Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 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

D Employer identification number 23-7276444

E Telephone number 951-788-3471

G Gross receipts$ 24,119,391

F Name and address of principal officer:
DANIEL ANDERSON
4275 LEMON ST
RIVERSIDE CA 92501-3844

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 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 [X] 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 **u** [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	85
6	Total number of volunteers (estimate if necessary)	6	460
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,231,324	834,114
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,472,338	3,101,781
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	777,194	726,599
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,480,856	4,662,494
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,533,952	1,054,885
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,478,581	3,937,091
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) **u** 6,772		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,334,129	2,047,845
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,346,662	7,039,821
	19	Revenue less expenses. Subtract line 18 from line 12	-2,865,806	-2,377,327
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	99,300,292	105,854,404
	21	Total liabilities (Part X, line 26)	5,647,081	5,946,129
	22	Net assets or fund balances. Subtract line 21 from line 20	93,653,211	99,908,275

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

Daniel Anderson — Signature of officer — Date: 11.15.2021

DANIEL ANDERSON PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
FERNANDO G. AYALA JR		11/11/21		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 [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 $ 936,864 including grants of$) (Revenue $)

COMMUNITY EMPOWERMENT PROGRAMS:

13,823 ENCOUNTERS/CONTACTS

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

SEE SCHEUDLE O FOR FURTHER DETAILS ON THESE PROGRAMS.

4b (Code:) (Expenses $ 993,727 including grants of$) (Revenue $)

COMMUNITY WELLNESS PROGRAMS:

27,626 ENCOUNTERS/CONTACTS

GOAL: TO CREATE AN ENVIRONMENT WHERE HEALTHY LIFESTYLE BEHAVIORS WILL BECOME THE SOCIAL NORM.

SEE SCHEDULE O FOR FURTHER DETAILS ON THESE PROGRAMS.

4c (Code:) (Expenses $ 637,247 including grants of$) (Revenue $)

PINK RIBBON BREAST CANCER RESOURCE CENTER:

43,427 ENCOUNTERS/CONTACTS

GOAL: TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY CANCER.

SEE SCHEDULE O FOR FURTHER DETAILS ON THIS PROGRAM.

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

(Expenses $ 1,778,454 including grants of$ 1,054,885) (Revenue $)

4e Total program service expenses u 4,346,292

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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*	5		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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10	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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b	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*	15		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*	16		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	17		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*	18	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*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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.	38	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 [X]

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	52			
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: 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country 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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans — 13b			
c	Enter the amount of reserves on hand — 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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 ..... [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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 [X] 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 4275 LEMON ST
RIVERSIDE CA 92501 951-788-3471

Form 990 (2020) **RIVERSIDE COMMUNITY HEALTH** 23-7276444 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DANIEL ANDERSON PRESIDENT	40.00 0.00	X		X				253,829	0	16,313
(2) NINFA DELGADO COO	40.00 0.00				X			159,705	0	10,431
(3) SHENE BOWIE-HUSSEY CSO	40.00 0.00				X			161,457	0	7,983
(4) JACKIE VAN BLARICUM MEMBER	0.50 0.00	X						0	0	0
(5) JOSE CAMPOS MEMBER	0.50 0.00	X						0	0	0
(6) JUDY CARPENTER VICE CHAIR	0.50 0.00	X		X				0	0	0
(7) TINA COVINGTON MEMBER	0.50 0.00	X						0	0	0
(8) RICH ERICKSON MEMBER	0.50 0.00	X						0	0	0
(9) ERNIE HWANG TREASURER	0.50 0.00	X		X				0	0	0
(10) BEN JOHNSON II MEMBER	0.50 0.00	X						0	0	0
(11) JEANNENE KELLY MEMBER	0.55 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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(12) TAREK MAHDI MEMBER	0.50 0.00	X						0	0	0
(13) CRAIG MARSHALL CHAIR	0.50 0.00	X		X				0	0	0
(14) JONATHAN O'CONNELL MEMBER	0.50 0.00	X						0	0	0
(15) ERIN PHILLIPS MEMBER	0.50 0.00	X						0	0	0
(16) TOM PODGORSKI MEMBER	0.50 0.00	X						0	0	0
(17) RICHARD RAJARATNAM MEMBER	0.50 0.00	X						0	0	0
(18) HEATHER SANCHEZ MEMBER	0.50 0.00	X						0	0	0
(19) MICAH TOKUDA MEMBER	0.50 0.00	X						0	0	0
1b Subtotal ▶								574,991		34,727
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								574,991		34,727

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 ▶ 3

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	72,298				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	365,315				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	396,501				
	g	Noncash contributions included in lines 1a-1f	1g	$ 29,060				
	h	**Total.** Add lines 1a–1f			834,114			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,276,485			1,276,485
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						

			(i) Real	(ii) Personal
6a	Gross rents	6a	725,891	
b	Less: rental expenses	6b		
c	Rental inc. or (loss)	6c	725,891	

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
d	Net rental income or (loss)	725,891			725,891

			(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	7a	19,553,133	1,700,000
b	Less: cost or other basis and sales exps.	7b	19,261,746	166,091
c	Gain or (loss)	7c	291,387	1,533,909

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
d	Net gain or (loss)			1,825,296	1,825,296		
8a	Gross income from fundraising events (not including $ 72,298 of contributions reported on line 1c). See Part IV, line 18	8a	403				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events			403			403
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a	29,060				
b	Less: cost of goods sold	10b	29,060				
c	Net income or (loss) from sales of inventory						

			Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Miscellaneous Revenue	11a	OTHER PROGRAM INCOME		305	305		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		305			
	12	**Total revenue.** See instructions		4,662,494	1,825,601	0	2,002,779

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	1,054,885	1,054,885		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,244,292	2,286,542	957,750	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	187,993	31,371	156,622	
9 Other employee benefits	260,856	204,429	56,427	
10 Payroll taxes	243,950	187,130	56,820	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	441,799		441,799	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	378,536	250,137	128,349	50
12 Advertising and promotion	3,484	2,734	700	50
13 Office expenses	70,236	48,962	18,682	2,592
14 Information technology	87,123	26,798	57,135	3,190
15 Royalties				
16 Occupancy	47,885	46,875	1,010	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,347	22,252	3,095	
20 Interest	155,510		155,510	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	475,483		475,483	
23 Insurance	114,803	64,372	50,431	
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 UTILITIES	61,050	21,536	39,514	
b HEALTH PROGRAMS / FAIRS	59,029	40,509	17,664	856
c SUPPLIES	49,060	34,259	14,800	1
d REPAIRS AND MAINTENANCE	45,286	572	44,714	
e All other expenses	33,214	22,929	10,252	33
25 Total functional expenses. Add lines 1 through 24e	7,039,821	4,346,292	2,686,757	6,772
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 u ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		424,361	1	722,016
	2	Savings and temporary cash investments		1,248,521	2	1,119,101
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		434,439	4	325,104
	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		28,104	8	44,907
	9	Prepaid expenses and deferred charges		43,335	9	52,827
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,181,348			
	b	Less: accumulated depreciation	10b 3,472,174	11,189,391	10c	10,709,174
	11	Investments—publicly traded securities		85,686,211	11	92,841,384
	12	Investments—other securities. See Part IV, line 11			12	43,789
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		245,930	15	-3,898
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		99,300,292	16	105,854,404
Liabilities	17	Accounts payable and accrued expenses		391,846	17	437,471
	18	Grants payable		386,898	18	
	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		4,326,000	24	4,826,120
	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		542,337	25	682,538
	26	**Total liabilities.** Add lines 17 through 25		5,647,081	26	5,946,129
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		16,833,660	27	15,874,221
	28	Net assets with donor restrictions		76,819,551	28	84,034,054
		Organizations that do not follow FASB ASC 958, check here u ☐ **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		93,653,211	32	99,908,275
	33	Total liabilities and net assets/fund balances		99,300,292	33	105,854,404

