

APRIO, LLP
150 POST STREET, SUITE 200
SAN FRANCISCO, CA 94108

RICHMOND COMMUNITY FOUNDATION
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

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CLIENT'S COPY

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. RICHMOND COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 94-3337754
	Number, street, and room or suite no. If a P.O. box, see instructions. 3260 BLUME DRIVE, SUITE 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHMOND, CA 94806	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JAMES BECKER

- The books are in the care of ► **3260 BLUME DR STE 110 - RICHMOND, CA 94806**

Telephone No. ► **510-234-1200**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

EXTENDED TO MAY 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

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

C Name of organization**RICHMOND COMMUNITY FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3260 BLUME DRIVE SUITECity or town, state or province, country, and ZIP or foreign postal code
RICHMOND, CA 94806**F** Name and address of principal officer: **JAMES BECKER**
SAME AS C ABOVE**D** Employer identification number**94-3337754****E** Telephone number**510-234-1200****G** Gross receipts \$**5,680,670.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.RICHMONDCF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1999****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO BUILD HEALTHY, SUSTAINABLE COMMUNITIES THROUGHOUT RICHMOND AND CONTRA COSTA COUNTY.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 38
	6	Total number of volunteers (estimate if necessary) 9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 4,642,131.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -362,919.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,101.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,311,313.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,400,514.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,662,609.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 277,087.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,170,502.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,233,625.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -922,312.
	20	Total assets (Part X, line 16) 7,321,513.
	21	Total liabilities (Part X, line 26) 3,095,053.
	22	Net assets or fund balances. Subtract line 21 from line 20 4,226,460.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JAMES BECKER, CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRACY TEALE	TRACY TEALE	05/15/24		P01290862
Firm's name	APRIO, LLP		Firm's EIN 57-1157523		
	150 POST STREET, SUITE 200		Phone no. 415-777-4488		
SAN FRANCISCO, CA 94108					

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

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE RICHMOND COMMUNITY FOUNDATION MOBILIZES THE POWER OF CONNECTION TO BUILD HEALTHY, THRIVING COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,346,656. including grants of \$ 2,169,343.) (Revenue \$ 91,416.)

SPARKPOINT CONTRA COSTA: SERVED 1,034 CLIENTS THROUGH ITS FOUR OFFICES IN CONTRA COSTA COUNTY. THE PROGRAM CONTINUES TO EXCEED ITS METRICS FOR HELPING CLIENTS INCREASE INCOME, INCREASE SAVINGS, AND REDUCE DEBT. 74% OF CLIENTS MADE A 30% OR GREATER IMPROVEMENT WITH THEIR DEBT, INCOME, SAVINGS AND/OR CREDIT WITHIN 3 MONTHS TIME. SPCC ALSO HAS OFFICES AT THE CONTRA COSTA COLLEGE CENTER AND DIABLO VALLEY COLLEGE.

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

EQUIP RICHMOND: A MULTIYEAR ECONOMIC REVITALIZATION STRATEGY THAT INCREASES AND SUSTAINS COMMUNITY ECONOMIC VIABILITY THROUGH SERVICES THAT IMPROVE ECONOMIC SELFSUFFICIENCY AND HELP SMALL BUSINESSES CREATE AND SUSTAIN JOBS. THE GOALS OF THE PROJECT ARE TO BUILD THAT CAPACITY OF RICHMOND/NORTH RICHMOND COMMUNITY ORGANIZATIONS TO DELIVER ECONOMIC BENEFITS TO THEIR COMMUNITIES AND BUILD INDIVIDUAL CAPACITY AND BETTER CONDITIONS FOR CURRENT RESIDENTS CURRENTLY FIVE PROJECTS ARE PART OF THE EQUIP RICHMOND INITIATIVE. THESE INCLUDE A COOPERATIVE BUSINESS HUB (COBIZ), A COMPREHENSIVE EMPLOYMENT TRAINING CENTER (CET), A SOCIAL ENTERPRISE FOR A LOCAL NONPROFIT (POGO PARK PRODUCTS), A CONSTRUCTION RESOURCE CENTER, AND FINALLY, BARRIER REMOVAL SERVICES FOR THOSE CLIENTS ENROLLED IN THE OTHER PROJECTS SO THAT THEY CAN ACHIEVE

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

ENSURING OPPORTUNITY: A COLLABORATIVE EFFORT TO END POVERTY IN CONTRA COSTA BY FOCUSING ON POLICY CHANGE AND MOVEMENT BUILDING. IT'S CURRENT PRIORITIES INCLUDE POLICIES AND MOVEMENT BUILDING FOR RACIAL EQUITY, HOUSING STABILITY, AND BUDGET JUSTICE.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,346,656.Form **990** (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 91	
b Enter the number of Forms W-2G included on 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 X	

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	38
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See 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	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	9													
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		9												
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.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	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													
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 on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					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 on 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											15b			X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												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 CA

