEASED - N/A
 - V) PROPERTY TO BE SOLD - N/A
 - VI) TRANSFERS TO FSCS - N/A
 - VII) TAINTED PROPERTY - N/A
 - VIII) FOREIGN LOSS BRANCH - N/A
 - IX) OTHER INTANGIBLES - N/A
- 5) THE FOLLOWING PROPERTY OF A FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES SUBJECT TO THE RULES OF TREAS. REG. 1.367(A)-6T WAS TRANSFERRED BY THE U.S. TRANSFEROR TO THE FOREIGN TRUSTEE: N/A
- 6) THE TRANSFER OF PROPERTY BY THE U.S. TRANSFEROR TO THE U.S. TRANSFEREE IS AN EXCHANGE DESCRIBED IN SECTION 361(A) OR 361(B). THE CONDITIONS SET FORTH IN THE SECOND SENTENCE OF SECTION 367(A)(5), AND ANY REGULATIONS UNDER THAT SECTION, HAVE BEEN SATISFIED. THE FOLLOWING ADJUSTMENTS TO BASIS, OR OTHER ADJUSTMENTS, HAVE BEEN MADE TO THE PROPERTY TRANSFERRED: N/A

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
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>		
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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ 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.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer (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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

7 ☐ 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

OMB No. 1545-0047

2019

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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	CA DEPARTMENT OF PUBLIC HEALTH MATERNAL, CHILD AND ADOLESCENT PO BOX 997420 SACRAMENTO CA 95899-7377	\$ 365,272	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RIVERSIDE COMMUNITY HOSPITAL AUX 4445 MAGNOLIA AVE RIVERSIDE CA 92501	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SAN MANUEL BAND OF MISSION INDIANS 36569 COMMUNITY CENTER DR HIGHLAND CA 92346	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATER BROTHERS PO BOX 150 SAN BERNARDINO CA 92402	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BORREGO COMMUNITY HEALTH FOUNDATION PO BOX 7369 BORREGO SPRINGS CA 91729	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RIVERSIDE POLICE DONATION 4102 ORANGE ST RIVERSIDE CA 92501	\$ 15,000	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

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23-7276444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	INLAND EMPIRE HEALTH PARTNERSHIP PO BOX 1800 RANCHO CUCAMONGA CA 91729	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE COMMUNITY FOUNDATION 3700 SIXTH ST STE 200 RIVERSIDE CA 92501	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	RIVERSIDE UNIVERSITY HEALTH SYSTEM PO BOX 9850 MORENO VALLEY CA 92552	\$ 11,492	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CITY NATIONAL BANK 555 S FLOWER ST 11TH FL LOS ANGELES CA 90071	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CALIFORNIA TRUS FRAME 23665 CAJALCO RD PERRIS CA 92570	\$ 8,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MICHELLE BRADLEY 6198 HIGHLAND AVENUE YUCAIPA CA 92399	\$ 5,862	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MOLINA HEALTHCARE 200 OCEANGATE STE 100 LONG BEACH CA 90802	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	KAISER PERMANENTE 393 E WALNUT ST PASADENA CA 91188	\$ 115,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CANTEBURY CONSULTING 610 NEWPORT CENTER DRIVE SUITE 500 NEWPORT BEACH CA 92660	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CARDENAS MARKET FOUNDATION 2501 EAST GUASTI ROAD ONTARIO CA 91761	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	STEPHANIE BROTZMAN 5242 SAPPHIRE STREET RANCHO CUCAMONGA CA 91701	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	AETNA 151 FARMINGTON AVE HARTFORD CT 06156	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RIVERSIDE COMMUNITY HEALTH

Employer identification number

23-7276444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CITY OF RIVERSIDE CDBG GRANT (YOUTH ALLEYWAY) 3900 MAIN STREET, 5TH FLOOR RIVERSIDE CA 92522	\$ 97,506	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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.**u** Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

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

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

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

Part II Conservation Easements.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 **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 FASB 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 make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,734,041	8,891,727	8,284,221	8,248,169	8,167,991
b Contributions				962	514
c Net investment earnings, gains, and losses	1,712,511	-584,186	1,269,779	491,220	141,051
d Grants or scholarships					
e Other expenditures for facilities and programs	187,500	573,500	658,935	456,130	61,111
f Administrative expenses			3,338		276
g End of year balance	9,529,052	7,734,041	8,891,727	8,284,221	8,248,169

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 Term 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?

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		756,602		756,602
b Buildings		12,246,321	2,310,886	9,935,435
c Leasehold improvements				
d Equipment		1,256,308	758,954	497,354
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				11,189,391

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	488,751
(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	542,337

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE**CONSOLIDATED INCOME TAX FOOTNOTE ON FINANCIAL STATEMENTS:**

THE ORGANIZATIONS ARE ORGANIZED AS CALIFORNIA NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER

Part XIII Supplemental Information (continued)

IRC SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170 (B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER IRC SECTIONS 509(A)(1) AND (3), RESPECTIVELY. EACH ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ORGANIZATIONS' DID NOT INCUR FEDERAL AND CALIFORNIA INCOME TAX EXPENSE RELATED TO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2019 AND DECEMBER 31, 2018.

RHP LLC PAYS \$800 IN TAX AND LLC FEES TO THE STATE OF CALIFORNIA ANNUALLY.

THE ORGANIZATIONS FILE RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA. WITH FEW EXCEPTIONS, THE ORGANIZATIONS ARE NO LONGER SUBJECT TO FEDERAL AND CALIFORNIA INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE TAX YEARS BEFORE 2014. FOR TAX YEARS 2015 THROUGH 2019, THE ORGANIZATIONS DO NOT CURRENTLY HAVE AN EXAMINATION SCHEDULED AS OF THE DATE THESE FINANCIAL STATEMENTS WERE ISSUED.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

u Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

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

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

Schedule F (Form 990) 2019

Part II

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

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

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

3 Enter total number of other organizations or entities

u

u

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2019

Part V

Supplemental Information

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

SCHEDULE G
(Form 990 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.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<u>GALA</u> (event type)	<u>PINK ON PARADE</u> (event type)	<u>NONE</u> (total number)	
Revenue	1 Gross receipts	191,725	76,837		268,562
	2 Less: Contributions	191,725	59,299		251,024
	3 Gross income (line 1 minus line 2)		17,538		17,538
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages ..				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				17,538

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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**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 UNIVERSITY PO BOX 2000 LOMA LINDA CA 92354	33-0565591	501C3	250,000				INPATIENT
(2)	TRUEVOLUTION 4164 BROCKTON AVE STE A RIVERSIDE CA 92501	26-2350778	501C3	187,500				OUTPATIENT
(3)	PATH OF LIFE MINISTRIES 1204 PALMYRITA AVE STE A RIVERSIDE CA 92507	33-0724945	501C3	236,000				OUTPATIENT
(4)	UC RIVERSIDE, SCHOOL OF MEDICINE 92521 UCR BOTANIC GARDENS RD RIVERSIDE CA 92507	95-6006142	501C3	100,000				EDUCATION
(5)	UC RIVERSIDE, SCHOOL OF MEDICINE 92521 UCR BOTANIC GARDENS RD RIVERSIDE CA 92507	95-9006142	501C3	87,500				EDUCATION
(6)	JANET GOESKE FOUNDATION 5257 SIERRA ST RIVERSIDE CA 92507	33-0023938	501C3	25,000				OUTPATIENT/EDUCATION
(7)	AQUAMOTION ABILITY FOUNDATION 6824 ROANOAK PL RIVERSIDE CA 92506	83-1110928	501C3	23,854				OUTPATIENT
(8)	COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE CA 92507	95-0642985	501C3	624,098				EDUCATION
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 8**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2019)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

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

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

THE ORGANIZATION REQUIRES WRITTEN PROGRESS REPORTS FROM GRANTEEES WHICH

INCLUDE STATISTICAL INFORMATION ON SERVICES RENDERED AND FINANCIAL

INFORMATION ON THE DISPOSITION OF THE GRANT FUNDS.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.****u Attach to Form 990.****uGo to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public Inspection****RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

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

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2019

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				
1	DANIEL ANDERSON PRESIDENT	(i) 240,750	(ii) 0	(iii) 0	0	0	240,750	0
		(ii) 0	0	0	0	0	0	0
2		(i)	(ii)					
3		(i)	(ii)					
4		(i)	(ii)					
5		(i)	(ii)					
6		(i)	(ii)					
7		(i)	(ii)					
8		(i)	(ii)					
9		(i)	(ii)					
10		(i)	(ii)					
11		(i)	(ii)					
12		(i)	(ii)					
13		(i)	(ii)					
14		(i)	(ii)					
15		(i)	(ii)					
16		(i)	(ii)					

Part III	Supplemental Information
-----------------	---------------------------------

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

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2019**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

- u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

23-7276444**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		81,968	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (.....)				
26 Other u (.....)				
27 Other u (.....)				
28 Other u (.....)				

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

29

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

Yes No

30a		X

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

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

31		X

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

32a		X

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2019

Part II

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

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization	RIVERSIDE COMMUNITY HEALTH FOUNDATION	Employer identification number 23-7276444
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FORM 990, PART I, LINE 6

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

FORM 990, PART III - ADDITIONAL INFORMATION**COMMUNITY EMPOWERMENT PROGRAMS:**

TEEN HEALTH PROGRAMS: F.A.C.T.S. (FUELING ADOLESCENT COMMUNITIES WITH
TRUTHS AND STRATEGIES) INCLUDES THREE MAIN COMPONENTS: EDUCATION, CLINICAL
ACCESS, AND OUTREACH. SPECIFIC PROGRAMS AND ACTIVITIES INCLUDE THE
RIVERSIDE CHALLENGES OF YOUTH COALITION, CA PERSONAL RESPONSIBILITY AND
EDUCATION PROGRAM (PREP), RUSO MANDATED EDUCATION, TEEN CLINIC AND OUR
ANNUAL YOUNG MEN'S CONFERENCE, THE MY BEST SELFIE CONFERENCE FOR YOUNG
WOMEN, AND PARENT PRESENTATIONS WHICH TOGETHER PROVIDED OVER 11,000
ADOLESCENT ENCOUNTERS IN 2019. PROGRAMS FOCUS NOT ONLY ON PREVENTING TEEN
PREGNANCY IN RIVERSIDE AND PERRIS, BUT ON REDUCING THE RISK OF SEXUALLY
TRANSMITTED DISEASE AS WELL AS RISK BEHAVIOR, AND ALSO SEEK THE DEVELOPMENT
OF TEEN COMMUNICATION STRATEGIES, DECISION-MAKING SKILLS, GOAL SETTING,
HEALTHY-RELATIONSHIPS, VIOLENCE PREVENTION, DRUG AVERSION, CAREER GUIDANCE
AND SKILL BUILDING. FOR EXAMPLE, THE 2019 BESTSELFIE CONFERENCE ADDRESSED A
VARIETY OF MENTAL/BEHAVIORAL HEALTH ISSUES FACING YOUNG WOMEN AND HELPED
THEM EXPLORE THEIR CAREER OPPORTUNITIES. OF THE SURVEYS COLLECTED, 62% OF
RESPONDENTS "STRONGLY AGREED" AND 28% "AGREED" THAT THE CONFERENCE WILL
HELP THEM MAKE BETTER DECISIONS ABOUT THEIR FUTURE.

Name of the organization

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RIVERSIDE COMMUNITY HEALTH

23-7276444

EASTSIDE HEAL ZONE: THE HEAL ZONE INITIATIVE HAS FOCUSED ON HEALTHY EATING AND ACTIVE LIVING IN THE EASTSIDE COMMUNITY FOR THE PAST SIX YEARS.

STRATEGY FOCUS AREAS HAVE INCLUDED RESIDENT LEADERSHIP TRAINING, PHYSICAL ACTIVITY INFRASTRUCTURE, FAITH-BASED WELLNESS, SCHOOL WELLNESS, GREEN ALLEYWAY TRANSFORMATIONS, YOUTH ENGAGEMENT, HEAL RX/CLINIC ENGAGEMENT, HEALTHY FOOD PROGRAMS/CORNER STORE CONVERSIONS, AND FEDERAL FOOD PROGRAM EDUCATION. THE PROGRAM CURRENTLY FOCUSES ON STRENGTHENING ADULT AND YOUTH COMMUNITY HEALTH LEADERSHIP, HEAL RX (COMMUNITY/CLINIC CONNECTION), AND FAITH-BASED STRATEGIES WORKING WITH PARTNERS IN OUR EASTSIDE HEAL ZONE COLLABORATIVE. IN 2019 MORE THAN 500 RESIDENTS WERE REACHED, AND MORE THAN 3000 ENCOUNTERS COMPLETED.

MILES OF SMILES DENTAL PROGRAM: A DENTAL OUTREACH PROGRAM CONDUCTED AT 53 HIGH-NEED ELEMENTARY SCHOOLS PROVIDING DENTAL EDUCATION TO 37,583 STUDENTS, SCREENING TO 12,563 STUDENTS AND THE PLACEMENT OF 12,239 SEALANTS TO 3,606 STUDENTS IN 2019. PROGRAM STAFF ALSO PROVIDED DENTAL SCREENINGS AND FLUORIDE VARNISH APPLICATION TO OVER 470 CHILDREN AT 15 PRE-SCHOOL SITES.

IN ADDITION TO OFFERING THE EDUCATION AND DENTAL SCREENINGS IN SCHOOLS, MILES OF SMILES HELD ITS FIRST ORAL HEALTH SEMINAR IN OCTOBER TO ADULTS IN 2019. THE SEMINAR, WHICH SERVED SPANISH-SPEAKING RESIDENTS, AIMED TO IMPROVE ADULTS' KNOWLEDGE OR ORAL HEALTH CARE, INCLUDING THE RELATIONSHIP BETWEEN NUTRITION AND ORAL HEALTH AND THE DEVELOPMENT AND TREATMENT OF DENTAL CARIES. THE SEMINAR WAS NOT ONLY HIGHLY RATED BY ATTENDEES, BUT 81% OF 52 ADULTS ALSO LEFT THE SEMINAR HAVING INCREASED THEIR KNOWLEDGE OF ORAL HEALTH.

Name of the organization

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RIVERSIDE COMMUNITY HEALTH

23-7276444

COMMUNITY WELLNESS PROGRAMS

HEALTH EDUCATION AND PREVENTION: THESE PROGRAMS PROVIDED 14,864 HEALTH EDUCATION AND PHYSICAL ACTIVITY ENCOUNTERS OFFERED AT AREA HOSPITALS, SENIOR CENTERS, COMMUNITY CENTERS, CHURCHES, PARKS, AND COMMUNITY CLINICS. PROGRAMS INCLUDE CONFERENCES, SEMINARS, MULTI-WEEK HEALTH EDUCATION COURSES, CLASSROOM PRESENTATIONS TO SCHOOLS AND OTHER ORGANIZATIONS, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS. IN 2019, 84% OF PARTICIPANTS ATTENDING AT LEAST ONE OF OUR PRESENTATIONS OR SEMINARS INCREASED THEIR KNOWLEDGE OF CHRONIC DISEASE AND CHRONIC DISEASE MANAGEMENT. OVER THREE-QUARTERS (76%) OF PARTICIPANTS IMPROVED THEIR KNOWLEDGE OF PROPER NUTRITION AND HEALTHY EATING. NEARLY ALL PARTICIPANTS (93%) FELT MORE CONFIDENT SELECTING HEALTHIER FOODS AND PREPARING HEALTHIER MEALS AT HOME AFTER PARTICIPATING IN OUR COOKING CLASS. IN ADDITION, NINETY-TWO PERCENT (92%) OF PARTICIPANTS ATTENDING MAY'S SALUD INTEGRAL DE MUJER CONFERENCE FELT A LOT MORE MOTIVATED TO DO SOMETHING TO IMPROVE THEIR EMOTIONAL AND MENTAL WELL-BEING, AND NEARLY ALL OF THE ATTENDEES BELIEVED THAT ATTENDING THE CONFERENCE BENEFITTED THEM BY INCREASING THEIR CONFIDENCE AND MORALE (98%), MOTIVATING THEM TO LEARN MORE ABOUT WOMEN'S HEALTH (99%), AND HELPING THEM CONNECTING TO OTHERS WITH SIMILAR PROBLEMS (94%).

THIS DEPARTMENT ALSO INCLUDES REGIONAL AND NATIONAL PROGRAMS IN MATERNAL WELLNESS AND DIABETES PREVENTION.

(A) THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) IS A YEARLONG EVIDENCE-BASED INTERVENTION PROGRAM TO HELP PARTICIPANTS PREVENT TYPE 2 DIABETES. IT IS A RESEARCH-BASED PROGRAM FOCUSING ON HEALTHY EATING AND

Name of the organization

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RIVERSIDE COMMUNITY HEALTH

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PHYSICAL ACTIVITY WHICH SHOWS THAT PEOPLE WITH PREDIABETES WHO TAKE PART IN A STRUCTURED LIFESTYLE CHANGE PROGRAM CAN CUT THEIR RISK OF DEVELOPING TYPE 2 DIABETES BY 58%. IN JULY 2019, RCHF RECEIVED FULL RECOGNITION FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION, WHICH MEANS THAT RCHF LIFESTYLE COACHES WERE RECOGNIZED FOR THE ABILITY TO EFFECTIVELY DELIVER AN EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM TO PREVENT TYPE 2 DIABETES.

(B) THE FOUNDATION WAS ALSO AWARDED FUNDING BY THE INLAND EMPIRE HEALTH PLAN TO IMPLEMENT A REGIONAL DOULA ACCESS PROGRAM TO PROVIDE PHYSICAL AND EMOTIONAL SUPPORT TO FAMILIES DURING THE PRENATAL, BIRTHING, AND EARLY POSTPARTUM EXPERIENCE.

PINK RIBBON BREAST CANCER RESOURCE CENTER

PROGRAMS AND SERVICES INCLUDED FOUR ONGOING SUPPORT GROUPS, YOGA AND WATER AEROBIC CLASSES, WORKSHOPS, A PROFESSIONAL PANEL SEMINAR, AND THE ANNUAL SOCIAL WOMEN'S' CANCER CONFERENCE, PROVIDING 1350 CONTACTS IN 2019. IN ADDITION, OVER 500 ENCOUNTERS WERE COMPLETED THROUGH PRODUCT SERVICES SUCH AS WIGS, PROSTHESIS, CAMISOLES, AND HEADWEAR SERVED TO OVER 170 INDIVIDUALS THROUGH THE DISTRIBUTION OF 542 PRODUCTS.

THE PINK RIBBON PLACE AIMED THROUGH VARIOUS SEMINARS AND PROFESSIONAL PANELS TO HELP CANCER SURVIVORS BECOME MORE EFFECTIVE ADVOCATES FOR THEIR OWN HEALTH. FORTY-THREE PERCENT (43%) OF ATTENDEES INCREASED THEIR CONFIDENCE IN THEIR ABILITY TO ADVOCATE FOR THEIR OWN HEALTH. FORTY-FOUR PERCENT (44%) OF PARTICIPANTS OF THE PINK RIBBON PLACE'S CONNECT & LEARN SEMINARS ALSO IMPROVED THEIR ABILITY TO MANAGE STRESS, WHILE 86% LEARNED

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RIVERSIDE COMMUNITY HEALTH

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ABOUT ADVANCE PLANNING AND THEIR RIGHTS TO MEDICAL TREATMENT AND CARE.

ATTENDEES OF THESE EVENTS ALSO INDICATED THAT THEY WERE LIKELY TO USE WHAT THEY HAD LEARNED. FOR EXAMPLE, 92% OF ATTENDEES OF THE 2019 WOMEN'S CANCER CONFERENCE SAID THAT THEY WERE LIKELY OR VERY LIKELY TO USE WHAT THEY HAD LEARNED AT THE GENERAL SESSIONS AND THE VARIOUS BREAKOUT SESSIONS. A SIMILAR PERCENTAGE OF ATTENDEES AT PINK RIBBON'S OTHER EVENTS INDICATED THAT THEY WERE LIKELY OR VERY LIKELY TO USE WHAT THEY HAD LEARNED.

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

DURING 2019 THERE WERE VARIOUS OTHER PROGRAMS RELATED TO YOUTH EDUCATION AND COMMUNITY OUTREACH.

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

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE GOVERNANCE COMMITTEE REVIEWS ALL CONFLICT OF INTEREST DISCLOSURES ANNUALLY AND SUBMITS TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE POLICY IS PRESENTED TO NEWLY APPOINTED MEMBERS ANNUALLY.

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

Name of the organization

RIVERSIDE COMMUNITY HEALTH

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23-7276444

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION IS REVIEWED ANNUALLY BY THE PRESIDENT/CEO AND IS COMPARED TO
SIMILAR NON PROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

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

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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** Go to www.irs.gov/Form990 for instructions and the latest information.**2019****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Employer identification number

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

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

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

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

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY SETTLEMENT ASSOCIATION	B	624,098	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII

Supplemental Information.

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

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2019 or other tax year beginning , and ending
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2019Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) RIVERSIDE COMMUNITY HEALTH FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 4275 LEMON ST City or town, state or province, country, and ZIP or foreign postal code RIVERSIDE CA 92501-3844	D Employer identification number (Employees' trust, see instructions.) 23-7276444 E Unrelated business activity code (See instructions.) 525990
C Book value of all assets at end of year 99,300,292		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 Enter the number of the organization's unrelated trades or businesses. **u** **1** Describe the only (or first) unrelated trade or business here
u INVESTMENT INCOME FROM PASS THRU ENTITY. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u KHYATI MEHTA** 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 partnership and S corporation (attach statement)	SEE STMT 1		5	2,487	2,487
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organization (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			13	2,487	2,487

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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) (see instructions)			18		
19	Taxes and licenses			19		
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b		0
22	Depletion			22		
23	Contributions to deferred compensation plans			23		
24	Employee benefit programs			24		
25	Excess exempt expenses (Schedule I)			25		
26	Excess readership costs (Schedule J)			26		
27	Other deductions (attach schedule)			27		
28	Total deductions. Add lines 14 through 27			28		
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			29	2,487	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30	2,487	
31	Unrelated business taxable income. Subtract line 30 from line 29			31		

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	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.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed u	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid u	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u Refunded u	56	

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

57	At any time during the 2019 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 u	Yes	No
58	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.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

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.		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	u Daniel Anderson	11/16/2020	u PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	FERNANDO G. AYALA JR		11/16/20	P01259082
	Firm's name } ROORDA, PIQUET & BESSEE, INC.	Firm's EIN } 33-0252865		
	Firm's address } 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175	Phone no. } 951-684-7781		

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

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 u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 u				

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 income	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)				
Totals			u 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).

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)				
Totals		u Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

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)						
Totals		u Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

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						
	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 26.
Totals, Part II (lines 1-5) u						

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	

Federal Statements**Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
UBI INCOME FROM EIN: 36-47636	\$ <u>2,487</u>	\$ <u> </u>	\$ <u>2,487</u>
TOTAL	\$ <u>2,487</u>	\$ <u>0</u>	\$ <u>2,487</u>

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

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

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

OMB No. 1545-0026

Attachment
Sequence No. **128**

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

Name of transferor

**RIVERSIDE COMMUNITY HEALTH
FOUNDATION**

Identifying number (see instructions)

23-7276444

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

Controlling shareholder	Identifying number

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

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership

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

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) SS & C GLOBAL	5a Identifying number, if any FOREIGNUS
6 Address (including country) 5255 ORBITOR DRIVE MISSISSAUGA CA L4W5M6 CANADA	5b Reference ID number (see instructions)
7 Country code of country of incorporation or organization (see instructions) CA	
8 Foreign law characterization (see instructions)	

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

For Paperwork Reduction Act Notice, see separate instructions.

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

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

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	05/01/19		1,000,000		

10 Was cash the only property transferred?☒ Yes ☐ No

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

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

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

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?☐ Yes ☐ No**12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?☐ Yes ☐ No

If "Yes," go to line 12b.