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,662,494
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,039,821
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,377,327
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	93,653,211
5	Net unrealized gains (losses) on investments	5	8,632,391
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,908,275

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(20) CORINA VELASQUEZ SECRETARY	0.50 0.00	X		X				0	0	0
(21) SHERRY VITZELIO-CAROTHERS MEMBER	0.50 0.00	X						0	0	0
(22) JAMIE WRAGE MEMBER	0.50 0.00	X						0	0	0

		(D)	(E)	(F)
1b	**Subtotal** u			
c	**Total from continuation sheets to Part VII, Section A** u			
d	**Total (add lines 1b and 1c)** u			

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? *If "Yes," complete Schedule J for such individual*	3		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		

Section B. Independent Contractors

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

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

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

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: NEWBROOK CAPITAL OFFSHORE FUND, LTD.
EIN: FOREIGN
ADDRESS: 1 NEXUS WAY - SUITE #5203
HELICONIA COURTYARD
CAMANA BAY
GRAND CAYMAN
COUNTRY OF INCORPORATION: CAYMAN ISLANDS

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

DESCRIPTION: COMMON STOCK
ESTIMATED FAIR VALUE: $250,000

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

2020

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 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ....

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ....

10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

a ☐ 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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in *Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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—*provide details in Part VI*)	
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 2020 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-2020	**(iii)** Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

2020

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	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[X] 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	$ 347,315	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	RIVERSIDE COMMUNITY HOSPITAL AUX 4445 MAGNOLIA AVE A-6 RIVERSIDE CA 92501	$ 17,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	SAN MANUEL BAND OF MISSION INDIANS 36569 COMMUNITY CENTER DR HIGHLAND CA 92346	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	STATER BROTHERS PO BOX 150 SAN BERNARDINO CA 92402	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	BORREGO COMMUNITY HEALTH FOUNDATION PO BOX 2369 BORREGO SPRINGS CA 92004	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	INLAND EMPIRE HEALTH PARTNERSHIP PO BOX 1800 RANCHO CUCAMONGA CA 91729	$ 168,917	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: RIVERSIDE COMMUNITY HEALTH

Employer identification number: 23-7276444

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RIVERSIDE UNIVERSITY HEALTH SYSTEM PO BOX 9850 MORENO VALLEY CA 92552	$ 86,822	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	CALIFORNIA TRUSFRAME 25220 HANCOCK AVE STE 350 MURRIETA CA 92562	$ 7,400	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	KAISER FOUNDATION HEALTH PLAN 11080 MAGNOLIA AVE RIVERSIDE CA 92505	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	CITY OF RIVERSIDE 3900 MAIN STREET, 5TH FLOOR RIVERSIDE CA 92522	$ 18,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	AMERICAN WOODMARK FOUNDATION INC 561 SHADY ELM RD WINCHESTER VA 22602	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	BLUECROSS PARTNERSHIP 8075 CREEKSIDE OAKS DR SACRAMENTO CA 95833	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (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	HEALTHNET 1740 CREEKSIDE OAKS DR SACRAMENTO CA 95833	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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
2020
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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

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

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

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

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

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

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

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

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

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	82,042,485	74,882,139	84,336,590	79,446,615	79,454,778
b Contributions					962
c Net investment earnings, gains, and losses	9,245,907	13,431,142	-5,406,023	7,608,500	447,005
d Grants or scholarships					
e Other expenditures for facilities and programs	2,557,180	6,270,796	4,048,428	658,935	456,130
f Administrative expenses	3,433			3,338	
g End of year balance	88,727,778	82,042,485	74,882,139	84,336,590	79,446,615

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:

		Yes	No
(i) Unrelated organizations	**3a(i)**		X
(ii) Related organizations	**3a(ii)**		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**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		1,105,322		1,105,322
b Buildings		11,898,226	2,461,928	9,436,298
c Leasehold improvements				
d Equipment		1,177,800	1,010,246	167,554
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* u				10,709,174

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	628,952
(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	682,538

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, 2020 AND DECEMBER 31, 2019. 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.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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
2020
Open to Public Inspection

Name of the organization: RIVERSIDE COMMUNITY HEALTH FOUNDATION

Employer identification number: 23-7276444

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) 2020**

DAA

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

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

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

3 Enter total number of other organizations or entities . . . . 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)* . . . . . [X] **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** [X] **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** [X] **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)* . . . . . [X] **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)* . . . . . [X] **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** [X] **No**

Part V **Supplemental Information**

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

SCHEDULE G (Form 990 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

2020

Open to Public Inspection

Name of the organization: RIVERSIDE COMMUNITY HEALTH FOUNDATION

Employer identification number: 23-7276444

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

		(a) Event #1 PINK ON PARADE (event type)	(b) Event #2 GALA (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	47,701	25,000		72,701
	2 Less: Contributions	47,298	25,000		72,298
	3 Gross income (line 1 minus line 2)	403			403
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) ▶				403

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	☐ Yes .... % ☐ No	☐ Yes .... % ☐ No	☐ Yes .... % ☐ 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
2020
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? [X] 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	175,000				INPATIENT
(2) THE REGENTS OF UNIVERSITY OF CA 200 UNIVERSITY OFFICE BLDG RIVERSIDE CA 92521	94-3067788	501C3	87,500				EDUCATION
(3) LOMA LINDA UNIVERSITY PO BOX 2000 LOMA LINDA CA 92354	95-3522679	501C3	25,000				INPATIENT
(4) COMMUNITY SETTLEMENT ASSOCIATION 4366 BERMUDA AVE RIVERSIDE CA 92507	95-0642985	501C3	730,135				EDUCATION
(5) OTHER - GRANTS LESS THAN $5,000			37,250				OUTPATIENT / EDU
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 12

3 Enter total number of other organizations listed in the line 1 table u 0

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

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

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

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

THE ORGANIZATION REQUIRES WRITTEN PROGRESS REPORTS FROM GRANTEES WHICH INCLUDE STATISTICAL INFORMATION ON SERVICES RENDERED AND FINANCIAL INFORMATION ON THE DISPOSITION OF THE GRANT FUNDS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: RIVERSIDE COMMUNITY HEALTH FOUNDATION

Employer identification number: 23-7276444

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	1b		
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?	2		
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. ☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1	DANIEL ANDERSON	(i)	253,829	0	0	0	16,313	270,142	0
	PRESIDENT	(ii)	0	0	0	0	0	0	0
2	NINFA DELGADO	(i)	159,705	0	0	0	10,431	170,136	0
	COO	(ii)	0	0	0	0	0	0	0
3	SHENE BOWIE-HUSSEY	(i)	161,457	0	0	0	7,983	169,440	0
	CSO	(ii)	0	0	0	0	0	0	0
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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

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2020
Open To Public Inspection

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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		29,060	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

			Yes	No
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?	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.			