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES BECKER - 510-234-1200
3260 BLUME DR STE 110, RICHMOND, CA 94806

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM BECKER CEO	40.00				X			141,065.	0.	14,645.
(2) STACY STREET COO	40.00				X			106,606.	0.	11,644.
(3) MARIANA MOORE SENIOR DIRECTOR	40.00				X			100,839.	0.	11,543.
(4) EMILY LO CONTROLLER	40.00			X				87,950.	0.	12,525.
(5) ROXANNE GARZA SENIOR DIRECTOR	40.00			X				97,368.	0.	0.
(6) LUCINDA BAZILLE CHAIR	5.00	X	X					0.	0.	0.
(7) CYNTHIA LEBLANC IMMEDIATE PAST CHAIR	5.00	X						0.	0.	0.
(8) GREGORY MEDLEY VICECHAIR	5.00	X	X					0.	0.	0.
(9) KIT PAPPENHEIMER DIRECTOR	2.00	X						0.	0.	0.
(10) JENN CLAUSON SECRETARY	5.00	X	X					0.	0.	0.
(11) STEPHANIE RIVERA DIRECTOR	2.00	X						0.	0.	0.
(12) MAGGIE BANC WHITE DIRECTOR	2.00	X						0.	0.	0.
(13) RICHARD HONG TREASURER	5.00	X	X					0.	0.	0.
(14) JORGE REYES DIRECTOR	2.00	X						0.	0.	0.
(15) KIMBERLY ROGERS DIRECTOR	2.00	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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

5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRIGHTER BEGINNINGS 2727 MACDONALD AVENUE, RICHMOND, CA 94804	CONSULTING SERVICES	320,220.
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	1	

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,709,356.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,671,366.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,074.					
	h Total. Add lines 1a-1f							5,380,722.
Program Service Revenue	2 a FEES	Business Code	900099	31,416.	31,416.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				31,416.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			142,924.			142,924.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)								
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b	0.					
c Gain or (loss)		7c	65,608.					
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a MANAGEMENT FEE FROM LL	Business Code	900099	60,000.	60,000.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				60,000.			
	12 Total revenue. See instructions				5,680,670.	91,416.	0.	208,532.

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

☒ X

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	1,662,913.	1,662,913.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	506,430.	506,430.		
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	584,185.	467,348.	64,260.	52,577.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,727,991.	1,382,394.	190,079.	155,518.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,590.	52,440.	17,405.	5,745.
9 Other employee benefits	271,798.	188,558.	62,582.	20,658.
10 Payroll taxes	196,576.	136,374.	45,261.	14,941.
11 Fees for services (nonemployees):				
a Management				
b Legal	82.	82.		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,695.		36,695.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	788,103.	576,780.	197,573.	13,750.
12 Advertising and promotion	81.		81.	
13 Office expenses	219,110.	105,847.	105,557.	7,706.
14 Information technology				
15 Royalties				
16 Occupancy	94,841.	75,873.	18,020.	948.
17 Travel	24,407.	10,308.	10,386.	3,713.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,939.	11,021.	2,918.	
20 Interest	69,079.	69,079.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,213.		1,213.	
23 Insurance	25,232.		25,232.	
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 INTERFUND ALLOCATIONS-C	62,355.	62,355.		
b SUPPLIES	35,884.	27,377.	6,976.	1,531.
c STAFF DEVELOPMENT	13,330.	9,290.	4,040.	
d OTHER EXPENSES	4,221.	1,512.	2,709.	
e All other expenses	3,773.	675.	3,098.	
25 Total functional expenses. Add lines 1 through 24e	6,417,828.	5,346,656.	794,085.	277,087.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,098,413.	1	1,998,506.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	274,685.	3	141,807.
	4 Accounts receivable, net	155,220.	4	473,019.
	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	13,415.	7	164,501.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,653.	9	65,152.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,489.		
	b Less: accumulated depreciation	10b 1,920.		
		7,782.	10c	6,569.
	11 Investments - publicly traded securities	3,331,165.	11	2,652,237.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,394,180.	13	1,050,771.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	80.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,321,513.	16	6,552,642.	
Liabilities	17 Accounts payable and accrued expenses	612,849.	17	291,627.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	2,482,204.	23	3,057,226.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	0.	25	617.
	26 Total liabilities. Add lines 17 through 25	3,095,053.	26	3,349,470.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	335,546.	27	306,194.
	28 Net assets with donor restrictions	3,890,914.	28	2,896,978.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,226,460.	32	3,203,172.
	33 Total liabilities and net assets/fund balances	7,321,513.	33	6,552,642.