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

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

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

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

d Enter the transferred loss amount included in gross income as required under section 91 **u** \$ _____**13** Did the transferor transfer property described in section 367(d)(4)?☐ Yes ☐ No

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

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

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

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

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

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

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % **(b)** After **0.04** %
- 17** Type of nonrecognition transaction (see instructions) **u** **SECTION 351**
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- | | | |
|--|------------------------------|--|
| a Gain recognition under section 904(f)(3) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions ☐ Yes ☒ No
 If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) **u** \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 990-T	Schedule M Loss Carryover Calculation Description UNRELATED BUSINESS ACTIVITY	2019
Name RIVERSIDE COMMUNITY HEALTH		Taxpayer Identification Number 23-7276444
Unincorporated Business Income Tax Code: 525990 Activity: OTHER FINANCIAL VEHICLES		

1	Activity income	1	2,487
2	Activity deductions	2	
3	Activities income or loss, after deductions	3	2,487
4	Losses carried over to this year (do not include amounts prior to 2018)	4	7,931
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	2,487
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 30 of Form 990-T or Schedule M	6	2,487
7	Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)	7	5,444
8	If line 3 is less than zero, enter that amount here as a positive number	8	0
9	Total loss carried forward to 2020 (Add lines 7 and 8)	9	5,444

Federal Statements

Taxable Dividends from Securities

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST AND DIVIDENDS		\$ 1,714,573		14	CA		
TOTAL		<u>\$ 1,714,573</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	\$ 173,145	\$ 168,008	\$	\$ 5,137
TOTAL	\$ 173,145	\$ 168,008	\$ 0	\$ 5,137

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK FEES	\$ 73,891	\$ 100	\$ 70,330	\$ 3,461
INCENTIVES	72,451	72,451		
UTILITIES	66,765	60,647	6,118	
HEALTH FAIRS	52,249	52,249		
DECORATIONS	24,176	24,176		
DISTRIBUTIONS	14,932	8,430	6,502	
TAXES & LICENSES	14,885	14,885		
DUES & SUBSCRIPTIONS	12,478	5,644	3,466	3,368
BAD DEBT	2,426		2,426	
TOTAL	\$ 334,253	\$ 238,582	\$ 88,842	\$ 6,829

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

(For Registry Use Only)

RIVERSIDE COMMUNITY HEALTH

Name of Organization

List all DBAs and names the organization uses or has used

4275 LEMON ST

Address (Number and Street)

RIVERSIDE CA 92501-3844

City or Town, State, and ZIP Code

951-788-3471

Telephone Number

DAN@RCHF.ORG

E-mail Address

Check if:

☐ Change of address

☐ Amended report

State Charity Registration Number **014764**

Corporation or Organization No. **0679957**

Federal Employer ID No. **23-7276444**

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

Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
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 **01/01/19** ending **12/31/19**) list:

Gross Annual Revenue \$ **5,480,856** Noncash Contributions \$ **81,968** Total Assets \$ **99,300,292**

Program Expenses \$ **6,388,514** Total Expenses \$ **8,346,662**

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

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

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

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

Daniel Anderson

DANIEL ANDERSON

PRESIDENT

11/16/2020

Signature of Authorized Agent

Printed Name

Title

Date

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

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

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

TAXABLE YEAR **2019** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **RIVERSIDE COMMUNITY HEALTH FOUNDATION**

California corporation number

0679957

Additional information. See instructions.

FEIN

23-7276444

Street address (suite or room)

4275 LEMON ST

PMB no.

City

RIVERSIDE

State

CA

Zip code

92501-3844

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return ☐ Yes ☒ No

B Amended Return ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ☐ Yes ☒ No

D Final Information Return?

• ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) •

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1) • ☒ 990T (2) • ☐ 990PF (3) • ☐ Sch H (990)

(4) ☐ Other 990 series

G Is this a group filing? See instructions ☐ Yes ☒ No

H Is this organization in a group exemption ☐ Yes ☒ No

If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. **N/A** ☐ Yes ☐ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources \$

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ☐ Yes ☒ No

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 Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	19,459,674	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	1,231,324	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	20,690,998	00
	5	Cost of goods sold	5	81,968	00
	6	Cost or other basis, and sales expenses of assets sold	6	15,128,174	00
	7	Total costs. Add line 5 and line 6	7	15,210,142	00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	5,480,856	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	8,346,662	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-2,865,806	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	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.				
Paid Preparer's Use Only	Signature of officer u	Title PRESIDENT	Date 11/16/2020	Telephone 951-788-3471	
	Preparer's signature u	Date 11/16/2020	Check if self-employed <input type="checkbox"/>	PTIN P01259082	
	Firm's name (or yours, if self-employed) and address u	Firm's FEIN 33-0252865			
	Firm's name (or yours, if self-employed) and address u ROORDA, PIQUET & BESSEE, INC. 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175			Telephone 951-684-7781	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

RIVERSIDE COMMUNITY HEALTH

23-7276444

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	81,968	00
	2	Interest	•	2		00
	3	Dividends	•	3	1,714,573	00
	4	Gross rents	•	4	757,169	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See Instructions)	•	6	16,885,939	00
	7	Other income. Attach schedule	•	7	20,025	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	19,459,674	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	1,533,952	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11		00
	12	Other salaries and wages	•	12	2,959,840	00
	13	Interest	•	13	196,260	00
	14	Taxes	•	14		00
	15	Rents	•	15	147,223	00
	16	Depreciation and depletion (See instructions)	•	16	391,214	00
	17	Other Expenses and Disbursements. Attach schedule	•	17	3,118,173	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	8,346,662	00

Schedule L Balance Sheet

		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,552,922	•	1,672,882
2	Net accounts receivable		252,573	•	434,439
3	Net notes receivable			•	
4	Inventories		25,467	•	28,104
5	Federal and state government obligations			•	
6	Investments in other bonds STMT 6		16,156,362	•	15,395,417
7	Investments in stock STMT 7		59,751,616	•	49,443,300
8	Mortgage loans			•	
9	Other investments. Attach schedule STMT 8		1,598,207	•	20,847,494
10	a Depreciable assets	14,435,857		13,502,629	
	b Less accumulated depreciation	3,686,184	10,749,673	3,069,840	10,432,789
11	Land		721,437	•	756,602
12	Other assets. Attach schedule STMT 9		23,732	•	289,265
13	Total assets		90,831,989		99,300,292
Liabilities and net worth					
14	Accounts payable		463,681	•	391,846
15	Contributions, gifts, or grants payable		656,500	•	386,898
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule STMT 10		4,919,826		4,868,337
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		84,791,982	•	93,653,211
22	Total liabilities and net worth		90,831,989		99,300,292

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

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

1	Net income per books	•	8,861,229	7	Income recorded on books this year not included in this return. Attach schedule	•	11,727,035
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		11,727,035
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-2,865,806
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		8,861,229				

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
DOW CHEM CO 4.250% DUE 11-15-20	PURCHASE		11/10/10	2/08/19	\$ 7,127	\$ 6,908	\$	\$ 6,908
JANUS INVT FD ENTERPRISE I SHS	PURCHASE		6/15/17	2/13/19	111,417	96,334		96,334
RBC FDS TR SMALL CP VAL I	PURCHASE		6/15/17	2/13/19	150,447	162,000		162,000
RBC FDS TR SMALL CP VAL I	PURCHASE		3/19/18	2/13/19	5,326	5,996		5,996
VANGUARD INDEX FDS SMALL CP ETF	PURCHASE		9/24/09	2/13/19	106,734	38,727		38,727
AMERICAN HONDA FIN CORP MTN 3.508% D	PURCHASE		2/18/16	2/22/19	25,000	25,000		25,000
BP CAP MKTS P L C 4.750% DUE 03-10-1	PURCHASE		10/23/13	3/10/19	20,000	20,000		20,000
FEDERAL HOME LN MTG CORP 3.750% DUE	PURCHASE		2/09/12	3/27/19	20,000	20,000		20,000
DEUTSCHE BK AG 2.850% DUE 05-10-19	PURCHASE		5/09/16	5/10/19	15,000	15,000		15,000
TWEEDY BROWNE FD INC GLOBAL VALUE	PURCHASE		2/26/14	5/23/19	67,539	67,944		67,944
TWEEDY BROWNE FD INC GLOBAL VALUE	PURCHASE		12/17/14	5/23/19	51,412	51,007		51,007
TWEEDY BROWNE FD INC GLOBAL VALUE	PURCHASE		6/15/17	5/23/19	90,633	94,000		94,000
TWEEDY BROWNE FD INC GLOBAL VALUE	PURCHASE		2/13/19	5/23/19	14,672	14,512		14,512
JEFFERIES GROUP INC NEW 8.500% DUE 0	PURCHASE		11/23/09	7/15/19	10,000	10,000		10,000
FEDERAL HOME LN MTG CORP 1.250% DUE	PURCHASE		12/18/12	10/02/19	10,000	9,897		9,897
FEDERAL HOME LN MTG CORP 1.250% DUE	PURCHASE		7/11/16	10/02/19	50,000	50,000		50,000
CITY NATIONAL ROCHDALE FDS US CORE E	PURCHASE			3/25/19	2,346			

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
JANUS INVT FD ENTERPRISE I SHS PURCHASE				12/17/19	\$ 14,452	\$	\$	\$
JANUS INVT FD ENTERPRISE I SHS PURCHASE				12/17/19	298			
CITY NATIONAL ROCHDALE FDS US CORE E PURCHASE				12/18/19	47,361			
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			2/10/11	2/13/19	25,862	26,694		26,694
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			4/08/11	2/13/19	2,859	2,962		2,962
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			4/29/11	2/13/19	1,749	1,831		1,831
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			12/15/11	2/13/19	1,504	1,548		1,548
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			12/14/12	2/13/19	2,735	2,887		2,887
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			5/10/13	2/13/19	9,817	10,382		10,382
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			12/13/13	2/13/19	2,313	2,403		2,403
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			2/26/14	2/13/19	25,779	26,936		26,936
CITY NATL ROCHDALE FDS CORP BD FD SV PURCHASE			12/03/14	2/13/19	10,997	11,416		11,416
JANUS INVT FD ENTERPRISE I SHS PURCHASE			1/06/17	2/13/19	70,069	54,017		54,017
RBC FDS TR SMALL CP VAL I PURCHASE			1/06/17	2/13/19	149,044	158,854		158,854
VANGUARD INDEX FDS SMALL CP ETF PURCHASE			9/24/09	2/13/19	30,495	11,065		11,065
TWEEDY BROWNE FD INC GLOBAL VALUE PURCHASE			2/28/14	5/23/19	39,615	40,032		40,032
TWEEDY BROWNE FD INC GLOBAL VALUE PURCHASE			12/17/14	5/23/19	32,924	32,665		32,665

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
TWEEDY BROWNE	FD INC GLOBAL VALUE						
	PURCHASE	12/29/16	5/23/19	\$ 46,923	\$ 44,000	\$	\$ 44,000
TWEEDY BROWNE	FD INC GLOBAL VALUE						
	PURCHASE	2/13/19	5/23/19	30,975	30,638		30,638
CITY NATIONAL	ROCHDALE FDS US CORE E						
	PURCHASE		3/25/19	1,575			
JANUS INVT	FD ENTERPRISE I SHS						
	PURCHASE		12/17/19	9,709			
JANUS INVT	FD ENTERPRISE I SHS						
	PURCHASE		12/17/19	200			
CITY NATIONAL	ROCHDALE FDS US CORE E						
	PURCHASE		12/18/19	31,787			
CITY NATL	ROCHDALE FDS CORP BD FD SV						
	PURCHASE	4/20/14	2/13/19	27,837	28,810		28,810
JANUS INVT	FD ENTERPRISE I SHS						
	PURCHASE	1/06/17	2/13/19	27,605	21,281		21,281
RBC FDS	TR SMALL CP VAL I						
	PURCHASE	1/06/17	2/13/19	51,270	54,645		54,645
VANGUARD INDEX	FDS SMALL CP ETF						
	PURCHASE	1/28/11	2/13/19	3,050	1,460		1,460
VANGUARD INDEX	FDS SMALL CP ETF						
	PURCHASE	2/22/11	2/13/19	4,574	2,302		2,302
VANGUARD INDEX	FDS SMALL CP ETF						
	PURCHASE	9/04/13	2/13/19	1,525	981		981
TWEEDY BROWNE	FD INC GLOBAL VALUE						
	PURCHASE	12/17/14	5/23/19	48,920	47,896		47,896
TWEEDY BROWNE	FD INC GLOBAL VALUE						
	PURCHASE	12/29/16	5/23/19	10,285	10,173		10,173
BROOKFIELD INVT	FDS GLB LISTD RE Y						
	PURCHASE		7/12/19	10,000	9,677		9,677
CITY NATL	ROCHDALE FDS GOVT BD FD SV						
	PURCHASE	2/22/11	7/12/19	6,000	5,960		5,960
CITY NATL	ROCHDALE FDS CORP BD FD SV						
	PURCHASE	4/20/16	7/12/19	6,000	5,971		5,971

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
CITY NATL ROCHDALE FDS US CORE EQT S	PURCHASE		12/29/16	7/12/19	\$ 93,000	\$ 66,011	\$	\$ 66,011
FIERA CAP SER TR CAPTL EMRG INSTL	PURCHASE		9/04/13	7/12/19	17,682	12,685		12,685
FIERA CAP SER TR CAPTL EMRG INSTL	PURCHASE		2/26/14	7/12/19	318	250		250
ISHARES TR CORE S&P MCP ETF	PURCHASE		12/29/16	7/12/19	15,604	13,278		13,278
ISHARES TR CORE S&P MCP ETF	PURCHASE		3/19/18	7/12/19	3,901	3,829		3,829
JANUS INVT FD ENTERPRISE I SHS	PURCHASE		1/06/17	7/12/19	16,000	10,980		10,980
CITY NATL ROCHDALE FDS FXD INC OPP F	PURCHASE		9/04/13	7/12/19	27,000	29,469		29,469
RBC FDS TR SMALL CP VAL I	PURCHASE		1/06/17	7/12/19	6,000	6,242		6,242
VANGUARD INDEX FDS SMALL CP ETF	PURCHASE		9/04/13	7/12/19	7,902	4,904		4,904
CITY NATL ROCHDALE FDS US CORE EQT S	PURCHASE			3/25/19	512			
JANUS INVT FD ENTERPRISE I SHS	PURCHASE			12/17/19	2,470			
JANUS INVT FD ENTERPRISE I SHS	PURCHASE			12/17/19	58			
CITY NATL ROCHDALE FDS US CORE EQT S	PURCHASE			12/19/19	7,973			
AIA GROUP LTD SPON ADR	PURCHASE		3/30/12	3/29/19	22,456	8,389		8,389
AIA GROUP LTD SPON ADR	PURCHASE		9/21/12	3/29/19	4,860	1,830		1,830
AIR LIQUIDE ADR FRANCE ADR	PURCHASE		1/26/17	3/11/19	22,809	18,370		18,370
AIR LIQUIDE ADR FRANCE ADR	PURCHASE		2/06/17	3/11/19	8,397	6,554		6,554

California Statements

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
AIR LIQUIDE	ADR FRANCE ADR PURCHASE		2/08/17	3/11/19	\$ 9,056	\$ 7,091	\$	\$ 7,091
AIR LIQUIDE	ADR FRANCE ADR PURCHASE		9/19/17	3/11/19	20,035	18,761		18,761
AIR LIQUIDE	ADR FRANCE ADR PURCHASE		9/19/17	10/17/19	8	6		6
ALLIANZ SE	EXCHANGE : 02/2020 ADR PURCHASE		3/13/09	3/26/19	7,796	2,568		2,568
ALLIANZ SE	EXCHANGE : 02/2020 ADR PURCHASE		3/13/09	3/29/19	3,952	1,302		1,302
ALLIANZ SE	EXCHANGE : 02/2020 ADR PURCHASE		7/20/10	3/29/19	7,370	3,644		3,644
AMBEV SA	SPON ADR PURCHASE		8/14/18	3/26/19	7,779	8,824		8,824
ASPEN PHARMACARE	HOLDINGS PLC ADR PURCHASE		10/06/16	8/02/19	5,775	21,494		21,494
ASPEN PHARMACARE	HOLDINGS PLC ADR PURCHASE		1/26/17	8/02/19	2,084	8,378		8,378
ASPEN PHARMACARE	HOLDINGS PLC ADR PURCHASE		2/23/18	8/02/19	5,259	21,042		21,042
BAYER A G	SPON ADR PURCHASE		6/07/16	4/15/19	8,632	12,921		12,921
BAYER A G	SPON ADR PURCHASE		8/02/16	4/15/19	18,133	27,826		27,826
BAYER A G	SPON ADR PURCHASE		9/06/16	4/15/19	11,602	17,904		17,904
BAYER A G	SPON ADR PURCHASE		12/09/16	4/15/19	13,548	19,363		19,363
BAYER A G	SPON ADR PURCHASE		1/26/17	4/15/19	21,676	35,523		35,523
BAYER A G	SPON ADR PURCHASE		2/06/17	4/15/19	4,169	6,580		6,580
BAYER A G	SPON ADR PURCHASE		2/07/17	4/15/19	4,308	6,840		6,840

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
BAYER A G SPON ADR							
PURCHASE		2/08/17	4/15/19	\$ 4,516	\$ 7,174	\$	\$ 7,174
BAYER A G SPON ADR							
PURCHASE		12/18/17	4/15/19	7,260	13,346		13,346
BAYERISCHE MOTOREN WERKE A G SPON AD							
PURCHASE		7/24/13	7/09/19	11,835	15,660		15,660
BAYERISCHE MOTOREN WERKE A G SPON AD							
PURCHASE		10/14/13	7/09/19	8,594	12,731		12,731
BAYERISCHE MOTOREN WERKE A G SPON AD							
PURCHASE		1/26/17	7/09/19	11,786	15,034		15,034
BAYERISCHE MOTOREN WERKE A G SPON AD							
PURCHASE		2/07/17	7/09/19	5,697	6,844		6,844
CDN NATL RAILWAY CO CAD							
PURCHASE		2/01/11	2/06/19	17,070	7,101		7,101
DASSAULT SYSTEMS S A SPON ADR							
PURCHASE		11/14/07	3/11/19	39,753	7,904		7,904
DBS GROUP HLDGS LTD. SPON ADR							
PURCHASE		7/20/11	3/26/19	7,857	5,229		5,229
DIAGEO PLC NEW GB SPON ADR							
PURCHASE		2/08/19	3/26/19	7,921	7,410		7,410
FANUC CORP ADR							
PURCHASE		5/29/09	1/07/19	14,320	7,511		7,511
FANUC CORP ADR							
PURCHASE		10/16/13	1/07/19	9,522	10,539		10,539
FANUC CORP ADR							
PURCHASE		1/20/16	1/07/19	8,390	8,487		8,487
FANUC CORP ADR							
PURCHASE		2/10/16	1/07/19	15,828	14,348		14,348
FANUC CORP ADR							
PURCHASE		4/12/16	1/07/19	8,488	9,037		9,037
GRIFOLS S A CL B SPON ADR							
PURCHASE		11/11/15	11/13/19	26,941	21,633		21,633
GRIFOLS S A CL B SPON ADR							
PURCHASE		1/26/17	11/13/19	3,095	2,408		2,408

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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
GRIFOLS S A CL B SPON ADR	PURCHASE		1/26/17	11/14/19	\$ 6,547	\$ 5,121	\$	\$ 5,121
GRUPO FINANCIERO BANORTE SPON ADR	PURCHASE		1/26/17	2/06/19	23,013	19,382		19,382
GRUPO FINANCIERO BANORTE SPON ADR	PURCHASE		1/30/17	2/06/19	12,443	10,851		10,851
GRUPO FINANCIERO BANORTE SPON ADR	PURCHASE		2/08/17	2/06/19	8,193	7,123		7,123
ITAU UNIBANCO HLDG SA ADR	PURCHASE		10/09/13	3/11/19	18,964	14,353		14,353
ITAU UNIBANCO HLDG SA ADR	PURCHASE		11/09/15	3/11/19	7,041	3,223		3,223
JGC HOLDINGS CORP ADR	PURCHASE		5/10/11	5/22/19	7,430	14,158		14,158
JGC HOLDINGS CORP ADR	PURCHASE		12/05/12	5/22/19	5,233	13,605		13,605
JGC HOLDINGS CORP ADR	PURCHASE		5/08/13	5/22/19	7,849	19,298		19,298
JGC HOLDINGS CORP ADR	PURCHASE		1/26/17	5/22/19	7,404	10,082		10,082
LINDE PLC EUR	PURCHASE		11/15/18	3/26/19	7,859	7,163		7,163
LONZA GROUP AG ADR	PURCHASE		5/15/18	11/15/19	10,173	7,859		7,859
LOREAL CO ADR FRANCE ADR	PURCHASE		3/10/08	3/26/19	7,834	3,476		3,476
LVMH MOET HENNESSY LOUIS NEW ADR	PURCHASE		8/03/09	2/08/19	37,183	10,762		10,762
LVMH MOET HENNESSY LOUIS NEW ADR	PURCHASE		1/26/17	2/08/19	16,219	10,555		10,555
LVMH MOET HENNESSY LOUIS NEW ADR	PURCHASE		2/08/17	2/08/19	11,668	7,118		7,118
MONOTARO CO LTD UNSPONSORED ADR	PURCHASE		11/08/13	3/11/19	41,846	10,358		10,358

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
MULTICHOICE GROUP LTD ADR	PURCHASE		2/28/19	3/04/19	\$ 4	\$ 4		\$ 4
MULTICHOICE GROUP LTD ADR	PURCHASE		2/28/19	3/29/19	582	465		465
MULTICHOICE GROUP LTD ADR	PURCHASE		2/28/19	3/29/19	369	294		294
MULTICHOICE GROUP LTD ADR	PURCHASE		2/28/19	3/29/19	326	260		260
NASPERS LTD SPON ADR	PURCHASE		6/29/15	1/25/19	14,177	9,651		9,651
NASPERS LTD SPON ADR	PURCHASE		2/08/16	1/25/19	27,333	14,353		14,353
NASPERS LTD SPON ADR	PURCHASE		1/26/17	1/25/19	11,689	8,548		8,548
NASPERS LTD SPON ADR	PURCHASE		1/26/17	11/12/19	10,221	11,505		11,505
NASPERS LTD SPON ADR	PURCHASE		2/06/17	11/12/19	5,674	6,543		6,543
NASPERS LTD SPON ADR	PURCHASE		2/08/17	11/12/19	6,425	7,142		7,142
NESTLE S A SPONSORED ADR REPSTG REG	PURCHASE		2/28/06	3/26/19	7,844	2,424		2,424
PARK24 CO LTD SPON ADR	PURCHASE		2/03/16	5/30/19	19,064	26,827		26,827
PARK24 CO LTD SPON ADR	PURCHASE		1/26/17	5/30/19	7,061	9,814		9,814
PROSUS N V SPON ADR	PURCHASE		9/17/19	11/12/19	4,846	5,659		5,659
PROSUS N V SPON ADR	PURCHASE		9/17/19	11/12/19	3,046	3,557		3,557
PROSUS N V SPON ADR	PURCHASE		9/17/19	11/12/19	2,690	3,141		3,141
ROCHE HLDG LTD SPONS ADR SWITZ ADR	PURCHASE		2/28/06	11/15/19	14,432	7,130		7,130