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.

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2020

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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 PROGRAM:

IN 2020, THE COMMUNITY EMPOWERMENT TEAM RECORDED 13,823 ENCOUNTERS WITH PARTICIPANTS AND RESIDENTS IN THE COMMUNITY. OVER HALF (52%) OF THESE ENCOUNTERS WERE MADE THROUGH COMMUNITY EMPOWERMENT'S HEALTH EDUCATION CLASSES, FOLLOWED BY CLINIC SERVICES (36%).

HEAL:

THE HEAL INITIATIVE EXISTS TO CREATE A CULTURE OF UNITY, HEALTH, HOPE AND LEADERSHIP AMONG COMMUNITY MEMBERS AND STAKEHOLDERS. THIS PROGRAM SEEKS TO: (1) BUILD ADULT AND YOUTH RESIDENTS CAPACITY (I.E. SKILLS, CONFIDENCE, KNOWLEDGE) TO ADDRESS CONCERNS IN THE EASTSIDE NEIGHBORHOOD. (2) BUILD A SAFER COMMUNITY. (3) PARTNER WITH ORGANIZATIONS AND AGENCIES TO AID IN SUSTAINING THE HEAL ZONE INITIATIVE AND WORK OF THE RESIDENTS.

SINCE 2017, EASTSIDE HEAL ZONE HAS ASKED RESIDENTS ABOUT THEIR ATTITUDES TOWARD PATTERSON PARK, INCLUDING PERCEPTIONS OF SAFETY AND THEIR USE OF THE PARK. THE FIRST EASTSIDE RESIDENT SURVEY WAS CONDUCTED IN 2017 BEFORE MAJOR PARK AND NEIGHBORHOOD IMPROVEMENT INITIATIVES WERE UNDERTAKEN BY HEAL ZONE.

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IN 2020, 84 RESIDENTS COMPLETED THE SURVEY. RESULTS FROM THIS YEAR'S SURVEY SHOWED THAT 65% OF RESIDENTS BELIEVE THAT CRIME IS A "SOMEWHAT SERIOUS" OR "VERY SERIOUS" PROBLEM AT PATTERSON PARK. EVEN SO, 43% OF RESIDENTS SURVEYED BELIEVED THAT CRIME AND QUALITY OF LIFE ISSUES AT OR AROUND THE PARK HAVE DECLINED IN THE PAST YEAR. RESIDENTS REPORTED THAT GARBAGE DUMPING, ASSAULTS, DRUG-DEALING AND USE, SEXUALITY ACTIVITY/PROSTITUTION, VANDALISM, GRAFFITI, FIGHTING, AND DRINKING WERE DOWN THIS YEAR COMPARED TO 2017. USE OF THE PARK HAS ALSO INCREASED. THREE-QUARTERS (75%) OF RESIDENTS INDICATED THAT THEY USE THE PARK AT LEAST ONCE A MONTH, COMPARED TO 64% IN 2017. OVER TWO THIRDS OF RESIDENTS SURVEYED (68%) INDICATED THAT THEY PARTICIPATE IN ACTIVITIES AT THE PARK AT LEAST ONCE A MONTH, BUT A MAJORITY (56%) WOULD LIKE TO SEE MORE ACTIVITIES AT THE PARK.

FACT:

THE FACTS TEAM EXISTS TO EMPOWER ADOLESCENTS TO MAKE SAFE AND HEALTHY DECISIONS FOR BETTER WELL-BEING. THIS PROGRAM SEEKS TO: (1) EDUCATE YOUTH IN PREGNANCY AND STI/HIV PREVENTION. (2) DEVELOP YOUTH'S SKILLS TO MAKE HEALTHY DECISIONS IN THE AREAS OF DRUGS, SEX, AND ESSENTIAL LIFE DECISIONS. (3) TEACH PARENTS/ GUARDIANS TO SUPPORT THEIR YOUTH IN HEALTHY DECISION MAKING. (4) PROVIDE REPRODUCTIVE HEALTH EDUCATION AND SERVICES TO YOUTH THROUGH TEEN CLINIC.

THE FUELING ADOLESCENT COMMUNITIES WITH TRUST AND STRATEGIES (F.A.C.T.S.) PROGRAM PROVIDED EDUCATION PRESENTATIONS AND CONFERENCES TO TEENS THROUGH THE BEST SELFIE CONFERENCE VIRTUALLY AND PRESENTATIONS IN RIVERSIDE-AREA HIGH SCHOOLS ON SEXUALLY-TRANSMITTED INFECTIONS, HEALTHY RELATIONSHIPS,

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DRUGS, AND REPRODUCTIVE HEALTH.

BEST SELFIE CONFERENCE:

ON NOVEMBER 5TH, THE FOUNDATION HELD THEIR FIRST VIRTUAL BEST SELFIE CONFERENCE TO 24 YOUTH. THE ANNUAL CONFERENCE, DESIGNED FOR WOMEN AGES 14-19, AIMS TO "EMPOWER YOUNG WOMXN'S SELF-EXPLORATION JOURNEY'S BY PROVIDING THEM WITH THE TOOLS AND RESOURCES TO EXPAND THEIR PERSONAL AND PROFESSIONAL SUCCESS."

OVERALL, 89% OF ATTENDEES AGREED OR STRONGLY AGREED THAT THEY LEARNED SOMETHING NEW ABOUT RESOURCES AVAILABLE TO THEM IN THE COMMUNITY. EIGHTY-EIGHT PERCENT (88%) ALSO BELIEVED THAT THE CONFERENCE WILL HELP THEM MAKE BETTER DECISIONS ABOUT THEIR FUTURE.

YOUTH PRESENTATIONS:

THE FACTS TEAMS PROVIDED HEALTH EDUCATION CLASSES TO YOUTH AT LOCAL HIGH SCHOOLS IN RIVERSIDE UNIFIED, ALVORD UNIFIED, AND JURUPA UNIFIED SCHOOL DISTRICTS. YOUTH LEARNED ABOUT HEALTHY RELATIONSHIPS, REPRODUCTIVE HEALTH, SEXUALLY TRANSMITTED INFECTIONS (STIS), AND ILLICIT AND NON-PRESCRIPTION DRUGS. BASED ON 1,147 MATCHED PRE- AND POST-SURVEYS CONDUCTED DURING THE PROGRAM, A LARGE PERCENTAGE OF YOUTH BENEFITTED FROM THE INSTRUCTION. SEVENTY PERCENT (70%) OF YOUTH INCREASED THEIR KNOWLEDGE OF REPRODUCTIVE HEALTH, 65% INCREASED THEIR KNOWLEDGE OF HEALTHY RELATIONSHIPS, 62% INCREASED THEIR KNOWLEDGE OF ILLICIT AND PRESCRIPTION DRUG USE, AND 69% INCREASED THEIR KNOWLEDGE OF STIS.

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MILES OF SMILES:

THE MILES OF SMILES PROGRAM EXIST TO CREATE A CAVITY FREE COMMUNITY WHICH WILL LEAD TO A BETTER QUALITY OF LIFE. THROUGH DENTAL EDUCATION, COMMUNITY FAIRS, AND SEALANT PLACEMENT, STAFF MEMBERS WORK TO: (1) EMPOWER COMMUNITY MEMBERS AND STUDENTS TO BUILD HEALTHY HABITS AROUND ORAL HYGIENE, PROPER NUTRITION AND DENTAL VISITS. (2) CREATE A POSITIVE DENTAL EXPERIENCE FOR YOUNG COMMUNITY MEMBERS.