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,680,670.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,417,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	-737,158.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,226,460.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-286,130.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,203,172.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number

94-3337754

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2219914.	3311977.	3668864.	4642131.	5380722.	19223608.
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	2219914.	3311977.	3668864.	4642131.	5380722.	19223608.
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.						19223608.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2219914.	3311977.	3668864.	4642131.	5380722.	19223608.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		241,365.	133,855.	120,948.	142,294.	638,462.
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.)		-62,670.		32,101.	60,000.	29,431.
11 Total support. Add lines 7 through 10						19891501.
12 Gross receipts from related activities, etc. (see instructions)					12	31,416.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	96.64 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.22 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number

94-3337754

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization	Employer identification number
RICHMOND COMMUNITY FOUNDATION	94-3337754

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	CONTRA COSTA COUNTY 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 1,030,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UWBA 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 740,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE CALIFORNIA ENDOWMENT (TCE) 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 480,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF RICHMOND 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 354,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WCC PUBLIC EDUCATION FUND 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROBIN HOOD 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 407,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
RICHMOND COMMUNITY FOUNDATION	94-3337754

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	THE SAN FRANCISCO FOUNDATION 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 157,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CALSTART 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	\$ 131,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RICHMOND COMMUNITY FOUNDATION**94-3337754****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number

94-3337754

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, 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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,456.	12,456.	12,456.	12,456.	12,456.
b Contributions	4,631.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	17,087.	12,456.	12,456.	12,456.	12,456.

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

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		8,489.	1,920.	6,569.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,569.

Schedule D (Form 990) 2022

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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) PROPERTIES HELD FOR		
(2) INVESTMENT	1,050,771.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,050,771.	

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.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CREDIT CARD CHARGES	599.
(3) DUE TO RHR	18.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	617.

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 ... ☒

Schedule D (Form 990) 2022

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	5,688,469.
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	44,494.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	44,494.
3	Subtract line 2e from line 1	3	5,643,975.
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	36,695.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	36,695.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,680,670.

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	6,425,627.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	44,494.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	44,494.
3	Subtract line 2e from line 1	3	6,381,133.
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	36,695.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	36,695.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,417,828.

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 X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES IS REQUIRED. THE ORGANIZATION APPLIES THE GUIDANCE ON ACCOUNTING FOR UNCERTAIN TAX PROVISIONS IN FASB ASC 740 INCOME TAXES. THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS UP TO AND INCLUDING 2020.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number
94-3337754