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
ROCHE HLDG LTD SPONS ADR SWITZ ADR PURCHASE		11/14/07	11/15/19	\$ 17,528	\$ 10,516	\$	\$ 10,516
ROYAL DUTCH SHELL PLC ADS REPSTG 2 C PURCHASE		2/22/16	3/11/19	27,719	20,492		20,492
ROYAL DUTCH SHELL PLC ADS REPSTG 2 C PURCHASE		2/26/16	3/11/19	20,477	14,991		14,991
ROYAL DUTCH SHELL PLC ADS REPSTG 2 C PURCHASE		3/08/16	3/11/19	17,356	13,240		13,240
SAP SE SPON ADR PURCHASE		6/24/08	3/26/19	7,853	3,579		3,579
TAIWAN SEMICONDUCTOR MFG CO LTD ADR PURCHASE		12/05/12	3/26/19	7,813	3,303		3,303
TAIWAN SEMICONDUCTOR MFG CO LTD ADR PURCHASE		12/05/12	9/27/19	13,384	5,022		5,022
TAIWAN SEMICONDUCTOR MFG CO LTD ADR PURCHASE		12/05/12	10/15/19	4,991	1,685		1,685
TAIWAN SEMICONDUCTOR MFG CO LTD ADR PURCHASE		6/20/13	10/15/19	10,032	3,497		3,497
TAIWAN SEMICONDUCTOR MFG CO LTD ADR PURCHASE		6/20/13	12/13/19	14,764	4,446		4,446
TEMENOS AG SPON ADR PURCHASE		5/23/18	7/12/19	66,488	54,793		54,793
TENARIS S.A. ADS ADR PURCHASE		5/23/16	2/06/19	12,952	13,106		13,106
TENARIS S.A. ADS ADR PURCHASE		1/26/17	2/06/19	7,638	10,999		10,999
UNILEVER PLC AMER SHS NEW SPON ADR PURCHASE		2/28/06	3/26/19	347	139		139
UNILEVER PLC AMER SHS NEW SPON ADR PURCHASE		1/10/07	3/26/19	7,463	3,491		3,491
UNILEVER PLC AMER SHS NEW SPON ADR PURCHASE		1/10/07	11/12/19	11,880	5,440		5,440
WEIBO CORP SPON ADR PURCHASE		9/21/17	1/07/19	32,107	51,780		51,780

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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
WEIBO CORP SPON ADR								
PURCHASE			11/29/17	1/07/19	\$ 15,961	\$ 28,559	\$	\$ 28,559
WEIBO CORP SPON ADR								
PURCHASE			10/03/18	1/07/19	14,352	16,314		16,314
ACS ACTIV DE CONSTRU Y SERV ADR								
PURCHASE			1/24/17	2/27/19	7	5		5
ACS ACTIV DE CONSTRU Y SERV ADR								
PURCHASE			1/24/17	3/12/19	13,559	9,435		9,435
ACS ACTIV DE CONSTRU Y SERV ADR								
PURCHASE			1/24/17	7/26/19	2	1		1
AERCAP HOLDINGS NV SHS EUR								
PURCHASE			1/24/17	7/08/19	457	383		383
AERCAP HOLDINGS NV SHS EUR								
PURCHASE			1/24/17	7/10/19	8,740	7,362		7,362
AERCAP HOLDINGS NV SHS EUR								
PURCHASE			1/24/17	7/11/19	18,554	15,618		15,618
AERCAP HOLDINGS NV SHS EUR								
PURCHASE			1/24/17	7/12/19	13,788	11,576		11,576
AERCAP HOLDINGS NV SHS EUR								
PURCHASE			1/24/17	11/15/19	5,075	3,617		3,617
AERCAP HOLDINGS NV SHS EUR								
PURCHASE			1/26/17	11/15/19	6,389	4,719		4,719
AIA GROUP LTD SPON ADR								
PURCHASE			3/10/17	1/07/19	14,868	11,839		11,839
AIA GROUP LTD SPON ADR								
PURCHASE			3/10/17	4/16/19	10,331	6,554		6,554
AIRBUS SE UNSPONSORED ADR								
PURCHASE			1/24/17	3/05/19	3,312	1,825		1,825
AIRBUS SE UNSPONSORED ADR								
PURCHASE			1/26/17	3/05/19	8,630	4,677		4,677
ARCELORMITTAL LUXEMBOURG								
PURCHASE			5/05/17	5/29/19	10,583	16,305		16,305
ARCELORMITTAL LUXEMBOURG								
PURCHASE			5/12/17	5/29/19	7,525	10,960		10,960

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
ARCELORMITTAL	LUXEMBOURG PURCHASE		5/12/17	5/30/19	\$ 13,673	\$ 19,825	\$	\$ 19,825
ARCELORMITTAL	LUXEMBOURG PURCHASE		5/12/17	5/31/19	5,515	8,198		8,198
ARCELORMITTAL	LUXEMBOURG PURCHASE		6/05/17	5/31/19	1,479	2,127		2,127
ARCELORMITTAL	LUXEMBOURG PURCHASE		10/16/18	5/31/19	2,218	4,286		4,286
ASML HLDG NV	SPON ADR PURCHASE		3/13/19	7/19/19	15,902	13,000		13,000
BAIDU INC ADS	REPSNTG CL A ORD SHS S PURCHASE		4/28/17	8/16/19	14,667	27,390		27,390
BAIDU INC ADS	REPSNTG CL A ORD SHS S PURCHASE		5/12/17	8/16/19	18,430	35,660		35,660
BAIDU INC ADS	REPSNTG CL A ORD SHS S PURCHASE		6/05/17	8/16/19	3,184	6,144		6,144
BAIDU INC ADS	REPSNTG CL A ORD SHS S PURCHASE		1/11/19	8/16/19	5,693	9,786		9,786
BANCO SANTANDER	S.A SPON ADR PURCHASE		2/22/18	5/31/19	26,168	41,803		41,803
BANCO SANTANDER	S.A SPON ADR PURCHASE		2/22/18	6/03/19	29,593	47,517		47,517
BANCO SANTANDER	S.A SPON ADR PURCHASE		8/13/18	6/03/19	14,229	16,781		16,781
BANCO SANTANDER	S.A SPON ADR PURCHASE		11/13/18	6/03/19	566	593		593
BHP GROUP PLC	SPON ADR PURCHASE		1/24/17	2/28/19	1,397	1,112		1,112
BHP GROUP PLC	SPON ADR PURCHASE		1/26/17	2/28/19	22,726	17,728		17,728
BHP GROUP PLC	SPON ADR PURCHASE		2/06/17	2/28/19	6,147	4,567		4,567
BHP GROUP PLC	SPON ADR PURCHASE		2/08/17	2/28/19	20,817	15,086		15,086

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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	
BHP	GROUP	PLC	SPON	ADR				2/08/17	10/11/19	\$ 11,729	\$ 9,146	\$	\$ 9,146
BHP	GROUP	PLC	SPON	ADR				2/08/17	10/14/19	23,337	18,629		18,629
BHP	GROUP	PLC	SPON	ADR				2/09/17	10/14/19	2,621	2,097		2,097
BHP	GROUP	PLC	SPON	ADR				11/20/18	10/14/19	12,049	11,513		11,513
BHP	GROUP	PLC	SPON	ADR				11/20/18	10/15/19	17,902	17,250		17,250
BRITISH	AMER	TOBACCO	PLC	GB	SPON	ADR	10/06/17	1/11/19	3,990	7,603		7,603	
BRITISH	AMER	TOBACCO	PLC	GB	SPON	ADR	10/06/17	1/14/19	17,992	34,649		34,649	
BRITISH	AMER	TOBACCO	PLC	GB	SPON	ADR	10/06/17	1/15/19	5,273	10,220		10,220	
BRITISH	AMER	TOBACCO	PLC	GB	SPON	ADR	12/08/17	1/15/19	17,619	36,517		36,517	
BRITISH	AMER	TOBACCO	PLC	GB	SPON	ADR	12/08/17	1/16/19	480	1,000		1,000	
BRITISH	AMER	TOBACCO	PLC	GB	SPON	ADR	2/28/18	1/16/19	8,100	15,240		15,240	
CARLSBERG	AS	SPON	ADR				1/24/17	4/16/19	18,354	12,735		12,735	
DAIMLER	AG	UNSPONSORED	ADR				5/14/18	8/13/19	8,425	14,288		14,288	
DAIMLER	AG	UNSPONSORED	ADR				5/14/18	8/14/19	4,655	8,002		8,002	
DAIMLER	AG	UNSPONSORED	ADR				5/15/18	8/14/19	12,315	21,030		21,030	
DAIMLER	AG	UNSPONSORED	ADR				5/15/18	8/15/19	25,026	44,021		44,021	
DAIMLER	AG	UNSPONSORED	ADR				5/15/18	8/16/19	1,007	1,764		1,764	

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

Description						Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received		Whom Sold To									
DAIMLER AG UNSPONSORED ADR PURCHASE						1/14/19	8/16/19	\$ 7,798	\$ 9,662	\$	\$ 9,662
DEUTSCHE BOERSE ADR PURCHASE						10/20/17	5/31/19	16,208	12,736		12,736
E ON SE SPON ADR PURCHASE						1/24/17	4/16/19	11,814	8,455		8,455
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						11/13/18	2/20/19	3,791	3,768		3,768
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						11/14/18	2/20/19	5,280	5,288		5,288
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						11/15/18	2/20/19	12,812	12,219		12,219
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						11/16/18	2/20/19	9,749	9,416		9,416
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						11/16/18	2/21/19	3,296	3,204		3,204
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						11/19/18	2/21/19	3,498	3,442		3,442
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						11/19/18	2/22/19	304	298		298
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						1/04/19	2/22/19	7,798	6,940		6,940
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						1/04/19	2/25/19	8,090	7,196		7,196
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						1/04/19	2/26/19	606	556		556
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						1/07/19	2/26/19	13,141	12,307		12,307
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						1/08/19	2/26/19	2,127	1,974		1,974
INTERNATIONAL CONS AIRLS GRP SPON AD PURCHASE						1/08/19	2/27/19	7,417	7,060		7,060
INTESA SANPAOLO SPON ADR PURCHASE						1/24/17	5/29/19	10,197	12,155		12,155

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
INTESA SANPAOLO	SPON ADR PURCHASE		1/26/17	5/29/19	\$ 23,266	\$ 27,112	\$	\$ 27,112
INTESA SANPAOLO	SPON ADR PURCHASE		2/06/17	5/29/19	908	1,027		1,027
INTESA SANPAOLO	SPON ADR PURCHASE		2/06/17	5/30/19	3,150	3,572		3,572
INTESA SANPAOLO	SPON ADR PURCHASE		2/07/17	5/30/19	4,824	5,362		5,362
INTESA SANPAOLO	SPON ADR PURCHASE		2/08/17	5/30/19	8,073	8,934		8,934
INTESA SANPAOLO	SPON ADR PURCHASE		8/13/18	5/30/19	15,067	18,911		18,911
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/21/18	3/04/19	13,216	15,847		15,847
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/21/18	3/05/19	1,226	1,463		1,463
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/22/18	3/05/19	7,902	9,509		9,509
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/22/18	3/06/19	8,022	9,591		9,591
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/25/18	3/06/19	5,348	6,460		6,460
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/25/18	3/07/19	15,048	17,890		17,890
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/25/18	3/08/19	9,539	11,430		11,430
KUBOTA CORP ADR	JAPAN ADR PURCHASE		6/25/18	3/11/19	7,648	9,193		9,193
MURATA MFG CO LTD	ADR PURCHASE		10/26/18	2/27/19	8,992	7,934		7,934
MURATA MFG CO LTD	ADR PURCHASE		10/26/18	11/05/19	22,629	18,594		18,594
NASPERS LTD	SPON ADR PURCHASE		4/12/19	10/25/19	4,097	7,344		7,344

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
NASPERS LTD SPON	ADR							
	PURCHASE		4/12/19	10/28/19	\$ 2,626	\$ 4,706	\$	\$ 4,706
NASPERS LTD SPON	ADR							
	PURCHASE		4/15/19	10/28/19	19,131	33,473		33,473
NASPERS LTD SPON	ADR							
	PURCHASE		5/03/19	10/28/19	7,127	12,793		12,793
NASPERS LTD SPON	ADR							
	PURCHASE		5/03/19	10/29/19	11,188	20,354		20,354
NXP SEMICONDUCTORS N V COM	EUR							
	PURCHASE		12/12/18	2/27/19	11,811	10,225		10,225
NXP SEMICONDUCTORS N V COM	EUR							
	PURCHASE		12/12/18	12/10/19	9,684	6,470		6,470
NXP SEMICONDUCTORS N V COM	EUR							
	PURCHASE		12/13/18	12/10/19	10,760	7,119		7,119
ORANGE SPON	ADR							
	PURCHASE		1/24/17	7/09/19	42,271	43,029		43,029
ORANGE SPON	ADR							
	PURCHASE		1/24/17	7/10/19	2,463	2,516		2,516
ORANGE SPON	ADR							
	PURCHASE		1/26/17	7/10/19	17,167	17,368		17,368
ORANGE SPON	ADR							
	PURCHASE		2/06/17	7/10/19	2,079	2,082		2,082
ORANGE SPON	ADR							
	PURCHASE		2/07/17	7/10/19	3,865	3,811		3,811
ORANGE SPON	ADR							
	PURCHASE		2/08/17	7/10/19	3,433	3,426		3,426
REPSOL SA SPON	ADR							
	PURCHASE		9/27/18	9/17/19	9,255	12,033		12,033
REPSOL SA SPON	ADR							
	PURCHASE		9/27/18	9/18/19	10,138	13,202		13,202
REPSOL SA SPON	ADR							
	PURCHASE		9/27/18	9/19/19	2,474	3,185		3,185
ROCHE HLDG LTD	SPONS ADR	SWITZ ADR						
	PURCHASE		1/24/17	4/23/19	30,459	27,027		27,027

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
ROYAL DSM N V SPON ADR PURCHASE		1/24/17	4/16/19	\$ 18,835	\$ 10,287	\$	\$ 10,287
ROYAL DUTCH SHELL PLC CL A SPON ADR PURCHASE		1/24/17	11/01/19	20,192	18,967		18,967
ROYAL DUTCH SHELL PLC CL A SPON ADR PURCHASE		1/26/17	11/01/19	5,165	4,838		4,838
SAP SE SPON ADR PURCHASE		1/30/18	5/15/19	22,015	19,733		19,733
SECOM LTD ADR JAPAN ADR PURCHASE		1/24/17	11/01/19	4,469	3,505		3,505
SECOM LTD ADR JAPAN ADR PURCHASE		1/24/17	11/05/19	13,425	10,606		10,606
SECOM LTD ADR JAPAN ADR PURCHASE		1/24/17	11/06/19	4,892	3,919		3,919
SECOM LTD ADR JAPAN ADR PURCHASE		1/24/17	11/07/19	11,274	9,168		9,168
SECOM LTD ADR JAPAN ADR PURCHASE		1/24/17	11/08/19	7,606	6,274		6,274
SECOM LTD ADR JAPAN ADR PURCHASE		1/26/17	11/08/19	1,940	1,625		1,625
SECOM LTD ADR JAPAN ADR PURCHASE		1/26/17	11/11/19	18,500	14,918		14,918
SECOM LTD ADR JAPAN ADR PURCHASE		2/06/17	11/11/19	770	623		623
SECOM LTD ADR JAPAN ADR PURCHASE		2/07/17	11/11/19	3,804	3,063		3,063
SECOM LTD ADR JAPAN ADR PURCHASE		2/07/17	11/12/19	449	365		365
SECOM LTD ADR JAPAN ADR PURCHASE		2/08/17	11/12/19	3,032	2,492		2,492
SECOM LTD ADR JAPAN ADR PURCHASE		6/05/17	11/12/19	6,221	5,260		5,260
SECOM LTD ADR JAPAN ADR PURCHASE		6/05/17	11/13/19	2,330	1,975		1,975

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received								
SECOM LTD ADR JAPAN ADR	PURCHASE		10/10/17	11/13/19	\$ 3,585	\$ 2,997	\$	\$ 2,997
SECOM LTD ADR JAPAN ADR	PURCHASE		10/10/17	11/14/19	4,282	3,596		3,596
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/01/17	4/05/19	6,182	6,841		6,841
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/01/17	4/10/19	14,512	16,739		16,739
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/01/17	4/11/19	422	486		486
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/02/17	4/11/19	18,328	21,067		21,067
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/02/17	4/12/19	3,964	4,670		4,670
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/02/17	4/15/19	5,737	6,732		6,732
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/04/17	4/15/19	7,821	9,253		9,253
SEVEN & I HLDGS CO LTD ADR	PURCHASE		8/04/17	4/16/19	10,012	11,964		11,964
SMITH & NEPHEW PLC NEW SPON ADR	PURCHASE		1/24/17	7/18/19	20,367	14,140		14,140
SUMITOMO MITSUI FINANCIAL SPON ADR	PURCHASE		6/06/17	8/09/19	26,809	29,963		29,963
SUMITOMO MITSUI FINANCIAL SPON ADR	PURCHASE		6/06/17	8/13/19	11,917	13,567		13,567
SUMITOMO MITSUI FINANCIAL SPON ADR	PURCHASE		6/21/17	8/13/19	24,461	27,992		27,992
SUMITOMO MITSUI FINANCIAL SPON ADR	PURCHASE		6/21/17	8/14/19	6,482	7,568		7,568
TESCO PLC SPONS ADR UNITED KINGDOM	PURCHASE		4/15/19	10/07/19	7,390	8,377		8,377
TESCO PLC SPONS ADR UNITED KINGDOM	PURCHASE		4/16/19	10/07/19	14,999	16,988		16,988

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

			Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
			How Received	Whom Sold To						
TESCO	PLC	SPONS	ADR UNITED PURCHASE	KINGDOM	4/16/19	10/08/19	\$ 2,351	\$ 2,727	\$	\$ 2,727
TESCO	PLC	SPONS	ADR UNITED PURCHASE	KINGDOM	4/18/19	10/08/19	6,669	7,718		7,718
TESCO	PLC	SPONS	ADR UNITED PURCHASE	KINGDOM	4/25/19	10/08/19	7,798	8,906		8,906
TESCO	PLC	SPONS	ADR UNITED PURCHASE	KINGDOM	4/25/19	10/09/19	7,916	9,170		9,170
TESCO	PLC	SPONS	ADR UNITED PURCHASE	KINGDOM	4/25/19	10/10/19	5,419	6,260		6,260
TESCO	PLC	SPONS	ADR UNITED PURCHASE	KINGDOM	4/25/19	10/10/19	2,232	2,573		2,573
TESCO	PLC	SPONS	ADR UNITED PURCHASE	KINGDOM	4/25/19	10/11/19	15,378	16,444		16,444
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/17/17	11/01/19	4,807	6,840		6,840
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/17/17	11/05/19	8,935	12,590		12,590
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/17/17	11/06/19	10,218	14,345		14,345
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/17/17	11/07/19	10,655	15,011		15,011
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/17/17	11/08/19	9,377	13,397		13,397
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/20/17	11/08/19	5,847	8,422		8,422
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/20/17	11/11/19	2,737	3,886		3,886
TORAY	IND	ADR	JAPAN ADR PURCHASE		11/21/17	11/11/19	6,290	8,871		8,871
TORAY	IND	ADR	JAPAN ADR PURCHASE		1/04/19	11/11/19	7,795	7,646		7,646
TORAY	IND	ADR	JAPAN ADR PURCHASE		1/04/19	11/12/19	3,126	3,050		3,050

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
TOTAL S.A. FRANCE SPON ADR PURCHASE		1/24/17	6/07/19	\$ 35,405	\$ 33,981	\$	\$ 33,981
TOTAL S.A. FRANCE SPON ADR PURCHASE		1/26/17	6/07/19	160	153		153
TOTAL S.A. FRANCE SPON ADR PURCHASE		1/26/17	6/10/19	26,722	25,352		25,352
TOTAL S.A. FRANCE SPON ADR PURCHASE		2/06/17	6/10/19	3,817	3,597		3,597
TOTAL S.A. FRANCE SPON ADR PURCHASE		2/07/17	6/10/19	5,645	5,243		5,243
TOTAL S.A. FRANCE SPON ADR PURCHASE		6/05/17	6/10/19	6,936	6,691		6,691
ACI WORLDWIDE INC PURCHASE		8/24/15	3/26/19	2,346	1,542		1,542
ADVANCED ENERGY INDUSTRIES INC PURCHASE		5/11/16	3/26/19	337	246		246
APERGY CORP PURCHASE		8/15/18	3/26/19	2,289	2,288		2,288
ARRAY BIOPHARMA INC *MERGER: 07/2019 PURCHASE		12/20/18	3/26/19	3,770	2,271		2,271
ARRAY BIOPHARMA INC *MERGER: 07/2019 PURCHASE		12/20/18	6/26/19	36,698	11,297		11,297
ARRAY BIOPHARMA INC *MERGER: 07/2019 PURCHASE		12/21/18	6/26/19	16,505	5,076		5,076
ARRAY BIOPHARMA INC *MERGER: 07/2019 PURCHASE		1/30/19	6/26/19	30,290	11,927		11,927
ARROWHEAD PHARMACEUTICALS INC PURCHASE		10/05/18	3/26/19	685	557		557
AUTOLIV INC PURCHASE		3/02/15	3/26/19	371	408		408
AUTOLIV INC PURCHASE		3/02/15	4/30/19	1,649	1,712		1,712
AUTOLIV INC PURCHASE		3/13/15	4/30/19	942	963		963

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received						
AUTOLIV INC	PURCHASE	1/27/17	4/30/19	\$ 18,055	\$ 18,988	\$	\$ 18,988
AXALTA COATING SYS LTD	PURCHASE	7/24/17	3/26/19	1,781	2,285		2,285
AXALTA COATING SYS LTD	PURCHASE	7/24/17	5/28/19	13,098	17,285		17,285
AXALTA COATING SYS LTD	PURCHASE	11/02/17	5/28/19	14,757	19,830		19,830
AXALTA COATING SYS LTD	PURCHASE	11/03/17	5/28/19	244	328		328
BEIGENE LTD SPON ADR	PURCHASE	10/11/18	3/26/19	6,998	7,193		7,193
BERRY GLOBAL GROUP INC	PURCHASE	1/27/17	3/26/19	3,166	2,989		2,989
BLUEBIRD BIO INC	PURCHASE	10/05/18	3/26/19	765	715		715
BROADRIDGE FINANCIAL SOLUTIONS INC	PURCHASE	4/08/16	3/26/19	2,721	1,588		1,588
CABLE ONE INC	PURCHASE	8/23/17	3/26/19	1,949	1,499		1,499
CHESAPEAKE ENERGY CORP OKLA	PURCHASE	10/05/18	2/04/19	3	4		4
CHESAPEAKE ENERGY CORP OKLA	PURCHASE	10/05/18	3/26/19	4,525	5,628		5,628
CHESAPEAKE ENERGY CORP OKLA	PURCHASE	10/05/18	5/06/19	11,757	16,255		16,255
CHESAPEAKE ENERGY CORP OKLA	PURCHASE	12/13/18	5/06/19	12,267	11,873		11,873
COGNEX CORP	PURCHASE	2/26/19	3/26/19	401	429		429
COPART INC	PURCHASE	7/26/17	3/26/19	3,195	1,686		1,686
COPART INC	PURCHASE	7/26/17	5/01/19	12,340	5,916		5,916

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
COPART INC	PURCHASE	7/26/17	5/01/19	\$ 133	\$ 64	\$	\$ 64
COPART INC	PURCHASE	7/27/17	5/01/19	12,539	6,012		6,012
CORNERSTONE ONDEMAND INC	PURCHASE	12/26/18	3/26/19	547	488		488
CRANE CO	PURCHASE	7/25/17	3/26/19	1,996	1,905		1,905
DOLBY LABORATORIES INC CL A	PURCHASE	6/28/13	3/26/19	1,263	674		674
DOMINO'S PIZZA INC	PURCHASE	7/26/17	3/26/19	2,209	1,718		1,718
DOMINO'S PIZZA INC	PURCHASE	7/26/17	8/15/19	39,196	32,069		32,069
DUNKIN BRANDS GROUP INC	PURCHASE	10/10/16	3/26/19	1,824	1,293		1,293
ENTEGRIS INC	PURCHASE	6/28/13	3/26/19	2,502	676		676
ENVESTNET, INC	PURCHASE	4/02/18	3/26/19	2,454	2,118		2,118
ETSY INC	PURCHASE	8/17/18	3/26/19	1,895	1,300		1,300
EVERCORE INC CL A	PURCHASE	4/17/17	3/26/19	1,356	1,120		1,120
EXACT SCIENCES CORP	PURCHASE	11/11/19	11/20/19	45	46		46
FORTINET INC	PURCHASE	5/20/15	1/31/19	13,117	6,684		6,684
FORTINET INC	PURCHASE	1/27/17	1/31/19	19,905	8,547		8,547
GENOMIC HEALTH INC **MERGER : 11/201	PURCHASE	2/06/19	3/26/19	1,219	1,359		1,359
GENOMIC HEALTH INC **MERGER : 11/201	PURCHASE	2/06/19	11/11/19	16,863	20,863		20,863