IN 2020, THERE WERE 15,160 COMMUNITY ENCOUNTERS THROUGH THE MILES OF SMILES PROGRAM. IN THE FIRST QUARTER OF 2020, MILES OF SMILES HELD PRESENTATIONS AND ORAL HEALTH SCREENINGS AT SEVERAL ALVORD UNIFIED, JURUPA UNIFIED, AND RIVERSIDE UNIFIED SCHOOLS. A SURVEY OF YOUTH DURING THE DENTAL SCREENINGS FOUND THAT THE NEED AND DEMAND FOR ORAL HEALTH EDUCATION REMAINS HIGH. OVER HALF OF 2ND (54%) AND 6TH (53%) GRADERS NEVER FLOSS. 57% OF YOUTH SURVEYED EITHER HAVEN'T BEEN TO A DENTIST IN OVER A YEAR OR HAVE NEVER BEEN TO A DENTIST. OF THE 90 TEACHERS SURVEYED, 94% SAID THAT IT WAS "VERY IMPORTANT" TO HAVE MILES OF SMILES AT THEIR SCHOOL. THE MILES OF SMILES PROGRAM ALSO HAD AN IMPACT ON ONE OF THE GREATEST BARRIERS KIDS HAVE TO GOING TO A DENTIST - FEAR. OVER 90% OF 2ND, 5TH, AND 6TH GRADERS INDICATED THAT MILES OF SMILES STAFF MADE THEM FEEL MORE COMFORTABLE ABOUT GOING TO A DENTIST.

COMMUNITY WELLNESS PROGRAM

THE COMMUNITY WELLNESS TEAM SEEKS TO: (1) EMPOWER AND EDUCATE THE COMMUNITY AS IT RELATES TO A HEALTHY LIFESTYLE. (2) BUILD HEALTH BEHAVIOR KNOWLEDGE AND SKILLS OF THE COMMUNITY. (3) TO RAISE AWARENESS OF THE FREE PROGRAMS,

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CLASSES, AND EVENTS RCHF OFFERS. (4) DELIVER EFFECTIVE PROGRAMS THAT STRENGTHEN THE COMMUNITY'S CAPACITY TO MANAGE AND PREVENT CHRONIC DISEASE. (5) IMPROVE KNOWLEDGE AND SKILLS OF PREVENTING AND MANAGING CHRONIC DISEASES.

IN 2020, COMMUNITY WELLNESS RECORDED OVER 27,626 ENCOUNTERS WITH INDIVIDUALS IN THE COMMUNITY. NEARLY HALF OF THOSE (46%) MADE VIA THE TEAM'S PHYSICAL EDUCATION CLASSES. HEALTH EDUCATION AND SENIOR HEALTH EDUCATION CLASSES WERE ALSO COMMON SOURCES OF OUTREACH, ACCOUNTING FOR 21% AND 18% OF ENCOUNTERS, RESPECTIVELY.

EDUCATING CHRONIC DISEASE PREVENTION AND MANAGEMENT:

IN 2020, THE HEART HEALTHY SEMINAR, THE ANNUAL NOVEMBER DIABETES SEMINAR, AND THE CONTROL YOUR BLOOD PRESSURE SEMINAR HAVE THE COMMON GOAL OF EDUCATING THE COMMUNITY IN THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE, LIKE DIABETES AND CARDIOVASCULAR DISEASE. RCHF ALSO PROVIDES THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP), A PROGRAM THAT FOCUSES ON COMBATING PREDIABETES AND REDUCING THE PREVALENCE OF DIABETES BY HELPING PARTICIPANTS CHANGE THEIR LIFESTYLE.

APPROXIMATELY TWO-THIRDS OF PARTICIPANTS IN OUR CHRONIC DISEASE EDUCATION SEMINARS THIS YEAR INCREASED THEIR KNOWLEDGE OF CHRONIC DISEASE PREVENTION AND MANAGEMENT. PARTICIPANTS ALSO FOUND THE SEMINARS USEFUL. 98% OF PARTICIPANTS IN THE SEMINARS INDICATED THAT THEY WERE AT LEAST SOMEWHAT LIKELY TO USE WHAT THEY LEARNED. 71% INDICATED THAT THEY WERE "VERY LIKELY" TO USE THE INFORMATION THEY LEARNED DURING THE SEMINARS. 59% OF

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PARTICIPANTS RATED THE SEMINARS AS "EXCELLENT".

PRACTICING A HEALTHY LIFESTYLE:

THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP), MY HAIR, MY HEALTH, AND PHYSICAL ACTIVITY CLASSES, SUCH AS TAI CHI, ZUMBA STRONG, U-JAM, AND AQUA ZUMBA, ARE IMPLEMENTED TO HELP PARTICIPANTS IMPROVE THEIR HEALTH AND MAKE HEALTHY LIFESTYLE CHANGES. 82% OF THOSE PARTICIPATING IN COMMUNITY WELLNESS PHYSICAL ACTIVITY CLASSES INDICATED THAT THE CLASSES HELPED THEM IMPROVE THEIR HEALTH "A LOT". THE REMAINING 18% SAID THE CLASSES HELPED "SOME". OF THE 26 INDIVIDUALS THAT COMPLETED NDPP, 51% OF PARTICIPANTS COMPLETING THE NDPP PROGRAM ON DIABETES REDUCED THEIR BODY WEIGHT BY AT LEAST 5%. NEARLY THREE-QUARTERS (74%) OF PARTICIPANTS COMPLETING NDPP WERE PHYSICALLY ACTIVE AT LEAST 150 MINUTES A WEEK. ATTENDEES OF THE MY HAIR, MY HEALTH VIRTUAL CONFERENCE INCREASED THE NUMBER OF HEALTHY MEALS THEY ATE EACH WEEK AND THE NUMBER OF DAYS EACH WEEK THEY WERE PHYSICALLY ACTIVE FOR AT LEAST 30 MINUTES.

IMPROVING INFANT AND MATERNAL HEALTH:

IN 2020, THE COMMUNITY WELLNESS PROGRAM BEGAN A DOULA PROGRAM FOR PREGNANT MOTHERS AND A DOULA TRAINING PROGRAM TO PREPARE INDIVIDUALS TO BE MORE EFFECTIVE DOULAS.