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRIGHTER BEGINNINGS 2727 MACDONALD AVE RICHMOND, CA 94804	94-2949749	501(C)(3)	320,220.	0.			ECONOMIC DEVELOPMENT
COBIZ 1503 MACDONALD AVENUE, SUITE A RICHMOND, CA 94801	84-2956832	501(C)(3)	128,000.	0.			ECONOMIC DEVELOPMENT
CCH HOUSING AND HOMELESS SERVICES 2440 BISSO LANE, SUITE D2 CONCORD, CA 94520	94-6000509	501(C)(3)	75,000.	0.			ECONOMIC DEVELOPMENT
ABLE COMMUNITY DEVELOPMENT FOUNDATION - 1963 CARLSON BLVD - RICHMOND, CA 94804	30-1007509	501(C)(3)	60,000.	0.			ECONOMIC DEVELOPMENT
LA CLINICA DE LA RAZA 1450 FRUITVALE AVE 3RD FLOOR OAKLAND, CA 94601	94-1744108	501(C)(3)	60,000.	0.			ECONOMIC DEVELOPMENT
BRIGHTER BEGINNINGS 2727 MACDONALD AVENUE RICHMOND, CA 94804	94-2949749	501(C)(3)	54,458.	0.			ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **30.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONUMENT IMPACT 1760 CLAYTON RD. CONCORD, CA 94520	94-3370919	501(C)(3)	49,000.	0.			ECONOMIC DEVELOPMENT
VILLAGE COMMUNITY RESOURCE CENTER 633 VILLAGE DR BRENTWOOD, CA 94513	41-2045701	501(C)(3)	36,800.	0.			ECONOMIC DEVELOPMENT
CATHOLIC CHARITIES OF THE EAST BAY 433 JEFFERSON STREET OAKLAND, CA 94607	94-2677202	501(C)(3)	35,000.	0.			ECONOMIC DEVELOPMENT
THE LATINA CENTER 3701 BARRETT AVENUE RICHMOND, CA 94805	68-0470904	501(C)(3)	35,000.	0.			ECONOMIC DEVELOPMENT
ROTARY CLUB OF RICHMOND INC. PO BOX 70643 RICHMOND, CA 94807	20-5499127	501(C)(3)	33,132.	0.			ECONOMIC DEVELOPMENT
HIJAS DEL CAMPO 144 CONTINENTE AVE #120 BRENTWOOD, CA 94513	86-3224204	501(C)(3)	30,000.	0.			ECONOMIC DEVELOPMENT
ACCE INSTITUTE 322 HARBOUR WAY #5 RICHMOND, CA 94804	27-1487442	501(C)(3)	30,000.	0.			ECONOMIC DEVELOPMENT
MULTICULTURAL INSTITUTE 1920 7TH ST BERKELEY, CA 94710	91-1823468	501(C)(3)	25,000.	0.			ECONOMIC DEVELOPMENT
REDWOOD COMMUNITY HEALTH COALITION 1310 REDWOOD WAY 135 PETALUMA, CA 94954	32-0230954	501(C)(3)	25,000.	0.			ECONOMIC DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CERES POLICY RESEARCH PO BOX 2776 OAKLAND, CA 94602			25,000.	0.			ECONOMIC DEVELOPMENT
RICHMOND POLICE ACTIVITIES LEAGUE 2200 MACDONALD AVE RICHMOND, CA 94801	94-2826455	501(C)(3)	22,000.	0.			ECONOMIC DEVELOPMENT
SAN FRANCISCO FOUNDATION SAN FRANCISCO FOUNDATION 1400 SAN FRANCISCO, CA 94111	01-0679337	501(C)(3)	40,250.	0.			ECONOMIC DEVELOPMENT
ZEN HOSPICE PROJECT INC. 601 VAN NESS AVE SUITE E3-802 SAN FRANCISCO, CA 94102	94-3155375	501(C)(3)	9,900.	0.			ECONOMIC DEVELOPMENT
BRE PIPER MF TIDES CA LLC 233 S WACKER DR #4700 CHICAGO, IL 60606	47-2493754	501(C)(3)	8,728.	0.			ECONOMIC DEVELOPMENT
LOAVES AND FISHES OF CONTRA COSTA 835 FERRY STREET MARTINEZ, CA 94553	68-0018077	501(C)(3)	7,000.	0.			ECONOMIC DEVELOPMENT
WHITE PONY EXPRESS 3380 VINCENT ROAD #107 PLEASANT HILL, CA 94523	46-5220565	501(C)(3)	7,000.	0.			ECONOMIC DEVELOPMENT
PEOPLE WHO CARE CHILDREN ASSOCIATION - 2231 RAILROAD AVE - PITTSBURG, CA 94565	16-1634099	501(C)(3)	7,000.	0.			ECONOMIC DEVELOPMENT
CONTRA COSTA CRISIS CENTER 307 LENNON LN WALNUT CREEK, CA 94598	94-1747227	501(C)(3)	7,000.	0.			ECONOMIC DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTRA COSTA COUNTY:CONTRA COSTA CARES - 1515 CLAY STREET, 6TH FLOOR - OAKLAND, CA 94612	94-6000509	501(C)(3)	6,724.	0.			ECONOMIC DEVELOPMENT
LIFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	94-2502308	501(C)(3)	60,000.	0.			ECONOMIC DEVELOPMENT
ROTACARE BAY AREA INC. PO BOX 2789 SUNNYVALE, CA 94087	77-0328723	501(C)(3)	35,000.	0.			ECONOMIC DEVELOPMENT
BAY AREA LEGAL AID 1735 TELEGRAPH AVENUE OAKLAND, CA 94612	94-1631316	501(C)(3)	50,300.	0.			ECONOMIC DEVELOPMENT
DREAMCATCHERS EMPOWERMENT NETWORK 7590 SHORELINE DRIVE STOCKTON, CA 95219	71-0877008	501(C)(3)	22,576.	0.			ECONOMIC DEVELOPMENT
OPPORTUNITY JUNCTION 3102 DELTA FAIR BLVD ANTIOCH, CA 94509	68-0459131	501(C)(3)	91,777.	0.			ECONOMIC DEVELOPMENT
RICHMOND NEIGHBORHOOD HOUSING SERVICES INC - 12972 SAN PABLO AVE - RICHMOND, CA 94805	94-2791683	501(C)(3)	32,500.	0.			ECONOMIC DEVELOPMENT
THE ACHILLE MARCHESIELLO TRUST 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			32,525.	0.			ECONOMIC DEVELOPMENT
FF HILLS LP 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			28,952.	0.			ECONOMIC DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENLO WESTRIDGE AFFORDABLE PARTNERS - 3260 BLUME DRIVE,SUITE 110 - RICHMOND, CA 94806			23,740.	0.			ECONOMIC DEVELOPMENT
GUARDIAN / KW HILLTOP, LLC 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			21,939.	0.			ECONOMIC DEVELOPMENT
MENLO WESTRIDGE MODERATE APARTMENTS, LP - 3260 BLUME DRIVE,SUITE 110 - RICHMOND, CA 94806			15,942.	0.			ECONOMIC DEVELOPMENT
US REIF SIERRA RIDGE CA LP 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			15,000.	0.			ECONOMIC DEVELOPMENT
LIH LIBERTY VILLAGE APARTMENTS 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			11,548.	0.			ECONOMIC DEVELOPMENT
MONTEREY VENTURE LP 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			8,124.	0.			ECONOMIC DEVELOPMENT
KEENAN HOWARD REALTY INC. 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			8,050.	0.			ECONOMIC DEVELOPMENT
ESSEX PORTFOLIO, L.P. 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			6,763.	0.			ECONOMIC DEVELOPMENT
MENLO AFFORDABLE PARTNERS LP 3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806			6,216.	0.			ECONOMIC DEVELOPMENT

Schedule I (Form 990)

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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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPEND	63	90,653.	0.		
RENTAL ASSISTANCE	28	365,381.	0.		
PROGRAM ASSISTANCE	0	50,396.	0.		