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
GLOBAL PAYMENTS INC	PURCHASE	6/28/13	9/23/19	\$ 118	\$ 22	\$	\$ 22
GLOBAL PAYMENTS INC	PURCHASE	6/28/13	9/25/19	273	51		51
GLOBAL PAYMENTS INC	PURCHASE	3/02/15	9/25/19	9,618	2,834		2,834
GLOBAL PAYMENTS INC	PURCHASE	3/13/15	9/25/19	1,690	496		496
GLOBAL PAYMENTS INC	PURCHASE	1/27/17	9/25/19	54,038	21,328		21,328
GLOBAL PAYMENTS INC	PURCHASE	1/27/17	9/26/19	21,571	8,527		8,527
GLOBAL PAYMENTS INC	PURCHASE	5/18/17	9/26/19	1,817	813		813
GRACO INC	PURCHASE	10/16/17	3/26/19	1,990	1,736		1,736
GRUBHUB INC	PURCHASE	6/14/17	3/26/19	15,344	10,049		10,049
GUIDEWIRE SOFTWARE INC	PURCHASE	7/07/15	3/26/19	760	429		429
GUIDEWIRE SOFTWARE INC	PURCHASE	1/27/17	3/26/19	1,614	899		899
HELIX ENERGY SOLUTIONS GROUP INC	PURCHASE	10/05/18	3/26/19	808	1,069		1,069
HENRY JACK & ASSOC INC	PURCHASE	6/26/18	3/26/19	1,782	1,691		1,691
HUAZHU GROUP LTD SPON ADR	PURCHASE	1/27/17	2/06/19	27,543	10,821		10,821
HUAZHU GROUP LTD SPON ADR	PURCHASE	5/18/17	2/06/19	3,015	1,633		1,633
HUAZHU GROUP LTD SPON ADR	PURCHASE	6/13/17	2/06/19	2,227	1,313		1,313
HUAZHU GROUP LTD SPON ADR	PURCHASE	6/13/17	11/25/19	6,114	3,536		3,536

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
HUAZHU GROUP LTD SPON ADR	PURCHASE		10/11/18	11/25/19	\$ 6,813	\$ 5,226	\$	\$ 5,226
HUAZHU GROUP LTD SPON ADR	PURCHASE		10/11/18	11/26/19	16,781	12,890		12,890
HUAZHU GROUP LTD SPON ADR	PURCHASE		3/26/19	11/26/19	349	403		403
IAC INTERACTIVECORP	PURCHASE		1/27/17	3/26/19	1,070	349		349
ICON PLC EUR	PURCHASE		9/09/14	1/25/19	5,295	2,118		2,118
ICON PLC EUR	PURCHASE		3/02/15	1/25/19	5,430	2,758		2,758
ICON PLC EUR	PURCHASE		3/13/15	1/25/19	136	68		68
ICON PLC EUR	PURCHASE		1/27/17	1/25/19	7,195	4,356		4,356
ICON PLC EUR	PURCHASE		1/27/17	1/28/19	14,983	9,122		9,122
ICON PLC EUR	PURCHASE		1/27/17	1/29/19	19,732	11,916		11,916
ICON PLC EUR	PURCHASE		1/27/17	1/30/19	5,049	3,041		3,041
JAZZ PHARMACEUTICALS PLC	PURCHASE		4/16/18	3/13/19	7,837	9,048		9,048
JAZZ PHARMACEUTICALS PLC	PURCHASE		4/17/18	3/13/19	24,592	28,587		28,587
JAZZ PHARMACEUTICALS PLC	PURCHASE		5/10/18	3/13/19	13,647	16,252		16,252
JAZZ PHARMACEUTICALS PLC	PURCHASE		10/11/18	3/13/19	2,297	2,697		2,697
KAR AUCTION SVCS INC	PURCHASE		6/26/18	11/21/19	5,945	5,891		5,891
KAR AUCTION SVCS INC	PURCHASE		6/26/18	11/22/19	1,670	1,616		1,616

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
KAR AUCTION SVCS INC	PURCHASE	6/27/18	11/22/19	\$ 4,174	\$ 4,096	\$	\$ 4,096
KAR AUCTION SVCS INC	PURCHASE	3/06/19	11/22/19	9,732	8,447		8,447
KAR AUCTION SVCS INC	PURCHASE	3/26/19	11/22/19	88	77		77
LEGG MASON INC	PURCHASE	3/26/18	3/26/19	1,430	2,087		2,087
LIBERTY MEDIA CORP-LIBERTY FORMULA O	PURCHASE	11/02/17	3/26/19	1,653	1,838		1,838
LIVE NATION ENTERTAINMENT INC	PURCHASE	9/07/17	3/26/19	1,707	1,086		1,086
LOXO ONCOLOGY INC **MERGER: 02/2019*	PURCHASE	12/20/18	2/19/19	32,665	18,595		18,595
MERCADOLIBRE INC	PURCHASE	1/27/17	2/06/19	26,954	13,699		13,699
MERCADOLIBRE INC	PURCHASE	1/27/17	3/26/19	3,452	1,279		1,279
MERCADOLIBRE INC	PURCHASE	1/27/17	8/19/19	60,966	18,083		18,083
MERCADOLIBRE INC	PURCHASE	5/18/17	8/19/19	8,621	3,817		3,817
MERCADOLIBRE INC	PURCHASE	10/11/18	8/19/19	616	309		309
MIDDLEBY CORP DELA	PURCHASE	9/02/15	3/22/19	12,263	10,245		10,245
MIDDLEBY CORP DELA	PURCHASE	9/02/15	3/25/19	6,181	5,175		5,175
MIDDLEBY CORP DELA	PURCHASE	3/29/16	3/25/19	3,784	3,085		3,085
MIDDLEBY CORP DELA	PURCHASE	7/06/16	3/25/19	1,261	1,130		1,130
MIDDLEBY CORP DELA	PURCHASE	1/27/17	3/25/19	14,506	15,580		15,580

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
MIDDLEBY CORP	DELA							
	PURCHASE		10/11/18	3/25/19	\$ 126	\$ 116	\$	\$ 116
NAVIENT CORP	COM							
	PURCHASE		10/03/16	1/08/19	2,560	3,611		3,611
NAVIENT CORP	COM							
	PURCHASE		1/27/17	1/08/19	10,403	15,468		15,468
NAVIENT CORP	COM							
	PURCHASE		1/27/17	1/09/19	6,179	9,054		9,054
NAVIENT CORP	COM							
	PURCHASE		5/18/17	1/09/19	248	329		329
NAVIENT CORP	COM							
	PURCHASE		7/26/17	1/09/19	145	205		205
NAVIENT CORP	COM							
	PURCHASE		10/11/18	1/09/19	497	612		612
NEW RELIC INC								
	PURCHASE		12/20/18	3/26/19	3,528	2,697		2,697
NEW RELIC INC								
	PURCHASE		12/20/18	12/23/19	10,489	11,866		11,866
NEW RELIC INC								
	PURCHASE		12/21/18	12/23/19	3,610	4,055		4,055
NEW RELIC INC								
	PURCHASE		12/21/18	12/24/19	2,248	2,525		2,525
NEW RELIC INC								
	PURCHASE		3/06/19	12/24/19	3,339	4,945		4,945
NEW RELIC INC								
	PURCHASE		3/06/19	12/26/19	8,421	12,513		12,513
NORDSON CORP								
	PURCHASE		8/07/13	3/26/19	2,081	1,157		1,157
NORDSON CORP								
	PURCHASE		8/08/13	3/26/19	130	73		73
NUTANIX INC	CL A							
	PURCHASE		10/24/17	2/06/19	33,205	17,895		17,895
NUTANIX INC	CL A							
	PURCHASE		10/24/17	3/26/19	40	28		28

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(continued)

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
NUTANIX INC CL A	PURCHASE		10/24/17	12/24/19	\$ 6,161	\$ 5,357	\$	\$ 5,357
NUTANIX INC CL A	PURCHASE		10/24/17	12/26/19	20,664	17,782		17,782
NUTANIX INC CL A	PURCHASE		11/02/17	12/26/19	65	55		55
NUTANIX INC CL A	PURCHASE		11/02/17	12/27/19	160	137		137
NUTANIX INC CL A	PURCHASE		7/22/19	12/27/19	13,858	10,756		10,756
PGT INNOVATIONS INC	PURCHASE		10/05/18	3/07/19	1,391	2,055		2,055
PGT INNOVATIONS INC	PURCHASE		10/05/18	3/08/19	3,707	5,459		5,459
PGT INNOVATIONS INC	PURCHASE		10/05/18	3/11/19	1,939	2,761		2,761
PGT INNOVATIONS INC	PURCHASE		10/08/18	3/11/19	2,230	3,179		3,179
PGT INNOVATIONS INC	PURCHASE		10/08/18	3/12/19	5,356	7,645		7,645
PORTOLA PHARMACEUTICALS INC	PURCHASE		1/08/19	3/26/19	2,569	1,709		1,709
POWER INTEGRATIONS INC	PURCHASE		3/24/14	3/26/19	210	201		201
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		4/21/16	1/25/19	713	1,480		1,480
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		1/27/17	1/25/19	6,722	12,776		12,776
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		1/27/17	1/28/19	1,455	2,764		2,764
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		5/18/17	1/28/19	961	1,725		1,725
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		11/02/17	1/28/19	302	485		485

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		3/26/18	1/28/19	\$ 3,048	\$ 3,704	\$	\$ 3,704
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		3/26/18	1/29/19	775	934		934
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		3/27/18	1/29/19	9,746	11,813		11,813
PRESTIGE CONSUMER HEALTHCARE INC	PURCHASE		3/27/18	1/30/19	711	873		873
QUALYS INC	PURCHASE		7/25/18	3/26/19	2,416	2,785		2,785
REINSURANCE GROUP AMER INC NEW	PURCHASE		1/19/17	3/26/19	2,816	2,485		2,485
SAGE THERAPEUTICS INC	PURCHASE		4/16/18	3/26/19	7,697	7,662		7,662
SEMTECH CORP	PURCHASE		3/19/19	3/26/19	897	931		931
SMITH A O CORP	PURCHASE		2/26/19	3/26/19	1,134	1,163		1,163
SPLUNK INC	PURCHASE		10/10/14	3/26/19	1,615	712		712
STERIS PLC **EXCHANGE: 03/2019** GBP	PURCHASE		6/26/18	3/26/19	985	846		846
SUPERNUS PHARMACEUTICALS INC	PURCHASE		6/12/15	3/26/19	479	246		246
SUPERNUS PHARMACEUTICALS INC	PURCHASE		6/12/15	8/29/19	2,680	1,759		1,759
SUPERNUS PHARMACEUTICALS INC	PURCHASE		7/07/16	8/29/19	831	658		658
SUPERNUS PHARMACEUTICALS INC	PURCHASE		1/27/17	8/29/19	2,037	1,987		1,987
SUPERNUS PHARMACEUTICALS INC	PURCHASE		1/27/17	8/30/19	3,663	3,556		3,556
SUPERNUS PHARMACEUTICALS INC	PURCHASE		1/27/17	9/03/19	5,361	5,255		5,255

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
SUPERNUS PHARMACEUTICALS INC	PURCHASE		1/27/17	9/04/19	\$ 4,963	\$ 4,811	\$	\$ 4,811
SUPERNUS PHARMACEUTICALS INC	PURCHASE		1/27/17	9/05/19	3,622	3,425		3,425
SUPERNUS PHARMACEUTICALS INC	PURCHASE		7/26/17	9/05/19	332	509		509
TOTAL SYS SERVICES INC**MERGER: 09/2	PURCHASE		6/28/13	3/26/19	2,700	706		706
TRACTOR SUPPLY COMPANY	PURCHASE		12/20/17	3/26/19	855	654		654
TRIPADVISOR INC	PURCHASE		3/06/18	3/26/19	1,271	1,050		1,050
TRIPADVISOR INC	PURCHASE		3/06/18	11/21/19	12,063	18,063		18,063
TRIPADVISOR INC	PURCHASE		3/06/18	11/22/19	2,311	3,487		3,487
TRIPADVISOR INC	PURCHASE		6/20/18	11/22/19	7,350	15,595		15,595
TRIPADVISOR INC	PURCHASE		10/11/18	11/22/19	84	133		133
ULTIMATE SOFTWARE GROUP INC *MERGER:	PURCHASE		7/25/17	2/26/19	36,139	25,116		25,116
ULTIMATE SOFTWARE GROUP INC *MERGER:	PURCHASE		7/26/17	2/26/19	1,658	1,150		1,150
ULTIMATE SOFTWARE GROUP INC *MERGER:	PURCHASE		3/06/18	2/26/19	21,551	16,333		16,333
ULTIMATE SOFTWARE GROUP INC *MERGER:	PURCHASE		10/11/18	2/26/19	1,326	1,145		1,145
UNTD RENTALS INC	PURCHASE		9/20/16	3/26/19	1,340	914		914
UNTD RENTALS INC	PURCHASE		9/20/16	7/22/19	16,577	10,740		10,740
UNTD RENTALS INC	PURCHASE		10/20/16	7/22/19	15,401	10,382		10,382

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
UNTD RENTALS INC	PURCHASE		1/27/17	7/22/19	\$ 15,637	\$ 17,061	\$	\$ 17,061
UNTD RENTALS INC	PURCHASE		10/11/18	7/22/19	118	144		144
VAIL RESORTS INC	PURCHASE		7/26/17	2/26/19	21,749	22,334		22,334
VAIL RESORTS INC	PURCHASE		7/27/17	2/26/19	9,942	10,179		10,179
VEEVA SYSTEMS INC CL A	PURCHASE		1/27/17	3/26/19	1,631	554		554
VEEVA SYSTEMS INC CL A	PURCHASE		1/27/17	11/21/19	14,037	3,960		3,960
VEEVA SYSTEMS INC CL A	PURCHASE		7/26/17	11/21/19	453	194		194
VEEVA SYSTEMS INC CL A	PURCHASE		8/23/17	11/21/19	7,999	3,413		3,413
VEEVA SYSTEMS INC CL A	PURCHASE		8/23/17	11/22/19	772	322		322
VEONEER INC	PURCHASE		6/28/13	2/26/19	93	65		65
VEONEER INC	PURCHASE		3/02/15	2/26/19	836	855		855
VEONEER INC	PURCHASE		3/13/15	2/26/19	371	374		374
VEONEER INC	PURCHASE		1/27/17	2/26/19	3,776	3,909		3,909
VEONEER INC	PURCHASE		1/27/17	2/27/19	3,329	3,461		3,461
VEONEER INC	PURCHASE		10/11/18	2/27/19	10,820	16,161		16,161
VIKING THERAPEUTICS INC	PURCHASE		10/05/18	3/26/19	632	1,155		1,155
WEIBO CORP SPON ADR	PURCHASE		2/25/19	3/26/19	1,875	2,318		2,318

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(continued)

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
WEIBO CORP SPON ADR								
	PURCHASE		2/25/19	7/22/19	\$ 20,392	\$ 37,528	\$	\$ 37,528
WELLCARE HEALTH PLANS INC **MERGER :								
	PURCHASE		10/02/18	7/22/19	27,192	30,220		30,220
WELLCARE HEALTH PLANS INC **MERGER :								
	PURCHASE		10/02/18	7/23/19	15,440	17,178		17,178
WELLCARE HEALTH PLANS INC **MERGER :								
	PURCHASE		3/13/19	7/23/19	18,014	15,500		15,500
WELLCARE HEALTH PLANS INC **MERGER :								
	PURCHASE		3/26/19	7/23/19	572	462		462
WESTERN ALLIANCE BANCORP								
	PURCHASE		4/17/17	3/26/19	1,757	1,977		1,977
WPX ENERGY INC								
	PURCHASE		10/05/18	3/26/19	3,721	5,871		5,871
WRIGHT MEDICAL GROUP N V EUR								
	PURCHASE		10/26/18	12/06/19	16,714	15,285		15,285
WRIGHT MEDICAL GROUP N V EUR								
	PURCHASE		10/29/18	12/06/19	5,769	5,325		5,325
WRIGHT MEDICAL GROUP N V EUR								
	PURCHASE		10/29/18	12/09/19	14,504	13,408		13,408
WRIGHT MEDICAL GROUP N V EUR								
	PURCHASE		12/13/18	12/09/19	6,321	5,935		5,935
WRIGHT MEDICAL GROUP N V EUR								
	PURCHASE		3/26/19	12/09/19	945	1,012		1,012
WRIGHT MEDICAL GROUP N V EUR								
	PURCHASE		8/08/19	12/09/19	25,374	18,569		18,569
ALCON INC CHF								
	PURCHASE		1/26/17	4/09/19	11	9		9
ALCON INC CHF								
	PURCHASE		1/26/17	12/23/19	1,543	1,185		1,185
ALCON INC CHF								
	PURCHASE		1/26/17	12/26/19	342	263		263
ALCON INC CHF								
	PURCHASE		1/26/17	12/27/19	1,950	1,493		1,493

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
ALCON INC CHF	PURCHASE		1/26/17	12/30/19	\$ 2,037	\$ 1,580	\$	\$ 1,580
ALCON INC CHF	PURCHASE		1/26/17	12/31/19	508	395		395
AMER EXPRESS CO	PURCHASE		1/26/17	9/26/19	2,864	1,847		1,847
AMER EXPRESS CO	PURCHASE		1/26/17	9/26/19	596	385		385
AMER EXPRESS CO	PURCHASE		1/26/17	9/27/19	1,898	1,232		1,232
AMER EXPRESS CO	PURCHASE		1/26/17	9/30/19	1,426	924		924
AMER EXPRESS CO	PURCHASE		1/26/17	9/30/19	831	539		539
AMER EXPRESS CO	PURCHASE		1/26/17	10/01/19	1,880	1,232		1,232
AMER EXPRESS CO	PURCHASE		1/26/17	10/01/19	1,295	847		847
AMER EXPRESS CO	PURCHASE		1/26/17	10/02/19	2,848	1,924		1,924
AMER EXPRESS CO	PURCHASE		1/26/17	10/02/19	1,252	847		847
AMER EXPRESS CO	PURCHASE		1/26/17	10/03/19	1,793	1,232		1,232
AMER EXPRESS CO	PURCHASE		1/26/17	10/03/19	560	385		385
AMER EXPRESS CO	PURCHASE		1/26/17	10/04/19	1,138	770		770
AMER EXPRESS CO	PURCHASE		1/26/17	10/04/19	455	308		308
AMER EXPRESS CO	PURCHASE		1/26/17	10/07/19	1,826	1,232		1,232
AMER EXPRESS CO	PURCHASE		1/26/17	10/08/19	790	539		539

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
AMER EXPRESS CO	PURCHASE	1/26/17	12/23/19	\$ 4,349	\$ 2,694	\$	\$ 2,694
AMER EXPRESS CO	PURCHASE	1/26/17	12/26/19	1,874	1,155		1,155
AMER EXPRESS CO	PURCHASE	1/26/17	12/27/19	3,133	1,924		1,924
AMER EXPRESS CO	PURCHASE	1/26/17	12/30/19	3,736	2,309		2,309
AMER EXPRESS CO	PURCHASE	1/26/17	12/31/19	1,988	1,232		1,232
COLGATE PALMOLIVE CO	PURCHASE	4/16/18	7/11/19	442	434		434
COLGATE PALMOLIVE CO	PURCHASE	4/18/18	7/11/19	2,356	2,312		2,312
DANONE SPON ADR	PURCHASE	1/26/17	12/23/19	3,008	2,294		2,294
DANONE SPON ADR	PURCHASE	1/26/17	12/26/19	66	50		50
DANONE SPON ADR	PURCHASE	1/26/17	12/27/19	2,280	1,727		1,727
DANONE SPON ADR	PURCHASE	1/26/17	12/30/19	3,208	2,446		2,446
DANONE SPON ADR	PURCHASE	1/26/17	12/31/19	908	693		693
FACTSET RESH SYSTEMS INC	PURCHASE	1/26/17	6/24/19	1,767	1,040		1,040
FACTSET RESH SYSTEMS INC	PURCHASE	1/26/17	6/25/19	5,217	3,121		3,121
PROCTER & GAMBLE CO	PURCHASE	1/26/17	12/23/19	4,504	3,119		3,119
PROCTER & GAMBLE CO	PURCHASE	1/26/17	12/26/19	1,754	1,213		1,213
PROCTER & GAMBLE CO	PURCHASE	1/26/17	12/27/19	1,133	780		780

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
PROCTER & GAMBLE CO	PURCHASE	1/26/17	12/30/19	\$ 2,991	\$ 2,079	\$	\$ 2,079
PROCTER & GAMBLE CO	PURCHASE	1/26/17	12/31/19	1,243	866		866
QUALCOMM INC	PURCHASE	1/26/17	12/23/19	2,836	1,675		1,675
QUALCOMM INC	PURCHASE	1/26/17	12/26/19	1,678	994		994
QUALCOMM INC	PURCHASE	1/26/17	12/27/19	2,923	1,727		1,727
QUALCOMM INC	PURCHASE	1/26/17	12/30/19	3,337	1,989		1,989
QUALCOMM INC	PURCHASE	1/26/17	12/31/19	706	419		419
STARBUCKS CORP	PURCHASE	3/28/18	9/26/19	3,596	2,318		2,318
STARBUCKS CORP	PURCHASE	3/28/18	9/26/19	1,350	869		869
STARBUCKS CORP	PURCHASE	3/28/18	9/26/19	360	232		232
STARBUCKS CORP	PURCHASE	3/28/18	9/27/19	1,593	1,044		1,044
STARBUCKS CORP	PURCHASE	3/29/18	9/27/19	1,768	1,155		1,155
STARBUCKS CORP	PURCHASE	3/29/18	9/27/19	885	573		573
STARBUCKS CORP	PURCHASE	3/29/18	9/30/19	2,028	1,329		1,329
STARBUCKS CORP	PURCHASE	3/29/18	9/30/19	1,500	982		982
STARBUCKS CORP	PURCHASE	3/29/18	9/30/19	1,147	751		751
STARBUCKS CORP	PURCHASE	3/29/18	10/01/19	4,350	2,887		2,887

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
STARBUCKS CORP	PURCHASE		3/29/18	10/01/19	\$ 868	\$ 577	\$	\$ 577
STARBUCKS CORP	PURCHASE		3/29/18	10/02/19	4,237	2,887		2,887
STARBUCKS CORP	PURCHASE		4/02/18	10/02/19	1,771	1,190		1,190
STARBUCKS CORP	PURCHASE		4/02/18	10/02/19	424	283		283
STARBUCKS CORP	PURCHASE		4/09/18	10/03/19	2,363	1,651		1,651
STARBUCKS CORP	PURCHASE		4/09/18	10/03/19	1,602	1,120		1,120
STARBUCKS CORP	PURCHASE		4/09/18	10/03/19	844	590		590
STARBUCKS CORP	PURCHASE		4/02/18	10/04/19	2,140	1,417		1,417
STARBUCKS CORP	PURCHASE		4/02/18	10/04/19	514	340		340
STARBUCKS CORP	PURCHASE		4/02/18	10/07/19	1,804	1,190		1,190
STARBUCKS CORP	PURCHASE		4/02/18	10/07/19	516	340		340
STARBUCKS CORP	PURCHASE		4/02/18	10/08/19	1,285	850		850
UNITED PARCEL SERVICE INC CL B	PURCHASE		1/26/17	1/10/19	888	1,051		1,051
UNITED PARCEL SERVICE INC CL B	PURCHASE		1/26/17	1/10/19	295	350		350
UNITED PARCEL SERVICE INC CL B	PURCHASE		1/26/17	1/11/19	7,434	8,878		8,878
UNITED PARCEL SERVICE INC CL B	PURCHASE		1/26/17	1/14/19	5,342	6,308		6,308
UNITED PARCEL SERVICE INC CL B	PURCHASE		1/26/17	1/14/19	393	467		467