ALL (100%) ATTENDEES OF THE DOULA TRAINING GAINED A BETTER UNDERSTANDING OF HOW TO BE A MORE EFFECTIVE DOULA, INCLUDING MATERNITY CARE DURING THE COVID-19 PANDEMIC AND KNOWLEDGE OF COMMUNITY RESOURCES FOR MOTHERS. 75% OF

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ATTENDEES OF THE DOULA TRAINING STRONGLY AGREED THAT COMPLETING THE TRAINING GAVE THEM A BETTER UNDERSTANDING OF HOW CULTURAL COMPETENCY AND HUMILITY RELATE TO WORKING AS A DOULA. NEARLY ALL MOTHERS PARTICIPATING IN THE DOULA ACCESS PROGRAM (96%) HAD A POST-PARTUM CHECK-UP, WHICH IS HIGHER THAN THE 90% RECORDED NATIONALLY BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). ONLY 3.4% OF BABIES BORN TO MOTHERS PARTICIPATING IN THE DOULA ACCESS PROGRAM WERE BORN PREMATURELY (BEFORE 37 WEEKS), COMPARED TO THE NATIONAL AVERAGE OF 11.7%. OF THE 29 MOTHERS IN THE PROGRAM THAT GAVE BIRTH IN 2020, ONLY ONE HAD A BABY BORN BEFORE 37 WEEKS GESTATION. THE PERCENTAGE OF LOW BIRTHWEIGHT BABIES (BELOW 2500 GRAMS OR 5.51LBS) BORN TO MOTHERS IN THE DOULA ACCESS PROGRAM IN 2020 WAS ALSO WELL BELOW THE NATIONAL AVERAGE - 3.4% COMPARED TO 8.3% NATIONWIDE. ONE OUT OF 29 MOTHERS COMPLETING THE PROGRAM IN 2020 HAD A BABY BORN AT 5.2 POUNDS. 89% OF MOTHERS PARTICIPATING IN THE DOULA ACCESS PROGRAM AGREED OR STRONGLY AGREED THAT HAVING A DOULA INCREASED THEIR SATISFACTION WITH THE LABOR AND DELIVERY PROCESS. 86% OF MOTHERS PARTICIPATING IN THE DOULA ACCESS PROGRAM AGREED STRONGLY AGREED THAT HAVING A DOULA INCREASED THEIR SENSE OF CONTROL DURING THE BIRTHING PROCESS.

THE COMMUNITY WELLNESS PROGRAM ALSO CONTINUED ITS MATERNAL WELLNESS RETREAT THAT EDUCATES MOTHERS ABOUT AVAILABLE RESOURCES, PROVIDES YOUNG MOTHERS WITH THE TOOLS TO COPE WITH THE COVID-19 PANDEMIC, HELPS THEM DEVELOP A PERSONAL SELF-CARE PLAN, AND TEACHES MOTHERS TO IDENTIFY MENTAL HEALTH CONCERNS. RESULTS FROM OUR EVALUATION OF THESE ACTIVITIES INDICATED THAT THEY HAD A POSITIVE IMPACT, WITH 57% OF MATERNAL WELLNESS RETREAT ATTENDEES IMPROVING THEIR UNDERSTANDING OF MATERNAL WELLNESS ISSUES.

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INCREASING COMMUNITY MEMBERS' KNOWLEDGE OF BEHAVIORAL HEALTH:

TWO EDUCATIONAL SEMINARS - ONE COVERING STRESS MANAGEMENT, THE OTHER ADDRESSING DEPRESSION - ADDRESSED ISSUES RELATED TO MENTAL AND EMOTIONAL HEALTH. EIGHTY-NINE PERCENT (89%) OF PARTICIPANTS TO THESE SEMINARS INCREASED THEIR KNOWLEDGE OF MENTAL HEALTH ISSUES. 97% OF PARTICIPANTS INDICATED THAT THEY WERE AT LEAST SOMEWHAT LIKELY TO USE THE INFORMATION THEY LEARNED AT THE SEMINARS. 90% OF ATTENDEES OF THE STRESS MANAGEMENT SEMINAR AGREED THAT WHAT THEY LEARNED WILL HELP THEM IDENTIFY AND HELP SOMEONE WITH ANXIETY. 62% OF PARTICIPANTS OF THE SEMINARS RATED THEM AS "EXCELLENT".

THE PINK RIBBON PLACE

THE RESOURCE CENTER TEAM EXISTS TO (1) INCREASE THE ABILITY OF INDIVIDUALS TO ADVOCATE FOR THEIR HEALTH AND WELL-BEING, AND (2) CREATE A SYSTEM OF SUPPORT FOR SERVICES, WHICH INCLUDE SUPPORT GROUPS, PROSTHESIS, WIGS, HEALTH EDUCATION WORKSHOPS, COUNSELING, AN ANNUAL WALK/RUN (PINK ON PARADE) AND AN ANNUAL WOMAN'S CONFERENCE.

IN 2020, THERE WERE 43,427 COMMUNITY ENCOUNTERS THROUGH THE PINK RIBBON PLACE. IN 2020, THE PINK RIBBON PLACE RECORDED OVER 44,000 ENCOUNTERS, WITH A LARGE SHARE OF THOSE CONTACTS MADE THOUGH ITS COMMUNITY EVENTS (73%) AND PHYSICAL EDUCATION CLASSES (20%).

THROUGH A VARIETY OF COMMUNITY CONFERENCES AND SEMINARS, PHYSICAL ACTIVITY CLASSES, INDIVIDUAL AND GROUP COUNSELING, AND RESOURCES, THE PINK RIBBON PLACE PROVIDES SUPPORT AND EDUCATION FOR CANCER SURVIVORS AND THEIR

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FAMILIES AT NO COST. THESE PROGRAMS AIM TO INCREASE THE COMMUNITY'S KNOWLEDGE OF CANCER AND CANCER-RELATED ISSUES, EMPOWER CANCER SURVIVORS BY BUILDING CONFIDENCE AND IMPROVING THEIR ABILITY TO ADVOCATE FOR THEMSELVES AND NAVIGATE RESOURCES, INCREASE SURVIVORS' FEELINGS OF SUPPORT AND CONNECTIVITY, AND MOTIVATE SURVIVORS TO ENGAGE IN REGULAR PHYSICAL ACTIVITY.

INCREASING KNOWLEDGE OF CANCER AND CANCER-RELATED ISSUES:

THROUGH THE SOCAL WOMEN'S CANCER CONFERENCE (WCC) AND THE EDUCATIONAL SUPPORT GROUP ON SELF-LOVE, 78% OF PARTICIPANTS INCREASED THEIR KNOWLEDGE OF CANCER AND CANCER-RELATED TOPICS.

AT THE WOMEN'S CANCER CONFERENCE, PARTICIPANTS INDICATED THAT THEY LEARNED SOMETHING NEW ABOUT A WIDE VARIETY OF TOPICS - RANGING FROM PROPER NUTRITION TO CANNABIS USE FOR CANCER. INCREASES IN KNOWLEDGE WERE GREATEST FOR THE FOLLOWING TOPICS: (1) HOW EATING WELL AFFECTS CANCER TREATMENT AND RECOVERY (64% OF PARTICIPANTS INCREASED), (2) UNFORESEEN SIDE EFFECTS OF CANCER TREATMENTS (66% OF PARTICIPANTS INCREASED), AND (3) HOW TO COMMUNICATE ABOUT BODY IMAGE AND INTIMACY ISSUES (62% OF PARTICIPANTS INCREASED).

SIXTY-FIVE PERCENT (65%) PARTICIPANTS ATTENDING THE VIRTUAL CONFERENCE STRONGLY AGREED THAT THE CONFERENCE MOTIVATED THEM TO LEARN MORE ABOUT THE TOPICS DISCUSSED.