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number

94-3337754

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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.

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990)

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number

94-3337754

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUCCESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HEALTHY RICHMOND: A 10 YEAR PARTNERSHIP TO CREATE MEANINGFUL AND
LASTING IMPROVEMENTS IN THE HEALTH OF CHILDREN AND YOUTH IN RICHMOND.

RICHMOND IS ONE OF 14 COMMUNITIES ACROSS CALIFORNIA TAKING PART IN A
STATEWIDE INITIATIVE CALLED BUILDING HEALTHY COMMUNITIES, SPONSORED BY
THE CALIFORNIA ENDOWMENT. THE PROGRAM COMPLETED A NEIGHBORHOOD
IMPROVEMENT PLAN FOR NORTH RICHMOND, AND IMPACTED HEALTH ACCESS AND
POLICIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OF THE RCF BOARD OF DIRECTORS REVIEWED THE FORM 990.
AFTER THOROUGH REVIEW, THE FINANCE COMMITTEE / BOARD TREASURER PROVIDED THE
FORM 990 TO THE RCF BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. OFFICERS
AND DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM AT THE
BEGINNING OF EACH YEAR. OFFICERS AND DIRECTORS OF RICHMOND COMMUNITY
FOUNDATION ARE ASKED TO MAINTAIN INDEPENDENCE, OBJECTIVITY AND
CONFIDENTIALITY AND TO DO WHAT A SENSE OF FAIRNESS, ETHICS, AND PERSONAL
INTEGRITY DICTATE EVEN THOUGH NOT NECESSARILY OBLIGATED TO DO SO BY LAW,
REGULATION, OR CUSTOM. DIRECTOS AND OFFICERS SERVING ON THE EXECUTIVE

COMMITTEE SHALL REFRAIN FROM VOTING ON A PROPOSED GRANT IF THEY ARE IN A

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

Schedule O (Form 990) 2022

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number

94-3337754

CONFLICT OF INTEREST SITUATION AND, IF APPROPRIATE, SHALL WITHDRAW FROM THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

KEY STAFF ARE EVALUATED ANNUALLY BY THEIR IMMEDIATE SUPERVISOR USING A PERFORMANCE MANAGEMENT TOOL. THE EMPLOYEE COMPLETES THE TOOL, WHICH IS THEN PROVIDED TO THE SUPERVISOR WHO REVIEWS THE TOOL, AND PROVIDES FEEDBACK TO THE EMPLOYEE (WRITTEN AND VERBAL). THIS TOOL IS ALSO USED TO REVIEW GOALS FROM THE PRIOR YEAR AND SET GOALS FOR THE COMING YEAR. THE TOOL ALSO IDENTIFIES TRAINING NEEDS AND OPPORTUNITIES FOR GROWTH. THE PRESIDENT/CEO IS EVALUATED ANNUALLY BY THE BOARD OFFICERS OF THE RCF FOUNDATION. THE CEO PREPARES A WRITTEN EVALUATION BASED ON THE GOALS SET BY THE CEO AND OFFICERS DURING THE PRIOR YEAR. THE OFFICERS REVIEW THE REPORT AND DISCUSS WITH THE CEO, PROVIDE FEEDBACK TO THE CEO, AND GOALS FOR THE COMING YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL-OTHER:

PROGRAM SERVICE EXPENSES	576,780.
MANAGEMENT AND GENERAL EXPENSES	197,573.
FUNDRAISING EXPENSES	13,750.
TOTAL EXPENSES	788,103.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	788,103.

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number

94-3337754

PART XII, LINE 2 C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

RICHMOND COMMUNITY FOUNDATION

Employer identification number
94-3337754

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
RICHMOND HOUSING RENOVATION LLC - 47-3126358 3260 BLUME DRIVE RICHMOND, CA 94806	RENOVATING BLIGHTED PROPERTIES	CALIFORNIA	-37,053.	1,891,718.	RICHMOND COMMUNITY FOUNDATION

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

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

Schedule R (Form 990) 2022

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	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

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

2022

California Exempt Organization Annual Information Return

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022 , and ending (mm/dd/yyyy) 06/30/2023	
Corporation/Organization name RICHMOND COMMUNITY FOUNDATION	California corporation number 2076411
Additional information. See instructions.	FEIN 94-3337754
Street address (suite or room) 3260 BLUME DRIVE, NO. SUITE 110	PMB no.
City RICHMOND	State CA ZIP code 94806
Foreign country name	Foreign province/state/county Foreign postal code