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(continued)

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
UNITED PARCEL SERVICE INC CL B								
	PURCHASE		1/26/17	1/15/19	\$ 9,081	\$ 10,864	\$	\$ 10,864
UNITED PARCEL SERVICE INC CL B								
	PURCHASE		1/26/17	1/16/19	2,162	2,570		2,570
UNITED PARCEL SERVICE INC CL B								
	PURCHASE		1/26/17	1/16/19	395	467		467
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/08/19	457	303		303
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/09/19	1,338	910		910
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/12/19	997	682		682
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/12/19	443	303		303
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/13/19	1,109	758		758
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/14/19	1,299	910		910
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/15/19	1,077	758		758
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/16/19	1,091	758		758
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/19/19	436	303		303
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/20/19	542	379		379
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	8/21/19	544	379		379
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	10/24/19	1,405	834		834
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	10/25/19	969	607		607
VARIAN MEDICAL SYSTEMS INC								
	PURCHASE		1/26/17	10/25/19	245	152		152

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	10/28/19	\$ 859	\$ 531	\$	\$ 531
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	10/28/19	489	303		303
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	10/29/19	850	531		531
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	10/29/19	121	76		76
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	10/30/19	728	455		455
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	10/31/19	1,206	758		758
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/01/19	865	531		531
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/04/19	1,632	986		986
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/05/19	620	379		379
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/06/19	1,117	682		682
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/07/19	618	379		379
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/08/19	623	379		379
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/11/19	999	607		607
VARIAN MEDICAL	SYSTEMS INC							
	PURCHASE		1/26/17	11/12/19	498	303		303
ALBEMARLE CORP								
	PURCHASE		4/03/18	10/30/19	4,876	6,995		6,995
ALBEMARLE CORP								
	PURCHASE		4/27/18	10/30/19	2,813	4,352		4,352
ALBEMARLE CORP								
	PURCHASE		11/02/18	10/30/19	2,063	3,537		3,537

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(continued)

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
ALBEMARLE CORP	PURCHASE		12/13/18	10/30/19	\$ 4,063	\$ 5,747	\$	\$ 5,747
ALBEMARLE CORP	PURCHASE		1/04/19	10/30/19	3,125	3,826		3,826
ALBEMARLE CORP	PURCHASE		1/23/19	10/30/19	5,188	6,152		6,152
ALBEMARLE CORP	PURCHASE		5/08/19	10/30/19	14,127	16,402		16,402
ALBEMARLE CORP	PURCHASE		5/08/19	10/31/19	1,153	1,379		1,379
ALBEMARLE CORP	PURCHASE		7/12/19	10/31/19	8,620	10,304		10,304
ALBEMARLE CORP	PURCHASE		7/15/19	10/31/19	182	215		215
ALBEMARLE CORP	PURCHASE		9/18/19	10/31/19	4,431	4,902		4,902
ALLETE INC NEW	PURCHASE		3/02/15	9/26/19	439	269		269
ALLETE INC NEW	PURCHASE		3/03/15	9/26/19	1,318	802		802
ALLETE INC NEW	PURCHASE		3/13/15	9/26/19	967	573		573
ALLETE INC NEW	PURCHASE		4/07/15	9/26/19	615	366		366
ALLETE INC NEW	PURCHASE		8/03/15	9/26/19	2,109	1,162		1,162
ALLETE INC NEW	PURCHASE		1/31/17	9/26/19	527	392		392
ALLIANT ENERGY CORP	PURCHASE		6/19/15	9/26/19	2,175	1,192		1,192
ALLIANT ENERGY CORP	PURCHASE		8/03/15	9/26/19	979	555		555
ALLIANT ENERGY CORP	PURCHASE		1/31/17	9/26/19	2,556	1,769		1,769

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(continued)

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
AVERY DENNISON CORP							
PURCHASE		1/31/17	5/08/19	\$ 6,825	\$ 4,660	\$	\$ 4,660
B&G FOODS INC CL A							
PURCHASE		4/30/15	5/03/19	2,351	2,872		2,872
B&G FOODS INC CL A							
PURCHASE		6/16/15	5/03/19	746	887		887
B&G FOODS INC CL A							
PURCHASE		8/03/15	5/03/19	68	79		79
B&G FOODS INC CL A							
PURCHASE		10/13/15	5/03/19	588	898		898
B&G FOODS INC CL A							
PURCHASE		3/14/16	5/03/19	904	1,275		1,275
B&G FOODS INC CL A							
PURCHASE		9/19/16	5/03/19	701	1,398		1,398
B&G FOODS INC CL A							
PURCHASE		11/18/16	5/03/19	1,130	1,966		1,966
B&G FOODS INC CL A							
PURCHASE		1/31/17	5/03/19	12,006	22,588		22,588
B&G FOODS INC CL A							
PURCHASE		1/31/17	5/06/19	382	723		723
B&G FOODS INC CL A							
PURCHASE		2/06/17	5/06/19	629	1,189		1,189
B&G FOODS INC CL A							
PURCHASE		2/08/17	5/06/19	629	1,190		1,190
B&G FOODS INC CL A							
PURCHASE		3/07/17	5/06/19	2,405	4,302		4,302
B&G FOODS INC CL A							
PURCHASE		4/05/17	5/06/19	2,135	3,597		3,597
B&G FOODS INC CL A							
PURCHASE		5/17/17	5/06/19	3,393	5,822		5,822
B&G FOODS INC CL A							
PURCHASE		7/13/17	5/06/19	2,921	4,191		4,191
B&G FOODS INC CL A							
PURCHASE		7/13/17	5/07/19	1,962	2,837		2,837

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
B&G FOODS INC	CL A							
	PURCHASE		9/01/17	5/07/19	\$ 1,538	\$ 2,056	\$	\$ 2,056
B&G FOODS INC	CL A							
	PURCHASE		9/01/17	7/31/19	1,861	2,965		2,965
B&G FOODS INC	CL A							
	PURCHASE		9/25/17	7/31/19	2,708	4,268		4,268
B&G FOODS INC	CL A							
	PURCHASE		9/25/17	8/01/19	436	697		697
B&G FOODS INC	CL A							
	PURCHASE		11/09/17	8/01/19	1,161	2,044		2,044
B&G FOODS INC	CL A							
	PURCHASE		2/07/18	8/01/19	5,480	9,214		9,214
B&G FOODS INC	CL A							
	PURCHASE		2/07/18	8/02/19	620	946		946
B&G FOODS INC	CL A							
	PURCHASE		4/06/18	8/02/19	7,659	8,932		8,932
B&G FOODS INC	CL A							
	PURCHASE		4/09/18	8/02/19	4,680	5,398		5,398
CALERES INC	COM							
	PURCHASE		1/31/17	2/26/19	25,610	26,502		26,502
CALERES INC	COM							
	PURCHASE		2/06/17	2/26/19	1,039	1,089		1,089
CALERES INC	COM							
	PURCHASE		2/08/17	2/26/19	1,157	1,174		1,174
CALERES INC	COM							
	PURCHASE		5/17/17	2/26/19	4,659	4,062		4,062
CALLON PETROLEUM CO	DELA							
	PURCHASE		1/31/17	9/03/19	8,389	33,800		33,800
CALLON PETROLEUM CO	DELA							
	PURCHASE		2/06/17	9/03/19	321	1,233		1,233
CALLON PETROLEUM CO	DELA							
	PURCHASE		2/08/17	9/03/19	359	1,312		1,312
CALLON PETROLEUM CO	DELA							
	PURCHASE		4/28/17	9/03/19	3,549	11,193		11,193

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To							
CALLON PETROLEUM CO DELA	PURCHASE		5/17/17	9/03/19	\$ 2,007	\$ 6,574	\$	\$ 6,574
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		4/20/15	5/01/19	269	922		922
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		5/29/15	5/01/19	320	1,081		1,081
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		1/31/17	5/01/19	1,422	6,817		6,817
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		2/06/17	5/01/19	71	333		333
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		2/08/17	5/01/19	71	327		327
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		5/17/17	5/01/19	284	1,026		1,026
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		12/06/17	5/01/19	1,676	3,841		3,841
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		2/06/18	5/01/19	442	956		956
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		2/06/18	5/02/19	1,319	2,990		2,990
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		4/27/18	5/02/19	1,785	4,113		4,113
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		1/04/19	5/02/19	257	580		580
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		1/04/19	5/03/19	1,585	3,402		3,402
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		1/07/19	5/03/19	397	903		903
CONSOLIDATED COMMUNICATIONS HOLDINGS	PURCHASE		1/07/19	5/06/19	1,076	2,489		2,489
CYRUSONE INC REIT	PURCHASE		7/06/18	5/28/19	9,645	9,481		9,481
CYRUSONE INC REIT	PURCHASE		7/06/18	5/29/19	3,566	3,586		3,586

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
ENLINK MIDSTREAM LLC	PURCHASE	8/03/15	12/06/19	\$ 674	\$ 3,405	\$	\$ 3,405
ENLINK MIDSTREAM LLC	PURCHASE	8/19/15	12/06/19	80	380		380
ENLINK MIDSTREAM LLC	PURCHASE	12/09/15	12/06/19	419	1,058		1,058
ENLINK MIDSTREAM LLC	PURCHASE	2/19/16	12/06/19	1,164	1,050		1,050
ENLINK MIDSTREAM LLC	PURCHASE	2/22/16	12/06/19	495	527		527
ENLINK MIDSTREAM LLC	PURCHASE	1/31/17	12/06/19	3,654	12,258		12,258
ENLINK MIDSTREAM LLC	PURCHASE	1/31/17	12/09/19	2,115	6,615		6,615
ENLINK MIDSTREAM LLC	PURCHASE	2/06/17	12/09/19	306	1,070		1,070
ENLINK MIDSTREAM LLC	PURCHASE	2/08/17	12/09/19	302	1,022		1,022
ENLINK MIDSTREAM LLC	PURCHASE	3/17/17	12/09/19	804	2,847		2,847
ENLINK MIDSTREAM LLC	PURCHASE	5/17/17	12/09/19	1,239	4,114		4,114
ENLINK MIDSTREAM LLC	PURCHASE	11/07/17	12/09/19	397	1,218		1,218
ENLINK MIDSTREAM LLC	PURCHASE	11/07/17	12/19/19	674	1,659		1,659
ENLINK MIDSTREAM LLC	PURCHASE	2/09/18	12/19/19	2,035	5,044		5,044
ENLINK MIDSTREAM LLC	PURCHASE	3/15/18	12/19/19	1,009	2,233		2,233
ENLINK MIDSTREAM LLC	PURCHASE	3/16/18	12/19/19	657	1,500		1,500
ENLINK MIDSTREAM LLC	PURCHASE	7/16/18	12/19/19	1,874	4,469		4,469

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To							
ENLINK MIDSTREAM LLC								
PURCHASE			7/17/18	12/19/19	\$ 1,307	\$ 3,069	\$	\$ 3,069
ENLINK MIDSTREAM LLC								
PURCHASE			12/03/18	12/19/19	615	1,137		1,137
ENLINK MIDSTREAM LLC								
PURCHASE			8/19/19	12/19/19	2,280	2,946		2,946
ENLINK MIDSTREAM LLC								
PURCHASE			8/20/19	12/19/19	245	320		320
ENLINK MIDSTREAM LLC								
PURCHASE			8/20/19	12/20/19	1,141	1,513		1,513
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			10/03/17	5/13/19	2,035	3,964		3,964
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			10/04/17	5/13/19	643	1,245		1,245
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			10/05/17	5/13/19	118	232		232
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			10/05/17	5/14/19	543	1,048		1,048
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/02/17	5/14/19	1,243	2,174		2,174
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/02/17	5/15/19	1,299	2,252		2,252
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/02/17	5/16/19	117	199		199
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/09/17	5/16/19	2,049	3,474		3,474
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/21/17	5/16/19	259	471		471
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/21/17	5/17/19	1,132	2,097		2,097
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/21/17	5/20/19	932	1,755		1,755
ENTERCOM COMMUNICATIONS CORP								
PURCHASE			11/21/17	5/21/19	992	1,838		1,838

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		11/21/17	6/28/19	\$ 526	\$ 1,072	\$	\$ 1,072
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		12/18/17	6/28/19	81	163		163
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		12/18/17	7/01/19	1,399	2,697		2,697
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		12/18/17	7/02/19	1,128	2,139		2,139
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		12/18/17	7/03/19	945	1,756		1,756
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		2/26/18	7/03/19	100	166		166
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		2/26/18	7/05/19	1,057	1,786		1,786
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		2/26/18	7/08/19	863	1,454		1,454
ENTERCOM	COMMUNICATIONS	CORP						
	PURCHASE		2/26/18	7/09/19	1,034	1,755		1,755
EVERGY INC								
	PURCHASE		7/05/16	9/26/19	163	126		126
EVERGY INC								
	PURCHASE		8/25/16	9/26/19	2,220	1,537		1,537
EVERGY INC								
	PURCHASE		11/21/16	9/26/19	1,937	1,311		1,311
EVERGY INC								
	PURCHASE		12/02/16	9/26/19	1,978	1,289		1,289
EVERGY INC								
	PURCHASE		1/31/17	9/26/19	13,744	9,373		9,373
EVERGY INC								
	PURCHASE		1/31/17	9/27/19	11,667	8,078		8,078
EVERGY INC								
	PURCHASE		2/06/17	9/27/19	1,232	843		843
EVERGY INC								
	PURCHASE		2/08/17	9/27/19	1,272	875		875

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
EVERGY INC	PURCHASE		5/17/17	9/27/19	\$ 5,566	\$ 3,905	\$	\$ 3,905
EVERGY INC	PURCHASE		2/06/18	9/27/19	7,514	5,506		5,506
EVERGY INC	PURCHASE		5/18/18	9/27/19	3,856	3,087		3,087
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/18/19	1,038	782		782
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/18/19	943	711		711
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/18/19	755	569		569
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/18/19	629	474		474
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/18/19	252	190		190
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/18/19	189	142		142
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/18/19	41	31		31
FORTIS INC CANADA	ORD CAD PURCHASE		10/14/16	9/19/19	252	189		189
FORTIS INC CANADA	ORD CAD PURCHASE		1/31/17	9/19/19	4,446	3,399		3,399
FORTIS INC CANADA	ORD CAD PURCHASE		1/31/17	9/20/19	4,291	3,271		3,271
FORTIS INC CANADA	ORD CAD PURCHASE		2/06/17	9/20/19	421	319		319
FORTIS INC CANADA	ORD CAD PURCHASE		2/08/17	9/20/19	421	321		321
FORTIS INC CANADA	ORD CAD PURCHASE		5/17/17	9/20/19	1,599	1,222		1,222
FORTIS INC CANADA	ORD CAD PURCHASE		5/17/17	9/23/19	676	515		515

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
GALLAGHER ARTHUR J & CO	PURCHASE		1/31/17	1/04/19	\$ 12,362	\$ 9,251	\$	\$ 9,251
GALLAGHER ARTHUR J & CO	PURCHASE		2/06/17	1/04/19	862	649		649
GALLAGHER ARTHUR J & CO	PURCHASE		2/08/17	1/04/19	862	647		647
GALLAGHER ARTHUR J & CO	PURCHASE		5/17/17	1/04/19	3,881	2,976		2,976
GALLAGHER ARTHUR J & CO	PURCHASE		5/31/18	1/04/19	5,750	5,341		5,341
GARMIN LTD SHS CHF	PURCHASE		1/31/17	12/10/19	5,922	2,938		2,938
GARMIN LTD SHS CHF	PURCHASE		2/06/17	12/10/19	874	450		450
GARMIN LTD SHS CHF	PURCHASE		2/08/17	12/10/19	874	440		440
GARMIN LTD SHS CHF	PURCHASE		2/13/17	12/10/19	5,728	2,986		2,986
GARMIN LTD SHS CHF	PURCHASE		2/13/17	12/11/19	1,070	557		557
GARMIN LTD SHS CHF	PURCHASE		2/13/17	12/19/19	2,740	1,417		1,417
GARMIN LTD SHS CHF	PURCHASE		5/17/17	12/19/19	4,892	2,567		2,567
GARMIN LTD SHS CHF	PURCHASE		1/04/19	12/19/19	5,186	3,382		3,382
GEO GROUP INC NEW COM	PURCHASE		1/31/17	8/05/19	19,146	28,108		28,108
GEO GROUP INC NEW COM	PURCHASE		2/06/17	8/05/19	750	1,115		1,115
GEO GROUP INC NEW COM	PURCHASE		2/08/17	8/05/19	828	1,232		1,232
GEO GROUP INC NEW COM	PURCHASE		5/17/17	8/05/19	3,345	5,504		5,504

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
GLOBAL BRASS & COPPER HLDG INC *MERG	PURCHASE	1/31/17	4/26/19	\$ 17,478	\$ 13,338	\$	\$ 13,338
GLOBAL BRASS & COPPER HLDG INC *MERG	PURCHASE	2/06/17	4/26/19	1,870	1,473		1,473
GLOBAL BRASS & COPPER HLDG INC *MERG	PURCHASE	2/08/17	4/26/19	2,087	1,622		1,622
GLOBAL BRASS & COPPER HLDG INC *MERG	PURCHASE	5/17/17	4/26/19	8,435	5,813		5,813
H B FULLER CO	PURCHASE	9/13/17	5/08/19	902	1,051		1,051
H B FULLER CO	PURCHASE	9/14/17	5/08/19	2,135	2,492		2,492
H B FULLER CO	PURCHASE	9/14/17	5/09/19	2,416	2,880		2,880
H B FULLER CO	PURCHASE	9/14/17	5/10/19	641	775		775
H B FULLER CO	PURCHASE	10/30/17	5/10/19	412	513		513
HELEN OF TROY LTD NEW (BERMUDA) ORD	PURCHASE	1/31/17	9/30/19	19,802	11,859		11,859
HNI CORP	PURCHASE	1/31/17	1/23/19	662	858		858
HNI CORP	PURCHASE	2/06/17	1/23/19	857	1,039		1,039
HNI CORP	PURCHASE	2/08/17	1/23/19	896	1,052		1,052
HNI CORP	PURCHASE	3/07/17	1/23/19	351	425		425
HNI CORP	PURCHASE	3/07/17	1/24/19	4,497	5,436		5,436
HNI CORP	PURCHASE	3/07/17	7/02/19	1,795	2,458		2,458
HNI CORP	PURCHASE	4/25/17	7/02/19	414	571		571

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Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets
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Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
HNI CORP	PURCHASE		4/25/17	7/03/19	\$ 979	\$ 1,331	\$	\$ 1,331
HNI CORP	PURCHASE		4/25/17	7/05/19	697	951		951
HNI CORP	PURCHASE		4/25/17	7/08/19	1,253	1,712		1,712
HNI CORP	PURCHASE		4/25/17	7/09/19	209	285		285
HNI CORP	PURCHASE		5/17/17	7/09/19	1,773	2,151		2,151
HNI CORP	PURCHASE		5/17/17	7/10/19	1,600	1,940		1,940
HNI CORP	PURCHASE		5/17/17	7/11/19	1,839	2,278		2,278
HOPE BANCORP INC COM	PURCHASE		4/20/17	11/13/19	1,313	1,703		1,703
HOPE BANCORP INC COM	PURCHASE		4/20/17	11/14/19	1,202	1,572		1,572
HOPE BANCORP INC COM	PURCHASE		4/21/17	11/14/19	573	753		753
HOPE BANCORP INC COM	PURCHASE		4/21/17	11/15/19	1,230	1,619		1,619
HOPE BANCORP INC COM	PURCHASE		4/21/17	11/18/19	1,399	1,845		1,845
HOPE BANCORP INC COM	PURCHASE		4/21/17	11/19/19	1,082	1,412		1,412
HOPE BANCORP INC COM	PURCHASE		4/24/17	11/19/19	173	231		231
HOPE BANCORP INC COM	PURCHASE		4/24/17	11/20/19	598	809		809
HOPE BANCORP INC COM	PURCHASE		5/17/17	11/20/19	1,211	1,507		1,507
HOPE BANCORP INC COM	PURCHASE		6/06/17	11/20/19	71	89		89

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
HOPE BANCORP INC COM	PURCHASE		6/06/17	11/21/19	\$ 1,248	\$ 1,573	\$	\$ 1,573
HOPE BANCORP INC COM	PURCHASE		6/06/17	11/22/19	1,003	1,252		1,252
HOPE BANCORP INC COM	PURCHASE		6/06/17	11/25/19	773	948		948
HOPE BANCORP INC COM	PURCHASE		6/07/17	11/25/19	1,999	2,506		2,506
HOPE BANCORP INC COM	PURCHASE		6/07/17	11/26/19	1,502	1,884		1,884
IAA INC	PURCHASE		12/19/16	7/12/19	1,124	674		674
IAA INC	PURCHASE		1/31/17	7/12/19	3,284	2,100		2,100
IAA INC	PURCHASE		1/31/17	7/15/19	2,877	1,823		1,823
IAA INC	PURCHASE		2/06/17	7/15/19	305	193		193
IAA INC	PURCHASE		2/08/17	7/15/19	305	192		192
IAA INC	PURCHASE		2/13/17	7/15/19	8,935	5,769		5,769
IAA INC	PURCHASE		2/24/17	7/15/19	4,446	2,765		2,765
IAA INC	PURCHASE		4/27/17	7/15/19	349	214		214
IAA INC	PURCHASE		4/27/17	7/16/19	4,648	2,840		2,840
IAA INC	PURCHASE		5/17/17	7/16/19	3,771	2,251		2,251
IAA INC	PURCHASE		12/18/17	7/16/19	3,727	2,645		2,645
IDEX CORP	PURCHASE		1/31/17	7/23/19	13,839	7,502		7,502

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received						
IDEX CORP	PURCHASE	1/31/17	7/24/19	\$ 4,495	\$ 2,440	\$	\$ 2,440
IDEX CORP	PURCHASE	2/06/17	7/24/19	999	538		538
IDEX CORP	PURCHASE	2/08/17	7/24/19	1,165	628		628
IDEX CORP	PURCHASE	5/17/17	7/24/19	4,995	3,159		3,159
J2 GLOBAL INC COM	PURCHASE	1/31/17	5/13/19	170	168		168
J2 GLOBAL INC COM	PURCHASE	2/06/17	5/13/19	1,363	1,354		1,354
J2 GLOBAL INC COM	PURCHASE	2/08/17	5/13/19	1,363	1,349		1,349
J2 GLOBAL INC COM	PURCHASE	3/07/17	5/13/19	4,175	4,036		4,036
J2 GLOBAL INC COM	PURCHASE	5/17/17	5/13/19	1,108	1,074		1,074
J2 GLOBAL INC COM	PURCHASE	5/17/17	5/14/19	3,483	3,386		3,386
J2 GLOBAL INC COM	PURCHASE	8/16/17	5/14/19	3,737	3,313		3,313
J2 GLOBAL INC COM	PURCHASE	8/16/17	5/15/19	2,785	2,485		2,485
J2 GLOBAL INC COM	PURCHASE	10/17/17	5/15/19	7,425	6,638		6,638
KAR AUCTION SVCS INC	PURCHASE	12/19/16	11/13/19	568	434		434
KAR AUCTION SVCS INC	PURCHASE	1/31/17	11/13/19	3,103	2,529		2,529
KAR AUCTION SVCS INC	PURCHASE	2/06/17	11/13/19	153	124		124
KAR AUCTION SVCS INC	PURCHASE	2/08/17	11/13/19	153	123		123