BUILDING CONFIDENCE AND EMPOWERING SURVIVORS:

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BUILDING CONFIDENCE AND EMPOWERING CANCER SURVIVORS WERE IMPORTANT ELEMENTS OF THE PINK RIBBON PLACES' CLIENT NAVIGATION SERVICES AND THE LOOK GOOD FEEL BETTER WORKSHOP, A PUBLIC SERVICE PROGRAM THAT TEACHES BEAUTY TECHNIQUES TO PEOPLE WITH CANCER TO HELP MANAGE APPEARANCE-RELATED SIDE EFFECTS OF CANCER TREATMENT.

EIGHTY PERCENT (80%) OF CLIENTS RECEIVING NAVIGATION SUPPORT WERE MORE CONFIDENT NAVIGATING HEALTH RESOURCES AFTER RECEIVING SUPPORT FROM THE PINK RIBBON PLACE. EIGHTY-THREE PERCENT (83%) OF PARTICIPANTS ATTENDING LOOK GOOD FEEL BETTER INCREASED CONFIDENCE IN THEIR ABILITY TO APPLY THE BEAUTY TECHNIQUES DISCUSSED. ANOTHER 83% OF LOOK GOOD FEEL BETTER PARTICIPANTS INDICATED THAT THEY WERE "VERY LIKELY" TO USE WHAT THEY LEARNED DURING THE WORKSHOP. SEVENTY-FIVE PERCENT (75%) OF LOOK GOOD FEEL BETTER PARTICIPANTS ALSO INCREASED THEIR KNOWLEDGE OF BEAUTY AND SELF-CARE TECHNIQUES.

INCREASING FEELINGS OF SUPPORT AND CONNECTEDNESS:

SEVERAL SUPPORT GROUPS WERE OFFERED BY THE PINK RIBBON PLACE AS WAY FOR CANCER SURVIVORS AND THEIR LOVED ONES TO CONNECT WITH OTHERS WHO UNDERSTAND WHAT THEY ARE GOING THROUGH, SHARE RESOURCES, AND DISCOVER HOPE. THESE INCLUDED HOPE FOR WOMEN AND ESPERANZA PARA MUJERES, METASTATIC CANCER SUPPORT GROUP, AND OASIS OVARIAN SUPPORT GROUP. THE PINK RIBBON PLACE ALSO ASSISTED SURVIVORS CONNECT TO LOCAL RESOURCES THEY COULD ACCESS FOR HELP ON THEIR CANCER JOURNEY.

AFTER ATTENDING ONE OF MORE OF THESE GROUPS OR RECEIVING CLIENT NAVIGATION

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SERVICES, CLIENTS WERE ASKED ABOUT THEIR SUPPORT NETWORK AND IF THEY FELT LONELY OR SOCIALLY ISOLATED. 85% OF CLIENTS BELIEVED THAT THEY FELT THEY HAD A SUPPORTIVE NETWORK OF PEOPLE TO HELP THEM. 85% OF CLIENTS INDICATED THAT THEY HAD PEOPLE THEY CAN TALK TO WHO UNDERSTAND THEIR SITUATION. 88% OF SUPPORT GROUP CLIENTS FELT THAT THE GROUP WAS A SAFE ENVIRONMENT TO SHARE THEIR PERSONAL EXPERIENCES. 69% OF SUPPORT GROUP CLIENTS BELIEVED THAT THEY FELT LESS ISOLATED AFTER ATTENDING THE SUPPORT GROUP.

ENCOURAGING REGULAR PHYSICAL ACTIVITY:

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

SEVENTY-FIVE PERCENT (75%) OF CLASS ATTENDEES INDICATED THAT THEY WERE MORE MOTIVATED TO EXERCISE REGULARLY AND BE PHYSICALLY ACTIVE AFTER PARTICIPATING IN EITHER PROGRAM. SEVENTY-FIVE PERCENT (75%) OF PARTICIPANTS ALSO BELIEVED THAT THEY HAD INCREASED THEIR SKILL LEVEL AT EITHER YOGA OR POOL AEROBICS. ALL PARTICIPANTS (100%) RATED THE CLASSES AS "EXCELLENT".

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

DURING 2020 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

Name of the organization: RIVERSIDE COMMUNITY HEALTH

Employer identification number: 23-7276444

AUDIT COMMITTEE REVIEWS A DRAFT OF THE 990 PRIOR TO FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE GOVERNANCE COMMITTEE REVIEWS ALL CONFLICT OF INTEREST DISCLOSURES ANNUALLY AND SUBMITS TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE POLICY IS PRESENTED TO NEWLY APPOINTED MEMBERS ANNUALLY.

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

COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE, COMPENSATION IS COMPARED TO SIMILAR NON PROFIT ORGANIZATIONS.

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

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

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

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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.

OMB No. 1545-0047
2020
Open to Public Inspection

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY SETTLEMENT ASSOCIATION	B	730,135	
(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 **926** (Rev. November 2018)
Department of the Treasury
Internal Revenue Service

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

u Go to *www.irs.gov/Form926* for instructions and the latest information.
u 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)
NEWBROOK CAPITAL OFFSHORE FUND LTD

5a **Identifying number,** if any
FOREIGNUS

6 Address (including country)
1 NEXUS WAY SUITE #5203 GRAND CAYMAN
CAMANA BAY CJ CAYMAN ISLANDS

5b Reference ID number (see instructions)

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

8 Foreign law characterization (see instructions)

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

Form 926 (Rev. 11-2018) **RIVERSIDE COMMUNITY HEALTH** **23-7276444** Page **2**

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	03/31/20		200,000		

10 Was cash the only property transferred? .... [X] **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 0.20 % **(b)** After 0.30 %

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) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) 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/ 990-PF**

Electronic Filing - PDF Attachment Report

2020

For calendar year 2020, or tax year beginning , and ending

Name: **RIVERSIDE COMMUNITY HEALTH FOUNDATION**

Taxpayer Identification Number: **23-7276444**

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

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST AND DIVIDENDS	$ 1,276,485		14	CA		
TOTAL	$ 1,276,485					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL FEES	$ 287,016	$ 176,506	$ 110,460	$ 50
PAYROLL FEES	91,520	73,631	17,889	
TOTAL	$ 378,536	$ 250,137	$ 128,349	$ 50

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES & SUBSCRIPTIONS	$ 13,703	$ 11,198	$ 2,505	$
AUTOMOBILE EXPENSE	8,291	7,373	885	33
BANK FEES	6,506	2,667	3,839	
TAXES & LICENSES	4,690	1,689	3,001	
BAD DEBT	24	2	22	
TOTAL	$ 33,214	$ 22,929	$ 10,252	$ 33

034
STATE OF CALIFORNIA
RRF-1
(Rev. 09/2017)

DEPARTMENT OF JUSTICE

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 01/01/20 ending 12/31/20) list:

Gross Annual Revenue $ 4,662,494 Noncash Contributions $ 29,060 Total Assets $ 105,854,404

Program Expenses $ 4,346,292 Total Expenses $ 7,039,821

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

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

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

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

Signature of Authorized Agent	Printed Name	Title	Date
	DANIEL ANDERSON	PRESIDENT	

California Statements

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

Description
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH: -------------------------------------- MICHAEL NEFF, MBA CONTRACT MANAGER CONTRACT ADMINISTRATIVE OVERSIGHT CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MATERNAL, CHILD AND ADOLESCENT HEALTH DIVISION P.O. BOX 997420, MS 8305 SACRAMENTO, CA 95899-7420 (916) 341-6726 (OFFICE) MICHAEL.NEFF@CDPH.CA.GOV CITY OF RIVERSIDE: ------------------ AGRIPINA NEUBAUER COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT, CDBG/GRANTS DIVISION MAIN: (951) 826-5649 DIRECT: (951) 826-3947 ANEUBAUER@RIVERSIDECA.GOV