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

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	299,948	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	5,380,722	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	4	5,680,670	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	5,680,670	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	6,417,828	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-737,158	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		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 CEO	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date 05/15/24	Check if self-employed <input type="checkbox"/>	• PTIN P01290862
	Firm's name (or yours, if self-employed) and address APRIO, LLP 150 POST STREET, SUITE 200 SAN FRANCISCO, CA 94108			• Firm's FEIN 57-1157523
				• Telephone 415-777-4488
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	1,140	00
	3	Dividends	•	3	141,784	00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6	65,608	00
	7	Other income	•	7	91,416	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	299,948	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	2,169,343	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	584,185	00
	12	Other salaries and wages	•	12	1,727,991	00
	13	Interest	•	13	69,079	00
	14	Taxes	•	14	196,576	00
	15	Rents	•	15	94,841	00
	16	Depreciation and depletion (See instructions)	•	16	1,213	00
	17	Other expenses and disbursements	•	17	1,574,600	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,417,828	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		2,098,413	•	1,998,506
2 Net accounts receivable		155,220	•	473,019
3 Net notes receivable STMT 7		13,415	•	164,501
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments STMT 8		4,725,345	•	3,703,008
10 a Depreciable assets	8,489		8,489	
b Less accumulated depreciation	(707)	7,782	(1,920)	6,569
11 Land			•	
12 Other assets STMT 9		321,338	•	207,039
13 Total assets		7,321,513		6,552,642
Liabilities and net worth				
14 Accounts payable		612,849	•	291,627
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable		2,482,204	•	3,057,226
18 Other liabilities STMT 10				617
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		4,226,460	•	3,203,172
22 Total liabilities and net worth		7,321,513		6,552,642

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	•	-737,158	7 Income recorded on books this year not included in this return. Attach schedule	•	
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		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		-737,158
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		-737,158			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CONTRA COSTA COUNTY	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		1,030,145.
UWBA	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		740,000.
THE CALIFORNIA ENDOWMENT (TCE)	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		480,000.
CITY OF RICHMOND	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		354,583.
WCC PUBLIC EDUCATION FUND	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		200,000.
ROBIN HOOD	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		407,805.
THE SAN FRANCISCO FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		157,500.
CALSTART	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		131,062.
SILICON VALLEY COMMUNITY FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		100,000.
WEST CONTRA COSTA PUBLIC EDUCATION FUND	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		100,000.
CONTRA COSTA COLLEGE (C)	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		78,000.
DIABLO VALLEY COLLEGE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		75,000.
ZNE ALLIANCE, INC.	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		68,572.
MECHANICS BANK	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806		55,000.

RICHMOND COMMUNITY FOUNDATION

94-3337754

Y&H SODA FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	55,000.
EPA	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	51,751.
STANGELAND, BRUCE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	50,000.
GENSER, JOSHUA & ELAINA SPITAELS-GENSER	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	50,000.
HEISING SIMONS FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	50,000.
KAISER PERMANENTE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	50,000.
ARLINGTON COMMUNITY CHURCH	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	29,947.
STREET, STACEY (C)	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	25,400.
THE PICCININI PESCO FAMILY FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	25,000.
EAST BAY COMMUNITY FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	23,600.
RANKIN, WILLIAM & SALLY	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	20,000.
CHEVRON	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	20,000.
ZELLERBACH FAMILY FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	20,000.
JUSTICE, JUSTICE FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	15,000.
DEBORA AND JOEL SKIDMORE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	10,000.
LUO, ZHEKUN (WISH TO BE ANONYMOUS)	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	10,000.
CHARLOTTE & HY GOODE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	10,000.
VANGUARD CHARITABLE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	10,000.
CALIFORNIA BANK & TRUST	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	10,000.
PG&E	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	10,000.
FOUNDATION FOR CA COMMUNITY COLLEGES TRANSFORM	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	9,100.
LEBLANC, CYNTHIA	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	8,855.
ANTIOCH COMMUNITY FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	7,608.
VARIOUS	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	7,500.
SUSAN RUSSELL	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	7,149.
WEINTRAUB, MELODY HOWE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.
KNOX, ARACELY	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.
OVERAA FAMILY GROUP CHARITABLE TRUST	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.

RICHMOND COMMUNITY FOUNDATION		94-3337754
CHAMBERLIN EDUCATION FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.
LEWIS, EILEEN	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.
RAYMOND JAMES CHARITABLE	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.
RICHARD HEATH & ASSOCIATES, INC.	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.
THE PEMA CHODRON FOUNDATION	3260 BLUME DRIVE,SUITE 110 RICHMOND, CA 94806	5,000.
TOTAL INCLUDED ON LINE 3		4,608,577.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS		STATEMENT 2	
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	65,608.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	65,608.