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
KAR AUCTION SVCS INC	PURCHASE		2/13/17	11/13/19	\$ 4,480	\$ 3,719	\$	\$ 3,719
KAR AUCTION SVCS INC	PURCHASE		2/24/17	11/13/19	1,355	1,084		1,084
KAR AUCTION SVCS INC	PURCHASE		2/24/17	11/14/19	891	699		699
KAR AUCTION SVCS INC	PURCHASE		4/27/17	11/14/19	2,540	1,969		1,969
KAR AUCTION SVCS INC	PURCHASE		5/17/17	11/14/19	1,916	1,451		1,451
KAR AUCTION SVCS INC	PURCHASE		12/18/17	11/14/19	1,894	1,705		1,705
LEIDOS HLDGS INC	PURCHASE		9/06/16	5/24/19	3,283	1,782		1,782
LEIDOS HLDGS INC	PURCHASE		1/31/17	5/24/19	763	483		483
LEIDOS HLDGS INC	PURCHASE		1/31/17	8/19/19	6,045	3,426		3,426
MEDICAL PROPERTIES TRUST INC REIT	PURCHASE		1/31/17	1/29/19	4,551	3,223		3,223
MKS INSTRUMENTS INC	PURCHASE		9/25/17	10/01/19	2,678	2,654		2,654
MKS INSTRUMENTS INC	PURCHASE		9/25/17	10/02/19	3,988	4,070		4,070
MKS INSTRUMENTS INC	PURCHASE		12/07/17	10/02/19	4,594	5,066		5,066
MKS INSTRUMENTS INC	PURCHASE		12/08/17	10/02/19	87	97		97
OMEGA HEALTHCARE INVS INC	PURCHASE		1/31/17	2/13/19	396	333		333
OMEGA HEALTHCARE INVS INC	PURCHASE		2/06/17	2/13/19	1,910	1,618		1,618
OMEGA HEALTHCARE INVS INC	PURCHASE		2/08/17	2/13/19	1,910	1,620		1,620

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
OMEGA HEALTHCARE INVS INC	PURCHASE		5/17/17	2/13/19	\$ 8,073	\$ 7,065	\$	\$ 7,065
OMEGA HEALTHCARE INVS INC	PURCHASE		11/16/17	2/13/19	5,514	3,995		3,995
OMEGA HEALTHCARE INVS INC	PURCHASE		11/16/17	7/19/19	474	338		338
OMEGA HEALTHCARE INVS INC	PURCHASE		12/06/17	7/19/19	4,924	3,448		3,448
OMEGA HEALTHCARE INVS INC	PURCHASE		12/06/17	8/12/19	6,002	4,013		4,013
OMEGA HEALTHCARE INVS INC	PURCHASE		1/25/18	8/12/19	532	369		369
OMEGA HEALTHCARE INVS INC	PURCHASE		1/25/18	8/21/19	6,511	4,348		4,348
OMEGA HEALTHCARE INVS INC	PURCHASE		2/06/18	8/21/19	8,366	5,236		5,236
RPT RLTY REIT	PURCHASE		6/23/17	2/28/19	1,682	1,540		1,540
RPT RLTY REIT	PURCHASE		6/23/17	3/01/19	8,999	8,691		8,691
RPT RLTY REIT	PURCHASE		6/23/17	3/04/19	1,752	1,715		1,715
RPT RLTY REIT	PURCHASE		10/03/17	3/04/19	2,848	3,009		3,009
RPT RLTY REIT	PURCHASE		10/03/17	3/05/19	422	441		441
RPT RLTY REIT	PURCHASE		10/04/17	3/05/19	338	351		351
RPT RLTY REIT	PURCHASE		3/20/18	3/05/19	1,086	1,031		1,031
RPT RLTY REIT	PURCHASE		3/21/18	3/05/19	1,665	1,577		1,577
RPT RLTY REIT	PURCHASE		3/22/18	3/05/19	121	116		116

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
RPT RLTY REIT	PURCHASE		3/22/18	3/06/19	\$ 2,300	\$ 2,225	\$	\$ 2,225
RPT RLTY REIT	PURCHASE		1/31/17	3/11/19	19,481	26,652		26,652
RPT RLTY REIT	PURCHASE		2/06/17	3/11/19	770	1,053		1,053
RPT RLTY REIT	PURCHASE		2/08/17	3/11/19	861	1,170		1,170
RPT RLTY REIT	PURCHASE		5/17/17	3/11/19	3,466	3,613		3,613
RPT RLTY REIT	PURCHASE		9/07/18	3/11/19	6,830	8,227		8,227
SMART GLOBAL HLDGS INC	PURCHASE		4/16/18	3/29/19	9,366	21,043		21,043
SNAP ON INC	PURCHASE		2/06/17	1/23/19	5,012	5,197		5,197
SNAP ON INC	PURCHASE		2/08/17	1/23/19	970	1,000		1,000
SOUTH JERSEY IND INC	PURCHASE		4/16/18	3/11/19	45,483	45,595		45,595
STERIS PLC	PURCHASE		1/31/17	5/24/19	5,134	2,694		2,694
STERIS PLC	PURCHASE		1/31/17	9/26/19	5,941	2,906		2,906
STERIS PLC	PURCHASE		1/31/17	10/02/19	5,949	3,048		3,048
STERIS PLC	PURCHASE		1/31/17	10/22/19	5,809	2,977		2,977
STERIS PLC **EXCHANGE: 03/2019** GBP	PURCHASE		12/15/16	1/29/19	1,482	899		899
STERIS PLC **EXCHANGE: 03/2019** GBP	PURCHASE		1/31/17	1/29/19	4,331	2,694		2,694
TANGER FACTORY OUTLET CENTERS INC	PURCHASE		5/11/17	4/09/19	5,243	7,080		7,080

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
TANGER FACTORY	OUTLET CENTERS INC	5/17/17	4/09/19	\$ 2,712	\$ 3,378	\$	\$ 3,378
	PURCHASE						
TANGER FACTORY	OUTLET CENTERS INC	5/17/17	4/10/19	7,354	9,132		9,132
	PURCHASE						
TANGER FACTORY	OUTLET CENTERS INC	1/25/18	4/10/19	3,183	4,002		4,002
	PURCHASE						
TANGER FACTORY	OUTLET CENTERS INC	1/25/18	4/11/19	606	760		760
	PURCHASE						
TARGA RESOURCES	INVESTMENTS	2/02/16	5/16/19	3,879	1,143		1,143
	PURCHASE						
TARGA RESOURCES	INVESTMENTS	2/19/16	5/16/19	3,035	835		835
	PURCHASE						
TARGA RESOURCES	INVESTMENTS	2/19/16	6/07/19	311	93		93
	PURCHASE						
TARGA RESOURCES	INVESTMENTS	1/31/17	6/07/19	3,611	4,806		4,806
	PURCHASE						
TELEFLEX INC		1/31/17	10/01/19	6,637	3,344		3,344
	PURCHASE						
TELEFLEX INC		1/31/17	10/02/19	3,209	1,672		1,672
	PURCHASE						
TRAVELPORT WORLDWIDE LTD	**MERGER: 0	11/09/16	1/04/19	649	551		551
	PURCHASE						
TRAVELPORT WORLDWIDE LTD	**MERGER: 0	11/16/16	1/04/19	2,906	2,525		2,525
	PURCHASE						
TRAVELPORT WORLDWIDE LTD	**MERGER: 0	11/28/16	1/04/19	2,010	1,819		1,819
	PURCHASE						
TRAVELPORT WORLDWIDE LTD	**MERGER: 0	11/29/16	1/04/19	572	522		522
	PURCHASE						
TRAVELPORT WORLDWIDE LTD	**MERGER: 0	1/31/17	1/04/19	22,570	20,771		20,771
	PURCHASE						
TRAVELPORT WORLDWIDE LTD	**MERGER: 0	1/31/17	1/07/19	4,210	3,870		3,870
	PURCHASE						
TRAVELPORT WORLDWIDE LTD	**MERGER: 0	2/06/17	1/07/19	1,331	1,220		1,220
	PURCHASE						

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

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
TRAVELPORT WORLDWIDE LTD	**MERGER:	0						
	PURCHASE		2/08/17	1/07/19	\$ 1,362	\$ 1,219	\$	\$ 1,219
TRAVELPORT WORLDWIDE LTD	**MERGER:	0						
	PURCHASE		3/07/17	1/07/19	4,365	3,423		3,423
TRAVELPORT WORLDWIDE LTD	**MERGER:	0						
	PURCHASE		5/17/17	1/07/19	6,454	5,765		5,765
TRAVELPORT WORLDWIDE LTD	**MERGER:	0						
	PURCHASE		12/07/17	1/07/19	2,337	1,997		1,997
TRAVELPORT WORLDWIDE LTD	**MERGER:	0						
	PURCHASE		12/08/17	1/07/19	4,070	3,484		3,484
TRAVELPORT WORLDWIDE LTD	**MERGER:	0						
	PURCHASE		2/06/18	1/07/19	6,763	5,599		5,599
VALLEY NATL BANCORP								
	PURCHASE		3/09/17	2/15/19	24,030	28,537		28,537
VALLEY NATL BANCORP								
	PURCHASE		5/17/17	2/15/19	3,973	4,256		4,256
VALLEY NATL BANCORP								
	PURCHASE		2/02/18	2/15/19	9,764	11,764		11,764
VIRTUSA CORP								
	PURCHASE		12/13/18	12/18/19	3,298	3,057		3,057
WASHINGTON FEDERAL INC								
	PURCHASE		2/02/18	12/16/19	35,055	34,120		34,120
WINNEBAGO INDUSTRIES INC								
	PURCHASE		1/31/17	11/07/19	22,083	13,904		13,904
ALTRIA GROUP INC								
	PURCHASE		1/24/17	3/26/19	3,695	4,591		4,591
ALTRIA GROUP INC								
	PURCHASE		1/24/17	5/22/19	2,881	3,885		3,885
ALTRIA GROUP INC								
	PURCHASE		1/24/17	6/18/19	6,106	8,618		8,618
APPLE INC								
	PURCHASE		2/06/18	3/26/19	6,787	5,749		5,749
APPLE INC								
	PURCHASE		2/06/18	5/22/19	6,036	5,269		5,269

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
APPLE INC	PURCHASE	2/06/18	6/18/19	\$ 14,481	\$ 11,657	\$	\$ 11,657
BERKSHIRE HATHAWAY INC NEW CL B	PURCHASE	1/24/17	3/26/19	3,980	3,195		3,195
BERKSHIRE HATHAWAY INC NEW CL B	PURCHASE	1/24/17	5/22/19	2,425	1,917		1,917
BERKSHIRE HATHAWAY INC NEW CL B	PURCHASE	1/24/17	6/18/19	5,757	4,473		4,473
BLACKROCK INC	PURCHASE	1/24/17	3/26/19	5,880	5,335		5,335
BLACKROCK INC	PURCHASE	1/24/17	5/22/19	2,619	2,286		2,286
BLACKROCK INC	PURCHASE	1/24/17	6/18/19	8,529	7,240		7,240
CARNIVAL CORP NEW (PAIRED STOCK)	PURCHASE	1/24/17	3/26/19	6,341	6,693		6,693
CARNIVAL CORP NEW (PAIRED STOCK)	PURCHASE	1/24/17	5/22/19	5,648	5,830		5,830
CARNIVAL CORP NEW (PAIRED STOCK)	PURCHASE	1/24/17	6/18/19	10,322	10,634		10,634
CHEVRON CORP	PURCHASE	5/24/12	3/26/19	3,708	2,986		2,986
CHEVRON CORP	PURCHASE	5/24/12	5/22/19	2,895	2,389		2,389
CHEVRON CORP	PURCHASE	5/24/12	6/18/19	1,598	1,294		1,294
CHEVRON CORP	PURCHASE	9/17/15	6/18/19	5,654	3,665		3,665
CINN FINANCIAL CORP	PURCHASE	1/24/17	3/26/19	5,074	4,217		4,217
CINN FINANCIAL CORP	PURCHASE	1/24/17	5/22/19	5,074	3,584		3,584
CINN FINANCIAL CORP	PURCHASE	1/24/17	6/18/19	9,549	6,466		6,466

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
CINN FINANCIAL	CORP							
	PURCHASE		1/24/17	10/30/19	\$ 18,601	\$ 11,596	\$	\$ 11,596
CINN FINANCIAL	CORP							
	PURCHASE		1/24/17	10/31/19	26,043	16,235		16,235
CINN FINANCIAL	CORP							
	PURCHASE		1/24/17	11/01/19	5,268	3,303		3,303
CISCO SYSTEMS	INC							
	PURCHASE		1/24/17	3/26/19	6,581	3,772		3,772
CISCO SYSTEMS	INC							
	PURCHASE		1/24/17	5/22/19	6,087	3,316		3,316
CISCO SYSTEMS	INC							
	PURCHASE		1/24/17	6/18/19	11,166	6,054		6,054
COCA COLA CO	COM							
	PURCHASE		1/24/17	3/26/19	2,647	2,369		2,369
COCA COLA CO	COM							
	PURCHASE		1/24/17	5/22/19	2,570	2,161		2,161
COCA COLA CO	COM							
	PURCHASE		1/24/17	6/18/19	5,013	4,115		4,115
CROWN CASTLE	INTL CORP REIT							
	PURCHASE		9/08/17	3/26/19	5,497	4,620		4,620
CROWN CASTLE	INTL CORP REIT							
	PURCHASE		9/08/17	5/22/19	3,533	2,940		2,940
CROWN CASTLE	INTL CORP REIT							
	PURCHASE		9/08/17	6/18/19	8,279	6,387		6,387
DELTA AIR LINES	INC DELA NEW							
	PURCHASE		4/11/19	5/22/19	2,646	2,873		2,873
DELTA AIR LINES	INC DELA NEW							
	PURCHASE		4/11/19	6/18/19	6,993	7,330		7,330
DIAGEO PLC NEW	GB SPON ADR							
	PURCHASE		5/24/12	3/26/19	7,917	4,514		4,514
DIAGEO PLC NEW	GB SPON ADR							
	PURCHASE		5/24/12	5/22/19	4,040	2,257		2,257
DIAGEO PLC NEW	GB SPON ADR							
	PURCHASE		5/24/12	6/18/19	4,423	2,445		2,445

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(continued)

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
DIAGEO PLC NEW	GB SPON ADR							
	PURCHASE		8/02/16	6/18/19	\$ 680	\$ 463	\$	\$ 463
DIAGEO PLC NEW	GB SPON ADR							
	PURCHASE		8/25/16	6/18/19	4,253	2,879		2,879
DOMINION ENERGY INC								
	PURCHASE		1/06/12	3/26/19	1,910	1,284		1,284
DOMINION ENERGY INC								
	PURCHASE		1/06/12	5/22/19	387	257		257
DOMINION ENERGY INC								
	PURCHASE		5/24/12	5/22/19	928	626		626
DUKE ENERGY CORP NEW								
	PURCHASE		1/24/17	3/26/19	2,738	2,316		2,316
DUKE ENERGY CORP NEW								
	PURCHASE		1/24/17	5/22/19	2,458	2,162		2,162
DUKE ENERGY CORP NEW								
	PURCHASE		1/24/17	6/18/19	46,038	40,837		40,837
DUKE ENERGY CORP NEW								
	PURCHASE		5/17/17	6/18/19	4,787	4,547		4,547
DUKE ENERGY CORP NEW								
	PURCHASE		5/10/18	6/18/19	609	547		547
DUKE ENERGY CORP NEW								
	PURCHASE		1/28/19	6/18/19	11,749	11,570		11,570
FASTENAL CO								
	PURCHASE		11/26/18	3/26/19	5,254	4,868		4,868
FASTENAL CO								
	PURCHASE		11/26/18	5/22/19	4,056	3,608		3,608
FASTENAL CO								
	PURCHASE		11/26/18	6/18/19	6,945	6,185		6,185
FRANKLIN RESOURCES INC								
	PURCHASE		11/26/18	3/26/19	2,723	2,805		2,805
FRANKLIN RESOURCES INC								
	PURCHASE		11/26/18	5/22/19	2,619	2,605		2,605
FRANKLIN RESOURCES INC								
	PURCHASE		11/26/18	6/18/19	4,795	4,775		4,775

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Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets
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Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
GENL DYNAMICS CORP	PURCHASE		1/24/17	3/26/19	\$ 3,322	\$ 3,553	\$	\$ 3,553
GENL DYNAMICS CORP	PURCHASE		1/24/17	4/11/19	41,395	43,342		43,342
GENL DYNAMICS CORP	PURCHASE		1/24/17	5/22/19	1,519	1,599		1,599
GENL DYNAMICS CORP	PURCHASE		1/24/17	5/24/19	13,207	14,388		14,388
GENL DYNAMICS CORP	PURCHASE		5/17/17	5/24/19	12,229	14,533		14,533
GENL DYNAMICS CORP	PURCHASE		1/28/19	5/24/19	13,859	14,527		14,527
HASBRO INC	PURCHASE		1/24/17	3/26/19	1,095	1,101		1,101
HASBRO INC	PURCHASE		1/24/17	4/11/19	16,727	16,516		16,516
HASBRO INC	PURCHASE		5/17/17	4/11/19	5,661	6,655		6,655
HASBRO INC	PURCHASE		5/10/18	4/11/19	257	261		261
HASBRO INC	PURCHASE		1/28/19	4/11/19	5,233	5,513		5,513
INTEL CORP	PURCHASE		7/20/15	3/26/19	5,219	2,865		2,865
INTEL CORP	PURCHASE		7/20/15	5/22/19	2,811	1,871		1,871
INTEL CORP	PURCHASE		1/27/16	5/22/19	1,186	812		812
INTEL CORP	PURCHASE		1/27/16	6/18/19	8,534	5,415		5,415
JOHNSON & JOHNSON COM	PURCHASE		8/03/18	3/26/19	5,260	5,017		5,017
JOHNSON & JOHNSON COM	PURCHASE		8/03/18	5/22/19	4,429	4,225		4,225

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(continued)

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
JOHNSON & JOHNSON COM							
PURCHASE		8/03/18	6/18/19	\$ 9,970	\$ 9,374	\$	\$ 9,374
KINDER MORGAN INC							
PURCHASE		1/24/17	3/26/19	2,544	2,768		2,768
KINDER MORGAN INC							
PURCHASE		1/24/17	5/22/19	2,273	2,441		2,441
KINDER MORGAN INC							
PURCHASE		1/24/17	6/18/19	4,988	5,230		5,230
LOWES COMPANIES INC							
PURCHASE		1/24/17	3/26/19	3,704	2,553		2,553
LOWES COMPANIES INC							
PURCHASE		1/24/17	5/22/19	3,139	2,334		2,334
LOWES COMPANIES INC							
PURCHASE		1/24/17	6/18/19	5,072	3,719		3,719
MERCK & CO INC NEW COM							
PURCHASE		5/24/12	3/26/19	6,119	2,771		2,771
MERCK & CO INC NEW COM							
PURCHASE		5/24/12	5/22/19	4,810	2,247		2,247
MERCK & CO INC NEW COM							
PURCHASE		5/24/12	6/18/19	5,486	2,434		2,434
MERCK & CO INC NEW COM							
PURCHASE		4/19/13	6/18/19	3,207	1,790		1,790
MICROSOFT CORP							
PURCHASE		2/17/15	3/26/19	4,212	1,564		1,564
MICROSOFT CORP							
PURCHASE		2/17/15	5/22/19	4,078	1,390		1,390
MICROSOFT CORP							
PURCHASE		2/17/15	6/18/19	8,917	2,867		2,867
NESTLE S A SPONSORED ADR REPSTG REG							
PURCHASE		11/27/18	3/26/19	3,346	2,972		2,972
NESTLE S A SPONSORED ADR REPSTG REG							
PURCHASE		11/27/18	5/22/19	2,665	2,293		2,293
NESTLE S A SPONSORED ADR REPSTG REG							
PURCHASE		11/27/18	6/18/19	5,520	4,585		4,585

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

Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
NEWMARKET CORP	PURCHASE		1/24/17	1/09/19	\$ 13,034	\$ 13,914	\$	\$ 13,914
NEWMARKET CORP	PURCHASE		1/24/17	3/26/19	2,174	2,174		2,174
NEWMARKET CORP	PURCHASE		1/24/17	5/22/19	10,366	10,870		10,870
NEWMARKET CORP	PURCHASE		1/24/17	6/18/19	15,373	16,523		16,523
NEWMARKET CORP	PURCHASE		1/24/17	8/02/19	15,405	15,218		15,218
NEWMARKET CORP	PURCHASE		5/17/17	8/02/19	5,282	5,545		5,545
NEWMARKET CORP	PURCHASE		1/28/19	8/02/19	10,123	9,200		9,200
NORFOLK STHN CORP	PURCHASE		1/24/17	3/26/19	5,766	3,678		3,678
NORFOLK STHN CORP	PURCHASE		1/24/17	5/22/19	5,276	2,988		2,988
NORFOLK STHN CORP	PURCHASE		1/24/17	6/18/19	6,969	4,137		4,137
PACCAR INC	PURCHASE		3/05/18	3/26/19	5,380	5,486		5,486
PACCAR INC	PURCHASE		3/05/18	4/08/19	21,227	21,121		21,121
PACCAR INC	PURCHASE		3/05/18	4/09/19	28,757	28,802		28,802
PACCAR INC	PURCHASE		3/06/18	4/09/19	21,430	21,911		21,911
PACCAR INC	PURCHASE		3/06/18	5/22/19	1,584	1,610		1,610
PACCAR INC	PURCHASE		3/06/18	6/18/19	4,970	4,900		4,900
PAYCHEX INC	PURCHASE		1/24/17	3/26/19	4,139	3,188		3,188

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received						
PAYCHEX INC	PURCHASE	1/24/17	5/22/19	\$ 4,018	\$ 2,820	\$	\$ 2,820
PAYCHEX INC	PURCHASE	1/24/17	6/18/19	7,729	5,456		5,456
PFIZER INC	PURCHASE	4/18/13	3/26/19	4,710	3,392		3,392
PFIZER INC	PURCHASE	4/18/13	5/22/19	3,959	2,903		2,903
PFIZER INC	PURCHASE	4/18/13	6/18/19	1,209	856		856
PFIZER INC	PURCHASE	1/14/14	6/18/19	6,652	4,763		4,763
PHILIP MORRIS INTL INC	PURCHASE	3/10/17	3/26/19	1,856	2,319		2,319
PHILIP MORRIS INTL INC	PURCHASE	3/10/17	5/22/19	1,708	2,209		2,209
PHILIP MORRIS INTL INC	PURCHASE	3/10/17	6/18/19	2,388	3,424		3,424
TARGET CORP	PURCHASE	4/26/17	3/26/19	2,929	2,072		2,072
TARGET CORP	PURCHASE	4/26/17	5/22/19	2,437	1,736		1,736
TARGET CORP	PURCHASE	4/26/17	6/18/19	4,845	3,136		3,136
TEXAS INSTRUMENTS	PURCHASE	11/26/18	3/26/19	3,122	2,784		2,784
TEXAS INSTRUMENTS	PURCHASE	11/26/18	6/18/19	8,435	7,297		7,297
UNITED PARCEL SERVICE INC CL B	PURCHASE	1/08/18	3/26/19	4,319	5,160		5,160
UNITED PARCEL SERVICE INC CL B	PURCHASE	1/08/18	5/22/19	3,634	4,773		4,773
UNITED PARCEL SERVICE INC CL B	PURCHASE	1/08/18	6/18/19	6,127	7,740		7,740