TAXABLE YEAR 2020

California Exempt Organization Annual Information Return

FORM 199

Calendar Year 2020 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 [X]
B Amended return ... ● Yes [ ] No [X]
C IRC Section 4947(a)(1) trust ... Yes [ ] No [X]
D Final information return?
● [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
Enter date: (mm/dd/yyyy) ●
E Check accounting method: (1) [ ] Cash (2) [X] 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 [X]
H Is this organization in a group exemption ... Yes [ ] No [X]
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 [X]
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 [X]
If "Yes," enter the gross receipts from nonmember sources ... $
L Is the organization a limited liability company? ● Yes [ ] No [X]
M Did the organization file Form 100 or Form 109 to report taxable income? ... ● Yes [ ] No [X]
N Is the organization under audit by the IRS or has the IRS audited in a prior year? ... ● Yes [ ] No [X]
O Is federal Form 1023/1024 pending? ... Yes [ ] No [X]
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 ●		23,285,277 00
	2	Gross dues and assessments from members and affiliates ●		00
	3	Gross contributions, gifts, grants, and similar amounts received ●		834,114 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●		24,119,391 00
	5	Cost of goods sold ●	29,060 00	
	6	Cost or other basis, and sales expenses of assets sold ●	19,427,837 00	
	7	Total costs. Add line 5 and line 6		19,456,897 00
	8	Total gross income. Subtract line 7 from line 4 ●		4,662,494 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		7,039,820 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		-2,377,326 00
Filing Fee	11	Total payments ●		00
	12	Use tax. See General Information K ●		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		00
	15	Penalties and Interest. See General Information J		00
	16	**Balance due.** Add line 12, and line 15. Then subtract line 11 from the result ●		00

Sign Here

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

Signature of officer ▸ | Title PRESIDENT | Date | ● Telephone 951-788-3471

Paid Preparer's Use Only

Preparer's signature ▸ | Date 11/11/2021 | Check if self-employed ▸ [ ] | ● PTIN P01259082

Firm's name (or yours, if self-employed) and address ▸ ROORDA, PIQUET & BESSEE, INC. 3550 VINE ST SUITE 110 RIVERSIDE, CA 92507-4175 | ● Firm's FEIN 33-0252865 | ● Telephone 951-684-7781

May the FTB discuss this return with the preparer shown above? See instructions ... ● [X] Yes [ ] No

RIVERSIDE COMMUNITY HEALTH
23-7276444

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	29,060 00
	2	Interest	2	00
	3	Dividends	3	1,276,485 00
	4	Gross rents	4	725,891 00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions) SEE STATEMENT 1	6	21,253,133 00
	7	Other income. Attach schedule SEE STATEMENT 2	7	708 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	23,285,277 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 3	9	1,054,885 00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 4	11	00
	12	Other salaries and wages	12	3,244,292 00
	13	Interest	13	155,510 00
	14	Taxes	14	00
	15	Rents	15	47,885 00
	16	Depreciation and depletion (See instructions)	16	475,482 00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 5	17	2,061,766 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	7,039,820 00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		1,672,882		1,841,117
2 Net accounts receivable		434,439		325,104
3 Net notes receivable				
4 Inventories		28,104		44,907
5 Federal and state government obligations				
6 Investments in other bonds STMT 6		15,395,417		11,729,664
7 Investments in stock STMT 7		49,443,300		54,241,466
8 Mortgage loans				
9 Other investments. Attach schedule STMT 8		20,847,494		26,914,043
10 a Depreciable assets	13,502,629		13,076,026	
b Less accumulated depreciation	3,069,840	10,432,789	3,472,174	9,603,852
11 Land		756,602		1,105,322
12 Other assets. Attach schedule STMT 9		289,265		48,929
13 **Total assets**		99,300,292		105,854,404
Liabilities and net worth				
14 Accounts payable		391,846		437,471
15 Contributions, gifts, or grants payable		386,898		
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 10		4,868,337		5,508,658
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		93,653,211		99,908,275
22 **Total liabilities and net worth**		99,300,292		105,854,404

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000

1 Net income per books	6,255,065	7 Income recorded on books this year not included in this return. Attach schedule SEE STMT 11	8,632,391
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	8,632,391
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	-2,377,326
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	6,255,065		

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
UBS ACCOUNT	PURCHASE				$ 10227171	$9,861,746	$	$9,861,746
CANTERBURY ACCOUNT	PURCHASE				6,941,962	7,010,050		7,010,050
CNR ACCOUNT	PURCHASE				732,993	801,691		801,691
STEBLER ACCOUNT	PURCHASE				80,564	49,614		49,614
DEFERRED COMP ACCOUNT	PURCHASE				1,570,443	1,538,645		1,538,645
SALE OF HOSPITAL BUILDING	PURCHASE		VARIOUS	2/14/20	1,700,000	1,077,845	911,754	166,091
DISPOSALS 2020	PURCHASE		VARIOUS	12/31/20		47,254	47,254	
TOTAL					$ 21253133	$ 20386845	$ 959,008	$ 19427837

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

Description		Amount
PINK ON PARADE GALA	$	403
OTHER PROGRAM INCOME		305
TOTAL	$	708

California Statements

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

PSA / Relationship	Class / Status	Name / Purpose	Address / Amount	Noncash Description	FMV Explanation	City	Book Value Amount	State	Zip	Book Value Explanation	Date
		LOMA LINDA UNIVERSITY	PO BOX 2000			LOMA LINDA		CA	92354		
		INPATIENT	175,000								
		THE REGENTS OF UNIVERSITY OF CA	200 UNIVERSITY OFFICE BLDG			RIVERSIDE		CA	92521		
		EDUCATION	87,500								
		LOMA LINDA UNIVERSITY	PO BOX 2000			LOMA LINDA		CA	92354		
		INPATIENT	25,000								
		COMMUNITY SETTLEMENT ASSOCIATION	4366 BERMUDA AVE			RIVERSIDE		CA	92507		
		EDUCATION	730,135								
		OTHER - GRANTS LESS THAN $5,000									
		OUTPATIENT / EDU	37,250								
SUBTOTAL			$ 1,054,885								
TOTAL			$ 1,054,885								

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	
JUDY CARPENTER					VICE CHAIR	0.50	
ERNIE HWANG					TREASURER	0.50	
CORINA VELASQUEZ					SECRETARY	0.50	
JOSE CAMPOS					MEMBER	0.50	
TINA COVINGTON					MEMBER	0.50	
BEN JOHNSON II					MEMBER	0.50	