CA 199	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
MANAGEMENT FEE FROM LLC		60,000.
FEES		31,416.
TOTAL TO FORM 199, PART II, LINE 7		91,416.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 4
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ACTIVITY CLASSIFICATION: PROGRAM SUPPORT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRIGHTER BEGINNINGS	2727 MACDONALD AVE - RICHMOND, CA 94804	NONE	320,220.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COBIZ	1503 MACDONALD AVENUE, SUITE A - RICHMOND, CA 94801	NONE	128,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CCH HOUSING AND HOMELESS SERVICES	2440 BISSO LANE, SUITE D2 - CONCORD, CA 94520	NONE	75,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ABLE COMMUNITY DEVELOPMENT FOUNDATION	1963 CARLSON BLVD - RICHMOND, CA 94804	NONE	60,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LA CLINICA DE LA RAZA	1450 FRUITVALE AVE 3RD FLOOR - OAKLAND, CA 94601	NONE	60,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRIGHTER BEGINNINGS	2727 MACDONALD AVENUE - RICHMOND, CA 94804	NONE	54,458.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MONUMENT IMPACT	1760 CLAYTON RD. - CONCORD, CA 94520	NONE	49,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VILLAGE COMMUNITY RESOURCE CENTER	633 VILLAGE DR - BRENTWOOD, CA 94513	NONE	36,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CATHOLIC CHARITIES OF THE EAST BAY	433 JEFFERSON STREET - OAKLAND, CA 94607	NONE	35,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE LATINA CENTER	3701 BARRETT AVENUE - RICHMOND, CA 94805	NONE	35,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTARY CLUB OF RICHMOND INC.	PO BOX 70643 - RICHMOND, CA 94807	NONE	33,132.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HIJAS DEL CAMPO	144 CONTINENTE AVE #120 - BRENTWOOD, CA 94513	NONE	30,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ACCE INSTITUTE	322 HARBOUR WAY #5 - RICHMOND, CA 94804	NONE	30,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MULTICULTURAL INSTITUTE	1920 7TH ST - BERKELEY, CA 94710	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
REDWOOD COMMUNITY HEALTH COALITION	1310 REDWOOD WAY 135 - PETALUMA, CA 94954	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CERES POLICY RESEARCH	PO BOX 2776 - OAKLAND, CA 94602	NONE	25,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND POLICE ACTIVITIES LEAGUE	2200 MACDONALD AVE - RICHMOND, CA 94801	NONE	22,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO FOUNDATION	SAN FRANCISCO FOUNDATION 1400 - SAN FRANCISCO, CA 94111	NONE	40,250.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ZEN HOSPICE PROJECT INC.	601 VAN NESS AVE SUITE E3-802 - SAN FRANCISCO, CA 94102	NONE	9,900.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRE PIPER MF TIDES CA LLC	233 S WACKER DR #4700 - CHICAGO, IL 60606	NONE	8,729.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOAVES AND FISHES OF CONTRA COSTA	835 FERRY STREET - MARTINEZ, CA 94553	NONE	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WHITE PONY EXPRESS	3380 VINCENT ROAD #107 - PLEASANT HILL, CA 94523	NONE	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PEOPLE WHO CARE CHILDREN ASSOCIATION	2231 RAILROAD AVE - PITTSBURG, CA 94565	NONE	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CONTRA COSTA CRISIS CENTER	307 LENNON LN - WALNUT CREEK, CA 94598	NONE	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CONTRA COSTA COUNTY:CONTRA COSTA CARES	1515 CLAY STREET, 6TH FLOOR - OAKLAND, CA 94612	NONE	6,724.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ESSEX PORTFOLIO, L.P.	2601 HILLTOP DR - RICHMOND, CA 94806	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIFELONG MEDICAL CARE	PO BOX 11247 - BERKELEY, CA 94712	NONE	60,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ROTACARE BAY AREA INC.	PO BOX 2789 - SUNNYVALE, CA 94087	NONE	35,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	525,017.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BAY AREA LEGAL AID	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	50,300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DREAMCATCHERS EMPOWERMENT NETWORK	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	22,576.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPPORTUNITY JUNCTION	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	91,777.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND NEIGHBORHOOD HOUSING SERVICES I	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	32,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE ACHILLE MARCHESIELLO TRUST	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	32,525.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FF HILLS LP	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	28,952.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MENLO WESTRIDGE AFFORDABLE PARTNERS	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	23,740.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GUARDIAN / KW HILLTOP, LLC	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	21,939.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MENLO WESTRIDGE MODERATE APARTMENTS, LP	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	15,942.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
US REIF SIERRA RIDGE CA LP	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	15,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LIH LIBERTY VILLAGE APARTMENTS	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	11,548.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MONTEREY VENTURE LP	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	8,124.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KEENAN HOWARD REALTY INC.	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	8,050.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ESSEX PORTFOLIO, L.P.	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	6,763.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MENLO AFFORDABLE PARTNERS LP	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	6,216.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VALERO PROPERTY MANAGEMENT	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	5,950.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RNHS INC	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	5,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BG ASSET MANAGEMENT INC	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	5,011.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PRIME METROPOLIS PROPERTIES	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SPRE, INC	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BARTELS PROPERTY MANAGEMENT	3260 BLUME DR STE 110 - RICHMOND, CA 94806	NONE	5,000.