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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
VERIZON COMMUNICATIONS INC PURCHASE			5/24/12	3/26/19	\$ 4,587	\$ 3,138	\$	\$ 3,138
VERIZON COMMUNICATIONS INC PURCHASE			5/24/12	5/22/19	3,548	2,477		2,477
VERIZON COMMUNICATIONS INC PURCHASE			5/24/12	6/18/19	7,052	5,079		5,079
WELLS FARGO & CO NEW PURCHASE			11/08/11	3/26/19	3,495	1,914		1,914
WELLS FARGO & CO NEW PURCHASE			1/06/12	3/26/19	2,281	1,359		1,359
WELLS FARGO & CO NEW PURCHASE			1/06/12	5/22/19	4,618	2,891		2,891
WELLS FARGO & CO NEW PURCHASE			1/06/12	6/18/19	2,725	1,706		1,706
WELLS FARGO & CO NEW PURCHASE			5/24/12	6/18/19	5,727	3,917		3,917
ABERDEEN EMERGING MARKETS INSTL PURCHASE			11/07/16	5/08/19	323	287		287
ABERDEEN EMERGING MARKETS INSTL PURCHASE			11/07/16	8/01/19	73,835	65,355		65,355
ABERDEEN EMERGING MARKETS INSTL PURCHASE			12/22/16	8/01/19	12,848	10,406		10,406
ABERDEEN EMERGING MARKETS INSTL PURCHASE			1/25/17	8/01/19	63,318	55,502		55,502
ABERDEEN EMERGING MARKETS INSTL PURCHASE			1/25/17	11/01/19	1,805	1,538		1,538
BARON EMERGING MARKETS FUND INSTL CL PURCHASE			1/25/17	8/01/19	450,000	383,461		383,461
DELAWARE EMERGING MKTS FUNDS INSTITU PURCHASE			7/02/14	8/01/19	102,636	99,862		99,862
DELAWARE EMERGING MKTS FUNDS INSTITU PURCHASE			12/22/14	8/01/19	1,994	1,631		1,631
DELAWARE EMERGING MKTS FUNDS INSTITU PURCHASE			12/22/14	8/01/19	742	606		606

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

Description				Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To							
DELAWARE EMERGING MKTS FUNDS INSTITU	PURCHASE			12/22/14	8/01/19	\$ 441	\$ 360	\$	\$ 360
DELAWARE EMERGING MKTS FUNDS INSTITU	PURCHASE			12/22/15	8/01/19	321	225		225
DELAWARE EMERGING MKTS FUNDS INSTITU	PURCHASE			12/22/16	8/01/19	1,011	812		812
DELAWARE EMERGING MKTS FUNDS INSTITU	PURCHASE			12/22/17	8/01/19	1,940	2,184		2,184
DELAWARE EMERGING MKTS FUNDS INSTITU	PURCHASE			3/06/18	8/01/19	140,916	163,733		163,733
ISHARES RUSSELL 1000 GROWTH ETF	PURCHASE			1/13/17	3/26/19	84,919	61,069		61,069
ISHARES RUSSELL 1000 GROWTH ETF	PURCHASE			1/13/17	7/08/19	175,359	117,937		117,937
ISHARES RUSSELL 1000 VALUE ETF	PURCHASE			11/09/16	3/04/19	102,237	87,242		87,242
ISHARES RUSSELL 1000 VALUE ETF	PURCHASE			11/09/16	5/22/19	150,139	126,725		126,725
ISHARES RUSSELL 1000 VALUE ETF	PURCHASE			11/09/16	7/08/19	175,499	142,959		142,959
AMERICAN HOMES 4 RENT CL A	PURCHASE				12/06/19	13,156	10,915		10,915
AMERICAN TOWER CORP REIT	PURCHASE			1/20/17	4/03/19	7,826	4,167		4,167
AMERICAN TOWER CORP REIT	PURCHASE			1/26/17	4/03/19	31,306	16,800		16,800
AMERICAN TOWER CORP REIT	PURCHASE			1/26/17	12/06/19	14,894	7,350		7,350
AMERICOLD REALTY TRUST REIT	PURCHASE			9/14/18	12/06/19	7,513	4,958		4,958
ARMADA HOFFLER PPTYS INC REIT	PURCHASE			1/31/17	12/06/19	9,266	6,635		6,635
AVALONBAY COMMUNITIES INC SBI	PURCHASE			1/25/17	12/06/19	28,007	22,687		22,687

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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
BOSTON PROPERTIES INC								
PURCHASE			1/20/17	12/06/19	\$ 34,847	\$ 32,145	\$	\$ 32,145
CAMDEN PPTY TR SBI								
PURCHASE			1/25/17	12/06/19	11,092	8,268		8,268
CATCHMARK TIMBER TRUST INC REIT CL A								
PURCHASE			4/25/19	12/06/19	2,247	1,736		1,736
CATCHMARK TIMBER TRUST INC REIT CL A								
PURCHASE			4/26/19	12/06/19	4,850	3,850		3,850
COUSINS PROPERTIES INC								
PURCHASE			10/15/19	12/06/19	10,136	9,117		9,117
CROWN CASTLE INTL CORP REIT								
PURCHASE			1/20/17	12/06/19	16,206	10,115		10,115
CYRUSONE INC REIT								
PURCHASE			1/20/17	5/09/19	22,872	17,586		17,586
CYRUSONE INC REIT								
PURCHASE			1/20/17	6/21/19	14,380	11,107		11,107
CYRUSONE INC REIT								
PURCHASE			1/26/17	6/21/19	11,983	9,168		9,168
CYRUSONE INC REIT								
PURCHASE			2/06/17	6/21/19	17,975	13,077		13,077
CYRUSONE INC REIT								
PURCHASE			2/14/17	6/21/19	24,865	18,226		18,226
DOUGLAS EMMETT INC								
PURCHASE			8/16/17	12/06/19	17,826	14,842		14,842
EASTGROUP PROPERTIES INC (MARYLAND C								
PURCHASE			1/31/17	2/07/19	10,679	7,099		7,099
EASTGROUP PROPERTIES INC (MARYLAND C								
PURCHASE			1/31/17	3/12/19	21,898	14,198		14,198
EMPIRE STATE REALTY TRUST IN REIT								
PURCHASE			1/20/17	6/17/19	13,853	17,951		17,951
EMPIRE STATE REALTY TRUST IN REIT								
PURCHASE			1/26/17	6/17/19	15,392	20,441		20,441
EMPIRE STATE REALTY TRUST IN REIT								
PURCHASE			3/06/17	6/17/19	4,618	6,247		6,247

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(continued)

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
EMPIRE STATE REALTY TRUST IN REIT PURCHASE		10/16/17	6/17/19	\$ 4,618	\$ 6,227	\$	\$ 6,227
EMPIRE STATE REALTY TRUST IN REIT PURCHASE		3/11/19	6/17/19	3,078	3,147		3,147
EQUINIX INC REIT PURCHASE		3/09/17	8/28/19	27,644	18,790		18,790
EQUINIX INC REIT PURCHASE		3/09/17	12/06/19	42,418	28,185		28,185
EQUINIX INC REIT PURCHASE		7/14/17	12/06/19	2,828	2,189		2,189
ESSEX PROPERTY TRUST INC PURCHASE		1/25/17	8/30/19	72,318	50,618		50,618
ESSEX PROPERTY TRUST INC PURCHASE		1/26/17	8/30/19	12,857	9,058		9,058
ESSEX PROPERTY TRUST INC PURCHASE		1/26/17	12/06/19	10,902	7,926		7,926
HILTON WORLDWIDE HOLDINGS INC PURCHASE		7/11/18	12/06/19	21,081	16,137		16,137
HOST HOTELS & RESORTS INC (REIT) PURCHASE		1/31/17	12/06/19	12,575	12,633		12,633
HOST HOTELS & RESORTS INC (REIT) PURCHASE		2/14/17	12/06/19	1,796	1,829		1,829
INDEPENDENCE REALITY TRUST INC REIT PURCHASE		4/23/18	1/31/19	14,378	12,916		12,916
INDEPENDENCE REALITY TRUST INC REIT PURCHASE		4/23/18	2/04/19	6,363	5,668		5,668
INDEPENDENCE REALITY TRUST INC REIT PURCHASE		5/10/18	2/04/19	10,431	9,436		9,436
INDEPENDENCE REALITY TRUST INC REIT PURCHASE		7/17/18	2/04/19	5,216	5,025		5,025
INVITATION HOMES INC REIT PURCHASE		3/09/18	12/06/19	11,933	9,047		9,047
KILROY REALTY CORP PURCHASE		1/25/17	12/06/19	8,449	7,469		7,469

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

Description					Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received		Whom Sold To								
KITE REALTY GROUP TRUST	REIT			PURCHASE	1/25/17	1/24/19	\$ 12,320	\$ 18,388	\$	\$ 18,388
KITE REALTY GROUP TRUST	REIT			PURCHASE	1/26/17	1/24/19	7,700	11,502		11,502
KITE REALTY GROUP TRUST	REIT			PURCHASE	2/14/17	1/24/19	2,618	3,865		3,865
KITE REALTY GROUP TRUST	REIT			PURCHASE	2/14/17	2/01/19	6,197	8,639		8,639
KITE REALTY GROUP TRUST	REIT			PURCHASE	9/26/17	2/01/19	2,446	2,951		2,951
KITE REALTY GROUP TRUST	REIT			PURCHASE	3/09/18	2/01/19	3,262	2,960		2,960
KITE REALTY GROUP TRUST	REIT			PURCHASE	7/11/18	2/01/19	4,892	4,992		4,992
KITE REALTY GROUP TRUST	REIT			PURCHASE	11/06/18	2/01/19	4,892	4,774		4,774
LIBERTY PPTY TRUST **MERGER : 02/202				PURCHASE	5/02/18	12/06/19	20,388	13,728		13,728
QTS REALTY TRUST INC REIT CL A SBI				PURCHASE	8/28/19	12/06/19	4,525	4,045		4,045
REGENCY CENTERS CORP				PURCHASE	3/15/17	11/25/19	35,247	36,379		36,379
REGENCY CENTERS CORP				PURCHASE	4/27/17	11/25/19	3,204	3,200		3,200
REGENCY CENTERS CORP				PURCHASE	6/21/17	11/25/19	25,634	24,043		24,043
REGENCY CENTERS CORP				PURCHASE	5/10/18	11/25/19	6,409	5,869		5,869
RETAIL OPPORTUNITY INVTS CORP COM				PURCHASE	1/25/17	1/18/19	25,187	30,958		30,958
RETAIL OPPORTUNITY INVTS CORP COM				PURCHASE	1/26/17	1/18/19	8,396	10,371		10,371
RETAIL OPPORTUNITY INVTS CORP COM				PURCHASE	2/08/17	1/18/19	3,358	4,130		4,130

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(continued)

Description					Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received		Whom Sold To								
RETAIL OPPORTUNITY INVTS	CORP COM				3/14/17	1/18/19	\$ 1,679	\$ 2,011	\$	\$ 2,011
	PURCHASE									
RETAIL OPPORTUNITY INVTS	CORP COM				6/21/17	1/18/19	6,717	7,497		7,497
	PURCHASE									
RETAIL OPPORTUNITY INVTS	CORP COM				6/19/18	1/18/19	1,679	1,872		1,872
	PURCHASE									
REXFORD INDL REALTY INC					6/26/17	12/06/19	28,291	16,725		16,725
	PURCHASE									
SBA COMMUNICATIONS CORP NEW REIT					11/28/17	12/06/19	10,567	7,798		7,798
	PURCHASE									
SIMON PPTY GROUP INC SBI					1/20/17	10/09/19	29,225	36,994		36,994
	PURCHASE									
SIMON PPTY GROUP INC SBI					1/20/17	10/10/19	10,944	13,873		13,873
	PURCHASE									
SIMON PPTY GROUP INC SBI					1/27/17	10/10/19	25,536	31,417		31,417
	PURCHASE									
SIMON PPTY GROUP INC SBI					1/31/17	10/10/19	5,107	6,394		6,394
	PURCHASE									
SIMON PPTY GROUP INC SBI					1/31/17	12/06/19	2,237	2,740		2,740
	PURCHASE									
SIMON PPTY GROUP INC SBI					2/08/17	12/06/19	7,456	8,955		8,955
	PURCHASE									
SL GREEN REALTY CORP					3/04/19	12/06/19	866	909		909
	PURCHASE									
TANGER FACTORY OUTLET CENTERS INC					1/31/17	2/14/19	26,323	40,388		40,388
	PURCHASE									
TANGER FACTORY OUTLET CENTERS INC					2/14/17	2/14/19	12,065	18,728		18,728
	PURCHASE									
TANGER FACTORY OUTLET CENTERS INC					9/13/17	2/14/19	5,484	6,068		6,068
	PURCHASE									
URBAN EDGE PROPERTIES REIT					11/01/17	12/06/19	8,190	9,408		9,408
	PURCHASE									
VICI PROPERTIES INC REIT					6/26/19	12/06/19	9,680	8,517		8,517
	PURCHASE									

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Description		Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received							
VORNADO REALTY TRUST	PURCHASE		1/27/17	2/11/19	\$ 10,482	\$ 12,848	\$	\$ 12,848
VORNADO REALTY TRUST	PURCHASE		1/31/17	2/11/19	4,193	5,204		5,204
VORNADO REALTY TRUST	PURCHASE		2/08/17	2/11/19	2,795	3,398		3,398
VORNADO REALTY TRUST	PURCHASE		2/09/17	2/11/19	6,988	8,473		8,473
VORNADO REALTY TRUST	PURCHASE		5/03/17	2/11/19	6,988	7,663		7,663
VORNADO REALTY TRUST	PURCHASE		11/29/17	2/11/19	6,988	8,878		8,878
VORNADO REALTY TRUST	PURCHASE		11/30/17	2/11/19	6,988	7,745		7,745
VORNADO REALTY TRUST	PURCHASE		3/29/18	2/11/19	10,482	12,769		12,769
VORNADO REALTY TRUST	PURCHASE		3/29/18	2/11/19	6,988	6,753		6,753
VORNADO REALTY TRUST	PURCHASE		8/16/18	2/11/19	6,988	7,614		7,614
ALLERGAN PLC	PURCHASE		4/01/11	1/15/19	7,469	4,832		4,832
ALLERGAN PLC	PURCHASE		2/15/13	1/15/19	67,758	48,155		48,155
ALLERGAN PLC	PURCHASE		5/17/17	1/15/19	24,414	35,318		35,318
AMC NETWORKS INC CL A	PURCHASE		12/29/05	1/15/19	22,901	4,660		4,660
AMC NETWORKS INC CL A	PURCHASE		4/04/08	1/15/19	4,801	1,684		1,684
ANADARKO PETROLEUM CORP	PURCHASE	**MERGER: 08	10/14/05	1/15/19	855	801		801
ANADARKO PETROLEUM CORP	PURCHASE	**MERGER: 08	3/27/07	1/15/19	47,522	42,840		42,840

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(continued)

Description			Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
	How Received	Whom Sold To						
ANADARKO PETROLEUM CORP	**MERGER:	08						
	PURCHASE		10/24/08	1/15/19	\$ 10,312	\$ 6,313	\$	\$ 6,313
ANADARKO PETROLEUM CORP	**MERGER:	08						
	PURCHASE		10/27/08	1/15/19	5,132	3,037		3,037
ANADARKO PETROLEUM CORP	**MERGER:	08						
	PURCHASE		11/04/14	1/15/19	5,227	9,782		9,782
ANADARKO PETROLEUM CORP	**MERGER:	08						
	PURCHASE		8/24/15	1/15/19	13,781	19,190		19,190
ANADARKO PETROLEUM CORP	**MERGER:	08						
	PURCHASE		5/17/17	1/15/19	37,733	41,238		41,238
AUTODESK INC								
	PURCHASE		1/14/09	1/15/19	103,467	13,524		13,524
AUTODESK INC								
	PURCHASE		8/28/12	1/15/19	21,074	4,801		4,801
BIOGEN INC								
	PURCHASE		6/01/09	1/15/19	109,425	15,309		15,309
BIOGEN INC								
	PURCHASE		10/15/14	1/15/19	14,769	12,305		12,305
BIOGEN INC								
	PURCHASE		9/22/15	1/15/19	36,922	29,885		29,885
BIOGEN INC								
	PURCHASE		5/17/17	1/15/19	30,209	22,684		22,684
BIOGEN INC								
	PURCHASE		5/02/18	1/15/19	18,461	15,007		15,007
BROADCOM INC								
	PURCHASE		7/23/13	1/15/19	26,584	7,168		7,168
BROADCOM INC								
	PURCHASE		8/12/13	1/15/19	79,522	17,456		17,456
CITRIX SYSTEMS INC								
	PURCHASE		11/18/15	1/15/19	58,024	31,258		31,258
COMCAST CORP NEW CL A								
	PURCHASE		12/29/05	1/15/19	171,194	41,250		41,250
CREE INC								
	PURCHASE		6/16/11	1/15/19	40,482	30,340		30,340

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
CREE INC							
PURCHASE		10/30/13	1/15/19	\$ 2,635	\$ 3,367	\$	\$ 3,367
DISCOVERY INC CL A							
PURCHASE		5/12/15	1/15/19	25,530	30,150		30,150
DISCOVERY INC CL A							
PURCHASE		9/29/15	1/15/19	11,329	11,063		11,063
DOLBY LABORATORIES INC CL A							
PURCHASE		4/06/11	1/15/19	16,091	12,409		12,409
DOLBY LABORATORIES INC CL A							
PURCHASE		12/07/11	1/15/19	9,222	4,689		4,689
DOLBY LABORATORIES INC CL A							
PURCHASE		8/07/12	1/15/19	35,997	18,923		18,923
FLUOR CORP NEW							
PURCHASE		11/19/08	1/15/19	3,403	3,091		3,091
FLUOR CORP NEW							
PURCHASE		11/20/08	1/15/19	24,696	20,567		20,567
FLUOR CORP NEW							
PURCHASE		1/20/09	1/15/19	11,891	13,620		13,620
FLUOR CORP NEW							
PURCHASE		3/14/11	1/15/19	14,635	27,172		27,172
FREEPORT-MCMORAN INC							
PURCHASE		9/22/15	1/15/19	16,731	14,998		14,998
FREEPORT-MCMORAN INC							
PURCHASE		9/12/16	1/15/19	30,536	28,146		28,146
FREEPORT-MCMORAN INC							
PURCHASE		5/17/17	1/15/19	19,020	18,833		18,833
GCI LIBERTY INC CL A							
PURCHASE		1/28/09	1/15/19	10,069	667		667
IMMUNOGEN INC							
PURCHASE		10/10/17	1/15/19	6,460	8,498		8,498
IONIS PHARMACEUTICALS INC							
PURCHASE		2/12/16	1/15/19	39,668	23,540		23,540
IONIS PHARMACEUTICALS INC							
PURCHASE		2/24/16	1/15/19	29,345	17,437		17,437

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
JOHNSON CTLS INTL PLC							
PURCHASE		6/01/09	1/15/19	\$ 61,159	\$ 28,754	\$	\$ 28,754
JOHNSON CTLS INTL PLC							
PURCHASE		2/24/16	1/15/19	1,968	2,206		2,206
L3 TECHNOLOGIES INC **MERGER: 07/201							
PURCHASE		7/22/02	1/15/19	11,913	2,757		2,757
L3 TECHNOLOGIES INC **MERGER: 07/201							
PURCHASE		12/05/02	1/15/19	106,686	24,894		24,894
LIBERTY BROADBAND CORP SER A							
PURCHASE		6/27/08	1/15/19	8,615	509		509
LIBERTY BROADBAND CORP SER C							
PURCHASE		6/27/08	1/15/19	7,369	430		430
LIBERTY MEDIA CORP - LIBERTY FORMULA							
PURCHASE		6/27/08	1/15/19	3,526	225		225
LIBERTY MEDIA CORP-LIBERTY FORMULA O							
PURCHASE		6/27/08	1/15/19	7,275	437		437
LIBERTY SIRIUS GROUP SER C							
PURCHASE		6/27/08	1/15/19	35,212	2,351		2,351
LIBERTY SIRIUSXM GROUP SER A							
PURCHASE		6/27/08	1/15/19	17,506	1,215		1,215
LIONS GATE ENTERTAINMENT CORP CL B							
PURCHASE		12/09/16	1/15/19	9,822	14,955		14,955
LOGMEIN INC							
PURCHASE		11/18/15	1/15/19	7,907	7,954		7,954
MEDTRONIC PLC							
PURCHASE		1/27/15	1/15/19	20,541	18,085		18,085
MEDTRONIC PLC							
PURCHASE		1/27/15	1/15/19	20,541	18,085		18,085
MEDTRONIC PLC							
PURCHASE		1/27/15	1/15/19	1,547	1,362		1,362
NATL-OILWELLVARCO INC							
PURCHASE		2/28/06	1/15/19	1,818	2,033		2,033
NATL-OILWELLVARCO INC							
PURCHASE		10/24/08	1/15/19	19,615	14,515		14,515

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
NATL-OILWELLVARCO INC	PURCHASE		10/27/08	1/15/19	\$ 8,562	\$ 6,702	\$	\$ 6,702
NOW INC COM	PURCHASE		9/18/03	1/15/19	518	557		557
NOW INC COM	PURCHASE		2/28/06	1/15/19	447	481		481
NOW INC COM	PURCHASE		10/24/08	1/15/19	2,220	1,578		1,578
NOW INC COM	PURCHASE		10/27/08	1/15/19	969	729		729
NOW INC COM	PURCHASE		11/17/14	1/15/19	4,499	9,635		9,635
NUANCE COMMUNICATIONS INC	PURCHASE		4/07/14	1/15/19	24,089	26,469		26,469
NUANCE COMMUNICATIONS INC	PURCHASE		5/10/18	1/15/19	10,572	9,052		9,052
NUCOR CORP	PURCHASE		6/01/09	1/15/19	57,382	48,012		48,012
PENTAIR PLC	PURCHASE		4/27/05	1/15/19	1,533	921		921
PENTAIR PLC	PURCHASE		4/28/05	1/15/19	2,649	1,574		1,574
PENTAIR PLC	PURCHASE		5/17/05	1/15/19	2,409	1,326		1,326
PENTAIR PLC	PURCHASE		12/29/05	1/15/19	2,409	1,330		1,330
PENTAIR PLC	PURCHASE		6/01/09	1/15/19	21,195	7,433		7,433
QURATE RETAIL INC SER A	PURCHASE		1/28/09	1/15/19	58,046	7,022		7,022
SEAGATE TECHNOLOGY PLC SHS	PURCHASE		2/04/09	1/15/19	88,969	9,667		9,667
SEAGATE TECHNOLOGY PLC SHS	PURCHASE		10/20/15	1/15/19	17,802	17,228		17,228

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
TE CONNECTIVITY LTD CHF	PURCHASE		6/01/09	1/15/19	\$ 110,423	\$ 26,958	\$	\$ 26,958
TWITTER INC	PURCHASE		5/04/16	1/15/19	79,758	35,216		35,216
TWITTER INC	PURCHASE		3/22/17	1/15/19	22,746	10,183		10,183
UNITEDHEALTH GROUP INC	PURCHASE		6/01/09	1/15/19	185,133	19,860		19,860
VERTEX PHARMACEUTICAL INC	PURCHASE		6/01/09	1/15/19	28,040	4,531		4,531
VERTEX PHARMACEUTICAL INC	PURCHASE		10/09/13	1/15/19	12,442	4,666		4,666
VERTEX PHARMACEUTICAL INC	PURCHASE		11/06/13	1/15/19	38,810	13,154		13,154
VERTEX PHARMACEUTICAL INC	PURCHASE		11/02/16	1/15/19	59,422	24,914		24,914
WEATHERFORD INTL PLC **EXCHANGE : 12	PURCHASE		7/29/03	1/15/19	133	2,315		2,315
WEATHERFORD INTL PLC **EXCHANGE : 12	PURCHASE		2/04/09	1/15/19	1,597	34,342		34,342
WEATHERFORD INTL PLC **EXCHANGE : 12	PURCHASE		5/03/13	1/15/19	2,280	60,138		60,138
WEATHERFORD INTL PLC **EXCHANGE : 12	PURCHASE		11/13/14	1/15/19	1,466	43,693		43,693
WEATHERFORD INTL PLC **EXCHANGE : 12	PURCHASE		9/12/16	1/15/19	3,072	36,710		36,710
WEATHERFORD INTL PLC **EXCHANGE : 12	PURCHASE		9/13/16	1/15/19	1,189	14,314		14,314
WSTN DIGITAL CORP	PURCHASE		11/04/15	1/15/19	9,887	17,835		17,835
WSTN DIGITAL CORP	PURCHASE		5/13/16	1/15/19	10,358	10,112		10,112
WSTN DIGITAL CORP	PURCHASE		5/13/16	1/15/19	2,785	2,719		2,719