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

Name	City	Address	State	Zip	Title	Avg Hrs	Compensation Amount
JEANNENE KELLY					MEMBER	0.55	
TAREK MAHDI					MEMBER	0.50	
JONATHAN O'CONNELL					MEMBER	0.50	
RICHARD RAJARATNAM					MEMBER	0.50	
MICAH TOKUDA					MEMBER	0.50	
HEATHER SANCHEZ					MEMBER	0.50	
JAMIE WRAGE					MEMBER	0.50	
ERIN PHILLIPS					MEMBER	0.50	
RICH ERICKSON					MEMBER	0.50	
JACKIE VAN BLARICUM					MEMBER	0.50	
TOM PODGORSKI					MEMBER	0.50	
SHERRY VITZELIO-CAROTHERS					MEMBER	0.50	
DANIEL ANDERSON	RIVERSIDE	4275 LEMON ST	CA	92501-3844	PRESIDENT	40.00	
NINFA DELGADO					COO	40.00	
SHENE BOWIE-HUSSEY					CSO	40.00	

California Statements

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

Name	Address					
	City	State	Zip	Title	Avg Hrs	Compensation Amount
TOTAL						0

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

Description	Amount
PAYROLL TAXES	$ 243,950
OTHER PROFESSIONAL FEES	287,016
INVESTMENT MANAGEMENT	441,799
PRINTING & MAILING EXPENSE	70,236
BAD DEBT	24
BANK FEES	6,506
DUES & SUBSCRIPTIONS	13,703
REPAIRS AND MAINTENANCE	45,286
SUB-CONTRACTS	
SUPPLIES	49,060
TAXES & LICENSES	4,690
UTILITIES	61,050
PENSION EXPENSE	187,993
ADVERTISING EXPENSE	3,484
SOFTWARE & WEBSITE EXPENSE	87,123
INSURANCE EXPENSE	73,491
INSURANCE & BENEFITS	260,856
PAYROLL FEES	91,520
CONFERENCES & MEETINGS	25,347
AUTOMOBILE EXPENSE	8,291
HEALTH PROGRAMS / FAIRS	59,029
WORKERS COMPENSATION INS	41,312
TOTAL	$ 2,061,766

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

Description	Beginning of Year	End of Year
CORPORATE BONDS	$15,395,417	$11,729,664
TOTAL	$15,395,417	$11,729,664

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

Description	Beginning of Year	End of Year
EQUITIES	$49,443,300	$54,241,466
TOTAL	$49,443,300	$54,241,466

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

Description	Beginning of Year	End of Year
ALTERNATIVE INVESTMENTS	$20,847,494	$26,870,254
TANGIBLE ASSETS		43,789
TOTAL	$20,847,494	$26,914,043

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	31,285	-8,898
SECURITY DEPOSIT		5,000
PREPAID EXPENSES	43,335	52,827
INTANGIBLE ASSETS		
TOTAL	$ 289,265	$ 48,929

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

Description	Beginning of Year	End of Year
DEFERRED COMPENSATION	$ 488,751	$ 628,952
ESTIMATED FUTURE ANNUITY LIAB	53,586	53,586
UNSECURED NOTES AND LOANS PAYABLE	4,326,000	4,826,120
TOTAL	$ 4,868,337	$ 5,508,658

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

Description	Amount
UNREALIZED GAIN ON SECURITIES	$ 8,632,391
TOTAL	$ 8,632,391

Form **990** | **FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 1** | **2020**

For calendar year 2020 or tax year beginning , ending

Name: RIVERSIDE COMMUNITY HEALTH

Employer Identification Number: 23-7276444

Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN

1 This report is for calendar year ended 12/31 2020
Amended ☐ Prior report BSA Identifier
Reason if filing late

Part I - Filer Information

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

Form **990** — **FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 2** — **2020**

For calendar year 2020 or tax year beginning , ending

Name: RIVERSIDE COMMUNITY HEALTH

Employer Identification Number: 23-7276444

Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN

Part II - Information on Financial Account(s) Owned Separately 1 of 6

15 Maximum account value: 4,008,323
15a Maximum account value unknown: ☐
16 Type of account: SECURITIES
17 Name of financial institution in which account is held: INTERNATIONAL FUND SERVICES LIMITED
18 Account number or other designation: GOLDENTREETACONIC
19 Mailing address: 78 SIR JOHN ROGERSON'S QUAY
20 City: DUBLIN
21 State:
22 Foreign postal code: 2
23 Country: IE IRELAND

Part II - Information on Financial Account(s) Owned Separately 2 of 6

15 Maximum account value: 2,742,345
15a Maximum account value unknown: ☐
16 Type of account: SECURITIES
17 Name of financial institution in which account is held: CITCO FUND SERVICES
18 Account number or other designation: FIRMAVERICKMIG
19 Mailing address: PO BOX 31106
20 City: GRAND CAYMAN
21 State:
22 Foreign postal code: KY11205
23 Country: KY CAYMAN ISLANDS

Part II - Information on Financial Account(s) Owned Separately 3 of 6

15 Maximum account value: 3,059,963
15a Maximum account value unknown: ☐
16 Type of account: SECURITIES
17 Name of financial institution in which account is held: INTERNATIONAL FUND SERVICES LIMITED
18 Account number or other designation: CANYONNEWBROOK
19 Mailing address: 45 MARKET ST
20 City: GRAND CAYMAN
21 State:
22 Foreign postal code: KY11103
23 Country: KY CAYMAN ISLANDS

Part II - Information on Financial Account(s) Owned Separately 4 of 6

15 Maximum account value: 2,037,620
15a Maximum account value unknown: ☐
16 Type of account: SECURITIES
17 Name of financial institution in which account is held: MORGAN STANLEY FUND SERVICES
18 Account number or other designation: LAKEWOOD
19 Mailing address: 7-11 SIR JOHN REOGERSON'S QUAY
20 City: DUBLIN
21 State:
22 Foreign postal code: 2
23 Country: IE IRELAND

Part II - Information on Financial Account(s) Owned Separately 5 of 6

15 Maximum account value: 2,442,833
15a Maximum account value unknown: ☐
16 Type of account: SECURITIES
17 Name of financial institution in which account is held: MOURANT OZANNES CORPORATE SERVICES
18 Account number or other designation: GOBI
19 Mailing address: 94 SOLARIS AVE
20 City: GRAND CAYMAN
21 State:
22 Foreign postal code: KY11108
23 Country: KY CAYMAN ISLANDS

Form **990** | **FinCEN 114 - Report of Foreign Bank and Financial Accounts, Page 5** | **2020**

For calendar year 2020 or tax year beginning , ending

Name: RIVERSIDE COMMUNITY HEALTH

Employer Identification Number: 23-7276444

Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN

44a Check if report completed by a third party preparer, complete the third party preparer section: X
44 Filer signature PIN (Enter the PIN assigned by FinCEN used to sign the FBAR): FORM 114A SIGNED, PIN NOT REQUIRED
45 Filer title:
46 Date of signature: 11/12/2021

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** | **2020**

For calendar year 2020 or tax year beginning , ending

Name: RIVERSIDE COMMUNITY HEALTH

Employer Identification Number: 23-7276444

Warning: Printed versions of the BSA E-Filing forms are not for submission and will not be processed by FinCEN

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

15 Maximum account value: 1,920,172
15a Maximum account value unknown ☐
16 Type of account: SECURITIES
17 Name of financial institution in which account is held: SS&C GLOBE OP
18 Account number or other designation: SSCGLOBEOP
19 Mailing address: 5255 ORBITOR DRIVE
20 City: MISSISSAUGA
21 State: ON ONTARIO
22 Foreign postal code: 2
23 Country: CA CANADA

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

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

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

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

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

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

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

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