TOTAL FOR THIS ACTIVITY	2,169,343.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u>2,169,343.</u>
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 5
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
JIM BECKER 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	CEO 40.00	155,710.
STACY STREET 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	COO 40.00	118,250.
MARIANA MOORE 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	SENIOR DIRECTOR 40.00	112,382.
EMILY LO 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	CONTROLLER 40.00	100,475.
ROXANNE GARZA 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	SENIOR DIRECTOR 40.00	97,368.
LUCINDA BAZILLE 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	CHAIR 5.00	0.
CYNTHIA LEBLANC 3260 BLUME DRIVE, SUITE 110 RICHMOND, CA 94806	IMMEDIATE PAST CHAIR 5.00	0.

RICHMOND COMMUNITY FOUNDATION94-3337754

GREGORY MEDLEY
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

VICECHAIR
5.00

0.

KIT PAPPENHEIMER
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

DIRECTOR
2.00

0.

JENN CLAUSON
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

SECRETARY
5.00

0.

STEPHANIE RIVERA
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

DIRECTOR
2.00

0.

MAGGIE BANC WHITE
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

DIRECTOR
2.00

0.

RICHARD HONG
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

TREASURER
5.00

0.

JORGE REYES
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

DIRECTOR
2.00

0.

KIMBERLY ROGERS
3260 BLUME DRIVE, SUITE 110
RICHMOND, CA 94806

DIRECTOR
2.00

0.

TOTAL TO FORM 199, PART II, LINE 11

584,185.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
INTERFUND ALLOCATIONS-C		62,355.
SUPPLIES		35,884.
STAFF DEVELOPMENT		13,330.
OTHER EXPENSES		4,221.
PENSION PLAN CONTRIBUTIONS		75,590.
OTHER EMPLOYEE BENEFITS		271,798.
LEGAL FEES		82.
INVESTMENT MANAGEMENT FEES		36,695.
OTHER PROFESSIONAL FEES		788,103.
ADVERTISING AND PROMOTION		81.
OFFICE EXPENSES		219,110.
TRAVEL		24,407.
CONFERENCES AND CONVENTIONS		13,939.
INSURANCE		25,232.
ALL OTHER EXPENSES		3,773.
TOTAL TO FORM 199, PART II, LINE 17		1,574,600.

CA 199	NET NOTES RECEIVABLE	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	13,415.	164,501.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	13,415.	164,501.

CA 199	OTHER INVESTMENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PROPERTIES HELD FOR INVESTMENT	1,394,180.	1,050,771.
OTHER PUBLICLY TRADED SECURITIES	3,331,165.	2,652,237.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	4,725,345.	3,703,008.

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	274,685.	141,807.
PREPAID EXPENSES AND DEFERRED CHARGES	46,653.	65,152.
UNDEPOSITED FUNDS	0.	80.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	321,338.	207,039.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD CHARGES	0.	599.
DUE TO RHR	0.	18.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	617.

CA 199	FUND BALANCES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	335,546.	306,194.
NET ASSETS WITH DONOR RESTRICTIONS	3,890,914.	2,896,978.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,226,460.	3,203,172.

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.

RICHMOND COMMUNITY FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

3260 BLUME DRIVE, NO. SUITE 110

Address (Number and Street)

RICHMOND, CA 94806

City or Town, State, and ZIP Code

510-234-1200

Telephone Number

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report

State Charity Registration Number **CT112144**

Corporation or Organization No. **2076411**

Federal Employer ID No. **94-3337754**

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

Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 5,680,670 Noncash Contributions \$ 4,074 Total Assets \$ 6,552,642
Program Expenses \$ 5,346,656 Total Expenses \$ 6,417,828

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

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

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

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

JAMES BECKER

CEO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 12

ENVIRONMENTAL PROTECTION AGENCY
75 HAWTHORNE STREET SAN FRANCISCO, CA 94105
(415) 947-8000

CAL START
501 CANAL BLVD # G, RICHMOND, CA 94804
(510) 307-8700

CITY OF RICHMOND
450 CIVIC CENTER PLAZA RICHMOND, CA 94804
(510) 621-1300

CONTRA COSTA COUNTY
1025 ESCOBAR ST 4TH FLOOR, MARTINEZ, CA 94553
(925) 655-2075

CITY OF ANTIOCH
200 H STREET ANTIOCH, CA 94509
(925) 779-7000