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
WSTN DIGITAL CORP	PURCHASE		5/13/16	1/15/19	\$ 1,725	\$ 1,684	\$	\$ 1,684
WSTN DIGITAL CORP	PURCHASE		5/13/16	1/15/19	1,042	1,017		1,017
WSTN DIGITAL CORP	PURCHASE		5/13/16	1/15/19	548	535		535
WSTN DIGITAL CORP	PURCHASE		8/15/18	1/15/19	17,162	28,916		28,916
HARTFORD MULTIFACTOR DEVELOPED MARKE	PURCHASE		4/06/18	6/18/19	68,111	69,773		69,773
ISHARES EDGE MSCI MIN VOL EAFE ETF	PURCHASE		5/18/17	6/18/19	15,473	15,025		15,025
ISHARES EDGE MSCI MIN VOL EAFE ETF	PURCHASE		4/10/18	6/18/19	49,730	51,376		51,376
ISHARES MSCI EAFE ETF	PURCHASE		5/18/17	6/18/19	65,570	66,306		66,306
DOUBLELINE TOTAL RETURN BOND FD-I	PURCHASE				50,000	52,877		52,877
PRINCIPAL DIVER RL ASST-INST	PURCHASE				100,000	94,468		94,468
TEMPLETON GLOBAL BOND FD-AD	PURCHASE				50,000	53,398		53,398
METROPOLITAN WEST T/R BOND FD-I	PURCHASE				157			
METROPOLITAN WEST T/R BOND FD-I	PURCHASE				337			
PIMCO TOTAL RETURN FD INSTL-35	PURCHASE				47			
DOUBLELINE TOTAL RETURN BOND FD-I	PURCHASE				200,000	210,876		210,876
DOUBLELINE TOTAL RETURN BOND FD-I	PURCHASE				50,000	52,660		52,660
LEGG MASON BWG GLOBAL OPP BOND IS	PURCHASE				100,000	111,429		111,429

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
PRINCIPAL DIVER RL ASST-INST PURCHASE					\$ 200,000	\$ 189,100	\$	\$ 189,100
PIMCO COMMODITY RR STRAT-INS PURCHASE					759,810	885,780		885,780
VAN ECK GLOBAL HARD ASSETS-I PURCHASE					337,969	441,024		441,024
DOUBLELINE TOTAL RETURN BOND FD-I PURCHASE					150,000	162,607		162,607
METROPOLITAN WEST T/R BOND FD-I PURCHASE					100,000	99,045		99,045
PIMCO TOTAL RETURN FD INSTL-35 PURCHASE					100,000	99,501		99,501
METROPOLITAN WEST T/R BOND FD-I PURCHASE					100,000	97,919		97,919
PIMCO TOTAL RETURN FD INSTL-35 PURCHASE					100,000	105,265		105,265
METROPOLITAN WEST T/R BOND FD-I PURCHASE					8,475			
METROPOLITAN WEST T/R BOND FD-I PURCHASE					18,236			
PIMCO TOTAL RETURN FD INSTL-35 PURCHASE					2,539	1,126		1,126
METROPOLITAN WEST T/R BOND FD-I PURCHASE					75,000	73,174		73,174
PIMCO TOTAL RETURN FD INSTL-35 PURCHASE					75,000	80,133		80,133
METROPOLITAN WEST T/R BOND FD-I PURCHASE					50,000	49,093		49,093
PIMCO TOTAL RETURN FD INSTL-35 PURCHASE					50,000	53,446		53,446
METROPOLITAN WEST T/R BOND FD-I PURCHASE					350,000	343,286		343,286
PIMCO TOTAL RETURN FD INSTL-35 PURCHASE					350,000	368,483		368,483

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
ISHARES CORE US AGGREGATE BD ETF	PURCHASE			11/21/19	\$ 23,686	\$ 22,885	\$	\$ 22,885
MORGAN STANLEY AND CO INC	PURCHASE			11/21/19	627	532		532
DUPONT DE NEMOURS INC	PURCHASE			11/21/19	1,636	1,524		1,524
ISHARES MSCI HONG KING ETF	PURCHASE			11/21/19	25,043	26,726		26,726
ISHARES MSCI SINGAPORE ETF	PURCHASE			11/21/19	27,098	25,528		25,528
GARRETT MOTION INC	PURCHASE			11/21/19	10	15		15
SPDR BLOOMBERG BARCLAYS HIGH	PURCHASE			11/21/19	25,274	26,064		26,064
RESIDEO TECHNOLOGIES INC	PURCHASE			11/21/19	19	50		50
YUM BRANDS INC	PURCHASE			11/21/19	4,898	2,784		2,784
YUM CHINA HOLDINGS INC	PURCHASE			11/21/19	5,272	3,004		3,004
FIDELITY ADVISOR FLOATING RATE	PURCHASE			11/21/19	50,596	52,000		52,000
PIMCO ALL ASSET FUND	PURCHASE			11/21/19	93,000	95,625		95,625
WALMART STORES INC SR UNSEC NT	PURCHASE			11/21/19	50,000	50,187		50,187
PRINCIPAL PFD SECS FUND	PURCHASE			11/21/19	71,264	70,000		70,000
LATERAL FILE-4 D	PURCHASE		6/30/91	12/31/19		753	753	
FILING CABINET	PURCHASE		7/07/92	12/31/19		727	727	
FILING CABINET	PURCHASE		7/07/92	12/31/19		377	377	

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
EXECUTIVE CHAIR	PURCHASE	4/24/00	10/03/19	\$ 2,079	\$ 1,191	\$ 1,191	\$
2 MICROPHONES & 4 STANDS	PURCHASE	7/13/00	12/31/19		312	312	
HEALTH VAN EQUIPMENT	PURCHASE	5/31/01	10/03/19	2,079	13,057	13,057	
HEALTH VAN EQUIPMENT	PURCHASE	5/31/01	10/03/19	2,090	3,243	3,243	
MOBILE FAX MACHINE	PURCHASE	12/31/02	12/31/19		1,139	1,139	
DISPLAY BOOTH	PURCHASE	11/30/04	10/03/19	2,079	698	698	
ABSS FILE SERVER	PURCHASE	7/12/06	10/03/19		13,606	13,606	
SIGNAGE	PURCHASE	1/12/06	12/31/19		1,670	1,547	123
COMPUTER	PURCHASE	9/30/08	10/03/19	2,079	1,996	1,996	
EXAM ROOM	PURCHASE	3/30/08	10/03/19	2,079	3,960	3,960	
WIRELESS PC PRESENTATION REMOTE CONNECTS	PURCHASE	7/15/09	10/03/19	2,079	147	147	
DELL PROJECTOR 1409X DLP	PURCHASE	7/01/09	10/03/19	2,079	811	811	
XPS 1340 DELL COMPUTER	PURCHASE	7/15/09	10/03/19	2,079	1,074	1,074	
DELL M209X DLP PROJECTOR	PURCHASE	8/18/09	10/03/19	2,079	856	856	
WATCHGUARD X208 NETWORK SECUTIRY ABSS	PURCHASE	12/28/09	12/31/19		843	843	
WATCHGUARD X208 NETWORK SEC. ARLANZA ABSS	PURCHASE	12/28/09	12/31/19		690	690	
REUPSHOLSTERD STACKING CHAIR 15	PURCHASE	4/27/09	10/03/19	2,079	1,486	1,486	

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
PROJECTOR-DELL 1210S							
PURCHASE		12/17/10	10/03/19	\$ 2,079	\$ 778	\$ 778	\$
INTERIOR PAINTING AND REPAIRS							
PURCHASE		5/17/11	1/01/19		21,145	21,145	
SEAL COAT AND RE-STRIPE							
PURCHASE		5/17/11	1/01/19		2,218	2,218	
BLOCK WALL PAINT							
PURCHASE		7/14/11	1/01/19		3,000	3,000	
SEAL COAT AND RE-STRIPE							
PURCHASE		8/16/11	12/31/19		3,748	3,748	
SURVEILLANCE SYSTEM							
PURCHASE		11/10/11	12/31/19		1,925	1,925	
DELL PROJECTOR							
PURCHASE		2/14/12	10/03/19	2,079	1,284	1,284	
EXTERIOR PAINTING							
PURCHASE		10/23/12	12/31/19		4,500	2,150	2,350
MOVIE SCREEN							
PURCHASE		4/25/13	10/03/19	2,079	450	450	
RCHF VAN WRAP							
PURCHASE		3/14/13	12/31/19		4,817	4,817	
HEC PROJECTOR							
PURCHASE		6/30/14	10/03/19	2,079	882	882	
FOCUS TASK CHAIR							
PURCHASE		3/25/14	10/03/19	2,079	395	217	178
FOCUS TASK CHAIR							
PURCHASE		3/25/14	10/03/19	2,079	395	217	178
FOCUS TASK CHAIR							
PURCHASE		3/25/14	10/03/19	2,079	395	217	178
BUSINESS INTERIORS							
PURCHASE		4/15/15	10/03/19	2,079	8,294	5,332	2,962
COMM SYSTEMS							
PURCHASE		4/30/15	10/03/19	2,079	675	426	249
APPLE IPHONE 6							
PURCHASE		8/31/15	12/31/19		519	519	

California Statements

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

Description		Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
How Received	Whom Sold To						
PORTABLE PROJECTOR							
PURCHASE		3/13/15	10/03/19	\$ 2,079	\$ 465	\$ 426	\$ 39
PROJECTOR - HEC							
PURCHASE		5/05/16	10/03/19	2,079	506	346	160
TOTAL				\$ <u>16885939</u>	\$ <u>15226784</u>	\$ <u>98,610</u>	\$ <u>15128174</u>

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

<u>Description</u>	<u>Amount</u>
PINK ON PARADE GALA	\$ 17,538
UBI INCOME FROM EIN: 36-47636	2,487
TOTAL	<u>\$ 20,025</u>

California Statements

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

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
	LOMA LINDA UNIVERSITY	PO BOX 2000		LOMA LINDA		CA	92354	
	INPATIENT	250,000						
	TRUEEVOLUTION	4164 BROCKTON AVE STE A		RIVERSIDE		CA	92501	
	OUTPATIENT	187,500						
	PATH OF LIFE MINISTRIES	1204 PALMYRITA AVE STE A		RIVERSIDE		CA	92507	
	OUTPATIENT	236,000						
	UC RIVERSIDE, SCHOOL OF MEDICINE	92521 UCR BOTANIC GARDENS RD		RIVERSIDE		CA	92507	
	EDUCATION	100,000						
	UC RIVERSIDE, SCHOOL OF MEDICINE	92521 UCR BOTANIC GARDENS RD		RIVERSIDE		CA	92507	
	EDUCATION	87,500						
	JANET GOESKE FOUNDATION	5257 SIERRA ST		RIVERSIDE		CA	92507	
	OUTPATIENT/EDUCATION	25,000						
	AQUAMOTION ABILITY FOUNDATION	6824 ROANOAK PL		RIVERSIDE		CA	92506	
	OUTPATIENT	23,854						
	COMMUNITY SETTLEMENT ASSOCIATION	4366 BERMUDA AVE		RIVERSIDE		CA	92507	
	EDUCATION	624,098						
SUBTOTAL			\$ 1,533,952					
TOTAL			\$ 1,533,952					

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

Name	Address				
City	State	Zip	Title	Avg Hrs	Compensation Amount
CRAIG MARSHALL			CHAIR	0.50	
CATHY KIENLE			SECRETARY	0.50	
ARTURO ALCARAZ			MEMBER	0.50	
BRADLEY GILBERT			MEMBER	0.50	
PATRICK BRILLIANT			MEMBER	0.50	

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

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
JOSE CAMPOS				MEMBER		0.50	
TINA COVINGTON				MEMBER		0.50	
CORINA VELASQUEZ				MEMBER		0.50	
DANIEL ANDERSON		4275 LEMON ST					
	RIVERSIDE	CA	92501-3844	PRESIDENT		40.00	
JUDY CARPENTER				VICE CHAIR		0.50	
ERNIE HWANG				TREASURER		0.50	
JOSEPH SCHNEIDER				MEMBER		0.50	
RICHARD RAJARATNAM				MEMBER		0.50	
JEANNENE KELLY				MEMBER		0.50	
MONROW MABON				MEMBER		0.50	
TAREK MAHDI				MEMBER		0.50	
JESSICA C.H. SMITH				MEMBER		0.50	
ROSE ESCAMILLO				MEMBER		0.50	
NINFA DELGADO				COO		40.00	
SHENE BOWIE-HUSSEY				CSO		40.00	
ANNA LE				DIRECTOR OF MRKTG		40.00	
BEN JOHNSON II				MEMBER		0.50	

California Statements

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

Name		Address		Title	Avg Hrs	Compensation Amount
City	State	Zip				
MICAH TOKUDA				MEMBER	0.50	
CYNDI NOLASCO				MEMBER	0.04	
TOTAL						<u>0</u>

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

Description	Amount
ACCOUNTING FEES	\$ 87,426
ADVERTISING EXPENSE	17,829
BAD DEBT	2,426
BANK FEES	73,891
DECORATIONS	24,176
DISTRIBUTIONS	14,932
DUES & SUBSCRIPTIONS	12,478
EDUCATION MATERIALS	11,018
FOOD CATERING AND MEALS	197,401
HEALTH FAIRS	52,249
INCENTIVES	72,451
INSURANCE EXPENSE	415,489
INVESTMENT MANAGEMENT	761,410
MEETINGS	12,228
OTHER PROFESSIONAL FEES	173,145
PAYROLL TAXES	347,530
PENSION EXPENSE	171,211
PRINTING & MAILING EXPENSE	113,088
REPAIRS AND MAINTENANCE	86,795
SOFTWARE & WEBSITE EXPENSE	77,325
SUB-CONTRACTS	96,512
SUPPLIES	96,702
TAXES & LICENSES	14,885
TRAINING & CONFERENCES	91,004
TRAVEL EXPENSE	27,807
UTILITIES	66,765
TOTAL	\$ <u>3,118,173</u>

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

Description	Beginning of Year	End of Year
CORPORATE BONDS	\$16,156,362	\$15,395,417
TOTAL	<u>\$16,156,362</u>	<u>\$15,395,417</u>

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

Description	Beginning of Year	End of Year
EQUITIES	\$59,751,616	\$49,443,300
TOTAL	<u>\$59,751,616</u>	<u>\$49,443,300</u>

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

Description	Beginning of Year	End of Year
ALTERNATIVE INVESTMENTS	\$ 1,598,207	\$20,847,494
TOTAL	\$ 1,598,207	\$20,847,494

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

Description	Beginning of Year	End of Year
ASSETS AVAILABLE FOR SALE	\$	\$ 168,897
INTERCOMPANY RECEIVABLE		45,748
OTHER ASSETS	5,918	31,285
PREPAID EXPENSES	17,814	43,335
INTANGIBLE ASSETS		
TOTAL	\$ 23,732	\$ 289,265

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

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	\$ 357,385	\$ 488,751
ESTIMATED FUTURE ANNUITY LIAB	53,586	53,586
UNSECURED NOTES AND LOANS PAYABLE	4,508,855	4,326,000
TOTAL	\$ 4,919,826	\$ 4,868,337

Statement 11 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

Description	Amount
UNREALIZED GAIN ON SECURITIES	\$11,727,035
TOTAL	\$11,727,035

TAXABLE YEAR **2019** **California Exempt Organization**
Business Income Tax Return

FORM

109

Calendar Year 2019 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/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/country

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 ☐ **525990**
- 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	1,487	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	2		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	3	1,487	00
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30	4		00
Tax Computation	5 Unrelated business taxable income from line 3 or line 4	5	1,487	00
	6 EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7 Net Operating Loss deduction. See General Information N	7	1,487	00
	8 Add line 6 and line 7	8	1,487	00
	9 Net unrelated business taxable income. Subtract line 8 from line 5	9		00
	10 Tax 8.84 % x line 9. See General Information J	10		00
	11 Tax credits from Schedule B. See instructions	11		00
Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	0	00
	13 Alternative minimum tax. See General Information O	13		00
	14 Total tax. Add line 12 and line 13	14		00
Payments	15 Overpayment from a prior year allowed as a credit	15		00
	16 2019 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		00
Use Tax/ Tax Due/ Overpayment	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		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		00
	25 Enter amount of line 24 to be applied to 2020 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	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	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	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Part II, Schedule D-1			4b	00
c Capital loss deduction for trusts			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	SEE STATEMENT 1		5	2,487 00
6 Rental income (Schedule C)			6	0 00
7 Unrelated debt-financed income (Schedule D)			7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	00
12 Other income. Attach schedule			12	00
13 Total unrelated trade or business income. Add line 3 through line 12			13	2,487 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	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest. Attach schedule	18	00
19 Taxes. Attach schedule	19	00
20 Contributions. See instructions and attach schedule	20	00
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A. See instructions	21b	00
22 Depletion. Attach schedule	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs. See instructions	23b	00
24 Other deductions. Attach schedule	24	00
25 Total deductions. Add line 14 through line 24	25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	2,487 00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	2,487 00
29 Specific deduction. See instructions	29	1,000 00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	1,487 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/forms and search for 1131. 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.		
Paid Preparer's Use Only	Signature of officer	Title PRESIDENT	Date 11/16/2020
	Preparer's signature	Date 11/16/20	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address ROORDA, PIQUET & BESSEE, INC. 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175		Telephone 951-788-3471
			PTIN P01259082
			Firm's FEIN 33-0252865
			Telephone 951-684-7781
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

RIVERSIDE COMMUNITY HEALTH
23-7276444
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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				00

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) ÷ (a)] x 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) ÷ (a)] x 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 includible, 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 includible, 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) includible, column 7 less column 8
		%			
		%			
		%			
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 I, 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 includible, column 4 less column 7 but not less than zero
N/A							
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
N/A	

Part III Column B – Excess Advertising Costs

(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	

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						

California Statements**Statement 1 - Form 109, Part I, Line 5 - Income or Loss from Partnerships**

Description	Amount
UBI INCOME FROM EIN: 36-47636	\$ 2,487
TOTAL	\$ 2,487

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	Record of Authorization to Electronically File FBARs (See instructions below for completion) <u>Do not send to FinCEN. Retain this form for your records.</u> The form 114a may be digitally signed	FINANCIAL CRIMES ENFORCEMENT NETWORK
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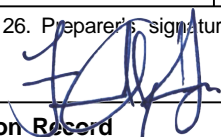
Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

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

I/we declare that I/we have provided information concerning 6 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, **2019** to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date 11/15/2020 MM DD YYYY	9. Owner or entity TIN 23-7276444	10. TIN type	a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date MM DD YYYY	13. Spouse TIN	14. TIN type	a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

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

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

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

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

Read and complete the account owner statement in Part I.

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

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

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

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

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

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

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 1	2019
For calendar year 2019 or tax year beginning _____, ending _____		

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

1 This report is for calendar year ended 12/31 **2019**
 Amended ☐ Prior report BSA Identifier **31000158284569**
 Reason if filing late _____

Part I - Filer Information

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

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2	2019
For calendar year 2019 or tax year beginning _____, ending _____		

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

Part II - Information on Financial Account(s) Owned Separately1 of 6

15 Maximum account value <u>3,741,297</u>	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account <u>SECURITIES</u>	
17 Name of financial institution in which account is held <u>INTERNATIONAL FUND SERVICES LIMITED</u>	
18 Account number or other designation <u>DWCGOLDENTREETACONIC</u>	
19 Mailing address <u>78 SIR JOHN ROGERSON'S QUAY</u>	
20 City <u>DUBLIN</u>	21 State _____
22 Foreign postal code <u>2</u>	23 Country <u>IE</u> <u>IRELAND</u>

Part II - Information on Financial Account(s) Owned Separately2 of 6

15 Maximum account value <u>3,540,452</u>	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account <u>SECURITIES</u>	
17 Name of financial institution in which account is held <u>CITCO FUND SERVICES</u>	
18 Account number or other designation <u>FIRMAVERICKMIG</u>	
19 Mailing address <u>PO BOX 31106</u>	
20 City <u>GRAND CAYMAN</u>	21 State _____
22 Foreign postal code <u>KY11205</u>	23 Country <u>KY</u> <u>CAYMAN ISLANDS</u>

Part II - Information on Financial Account(s) Owned Separately3 of 6

15 Maximum account value <u>2,546,165</u>	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account <u>SECURITIES</u>	
17 Name of financial institution in which account is held <u>INTERNATIONAL FUND SERVICES LIMITED</u>	
18 Account number or other designation <u>CANYONNEWBROOK</u>	
19 Mailing address <u>45 MARKET ST</u>	
20 City <u>GRAND CAYMAN</u>	21 State _____
22 Foreign postal code <u>KY11103</u>	23 Country <u>KY</u> <u>CAYMAN ISLANDS</u>

Part II - Information on Financial Account(s) Owned Separately4 of 6

15 Maximum account value <u>2,114,692</u>	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account <u>SECURITIES</u>	
17 Name of financial institution in which account is held <u>MORGAN STANLEY FUND SERVICES</u>	
18 Account number or other designation <u>LAKEWOOD</u>	
19 Mailing address <u>7-11 SIR JOHN REOGERSON'S QUAY</u>	
20 City <u>DUBLIN</u>	21 State _____
22 Foreign postal code <u>2</u>	23 Country <u>IE</u> <u>IRELAND</u>

Part II - Information on Financial Account(s) Owned Separately5 of 6

15 Maximum account value <u>2,035,658</u>	15a Maximum account value unknown <input type="checkbox"/>
16 Type of account <u>SECURITIES</u>	
17 Name of financial institution in which account is held <u>MOURANT OZANNES CORPORATE SERVICES</u>	
18 Account number or other designation <u>GOBI</u>	
19 Mailing address <u>94 SOLARIS AVE</u>	
20 City <u>GRAND CAYMAN</u>	21 State _____
22 Foreign postal code <u>KY11108</u>	23 Country <u>KY</u> <u>CAYMAN ISLANDS</u>

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5	2019
For calendar year 2019 or tax year beginning _____, ending _____		

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

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

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

45 Filer title _____

46 Date of signature 11/15/2020

Third Party Preparer Use Only

47 Preparer's last name AYALA JR

48 First name FERNANDO

49 Middle name/initial G

50 Check if self-employed ☐

51 Preparer's TIN P01259082

51a TIN type PTIN

52 Contact phone number 951-684-7781

52a Extension _____

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

54 Firm's TIN 33-0252865

54a TIN type EIN

55 Mailing address 3550 VINE ST SUITE 110

56 City RIVERSIDE

57 State CA

58 Zip/postal code 92507-4175

59 Country US US

Form 990	FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2	2019
For calendar year 2019 or tax year beginning _____, ending _____		

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

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

15 Maximum account value <u>1,657,158</u> 16 Type of account <u>SECURITIES</u> 17 Name of financial institution in which account is held <u>SS&C GLOBE OP</u> 18 Account number or other designation <u>SSCGLOBEOP</u> 19 Mailing address <u>5255 ORBITOR DRIVE</u> 20 City <u>MISSISSAUGA</u> 22 Foreign postal code <u>2</u>	15a Maximum account value unknown <input type="checkbox"/> 21 State <u>ON</u> <u>ONTARIO</u> 23 Country <u>CA</u> <u>CANADA</u>
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Part II - Information on Financial Account(s) Owned Separately
___ of ___

15 Maximum account value 16 Type of account 17 Name of financial institution in which account is held 18 Account number or other designation 19 Mailing address 20 City 22 Foreign postal code	15a Maximum account value unknown <input type="checkbox"/> 21 State 23 Country
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Part II - Information on Financial Account(s) Owned Separately
___ of ___

15 Maximum account value 16 Type of account 17 Name of financial institution in which account is held 18 Account number or other designation 19 Mailing address 20 City 22 Foreign postal code	15a Maximum account value unknown <input type="checkbox"/> 21 State 23 Country
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Part II - Information on Financial Account(s) Owned Separately
___ of ___

15 Maximum account value 16 Type of account 17 Name of financial institution in which account is held 18 Account number or other designation 19 Mailing address 20 City 22 Foreign postal code	15a Maximum account value unknown <input type="checkbox"/> 21 State 23 Country
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Part II - Information on Financial Account(s) Owned Separately
___ of ___

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