

Forr	. 9	** PUBLIC DISCLOSURE CO		ecome ^{re} ation	ns) 2020 7
		Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and	-		Open to Public Inspection
				UN 30, 2021	
	check if pplicab	c Name of organization		D Employer identifi	cation number
	Arish e	65 CHC: CREATING HEALTHIER COMMUNITIES			
	Hame	Pe Doing business as		13-6167225	
	heitiak		Room/suite	E Telephone numbe	r
	Final return	1199 N. FAIRFAX STREET, SUITE 600		(703)528-100	7
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,690,089.
-	Amen	ALBAANDKIA, VA 22514		H(a) Is this a group r	
	8pp lik pendi	 Name and address of principal officer: TROBAS G. BOGNAMO 		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	100
		empt status: ⊥x 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1)	or 🔝 527		list. See instructions
		te: WWW, HEALTHCHARITIES, ORG		H(c) Group exemption	
	orm o		L Year	of formation: 1957	M State of legal domicile; DC
Pa		Summary Briefly describe the organization's mission or most significant activities: SEE SCI	HEDULE O		
8	1				
anc		Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its not as	cote
Governance	2	Number of other more barrier back (Partic Bart)			16
Gov	3				16
	4 5	Total number of individuals employed in calendar year 2020 (Part V, line 1b)			45
Activities&	6	Total number of individuals employed in calendar year 2020 (Part V, inte 2a)			24
tivi	7 a	Total consistent business around from Data Mill, ashing (D) line 40.		7a	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11		70 7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		21,768,194.	17,931,937.
Revenue	9	Program service revenue (Part VIII, line 2g)		725,664.	656,101.
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		69,634.	78,909.
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		٥.	23,142.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,563,492.	18,690,089.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,466,094.	14,263,556.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		٥.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,167,514.	3,844,797.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		٥.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 282,	642.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,976,070.	1,861,819.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,609,678.	19,970,172.
	19	Revenue less expenses. Subtract line 18 from line 12		953,814.	-1,280,083.
ts or	~	Tatal secola (Dath V. Bas 46)	Be	ginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		22,475,123.	22,607,541. 14,211,810.
Net A		Net assets or fund balances. Subtract line 21 from line 20		9,448,481.	8,395,731.
	art II			,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	v knowledge and belief, it is
		ct, nd gamplete Decleration of preparer (other than officer) is based on all information of wh			, momogo una conor, reio
		Thomas G. Bognanno			/15/21
Sig	n			Date	
Her		THOMAS G. BOGNANNO, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name		Date Check	PTIN
Paid	1	RAYMOND BARBAGALLO Kayal A Backeyelle 20	521.11.081	1:32:30 -05'00' if self-employ	yed P00173692
Prep	arer	Firm's name CHERRY BEKAERT, LLP.		Firm's EIN 🕨	56-0574444
Use	Only	Firm's address 🕨 6116 EXECUTIVE BLVD. SUITE 600			
		ROCKVILLE, MD 20852		Phone no.301	
Мау	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No
0320	01 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2020)

	990 (2020) CHC: CREATING HEALTHIER COMMUNITIES	13-6167225	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🗵 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?	<u> </u>	es 🗵 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 m	easured by expense	IS.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported. 025		
4a	(Code:) (Expenses \$ 16,910,025. Including grants or \$ 14,263,556.) (Revenue	2 (563,104.)
	THE ORGANIZATION DISTRIBUTES FUNDS FROM COMBINED FEDERAL AND PRIVATE		
	SECTOR CAMPAIGNS TO MEMBER HEALTH AGENCIES. PROGRAM SERVICE EXPENSES		
	REFLECT THESE DISBURSEMENTS AND THE EXPENSES DIRECTLY RELATED TO MAKING		
	THESE DISTRIBUTIONS.		
4h	(Code:) (Expenses \$ including grants or 5) (Hevenue	3)
40			
	(noticing grants of \$) (Revenue	3	
4c	(Code:) (Expenses \$) (evenue	·	/
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$) (Revenue \$)	
4e	Total program service expenses 18,910,025.		
40	row program on the expenses	Form	1 990 (2020)

Form 990 (2020) CHC: CREATING HEAL
Part IV Checklist of Required Schedules CHC: CREATING HEALTHIER COMMUNITIES

I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	ľ
-	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	Г
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Г
	public office? If "Yes," complete Schedule C, Part I	3		3
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Г
	during the tax year? If "Yes," complete Schedule C, Part II	4		L
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Г
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		L
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Г
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		L
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Г
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		L
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			t
	Schedule D, Part III	8		L
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			t
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			L
	If "Yes," complete Schedule D, Part IV	9		L
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		t
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		L
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			t
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			Ľ
		11a	x	L
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	TTa		t
,	÷ ,	11b		L
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			┡
2		110		L
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		┢
	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			L
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		┝
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		┡
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	L
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	┡
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			L
	Schedule D, Parts XI and XII	12a		┡
C	Was the organization included in consolidated, independent audited financial statements for the tax year?			L
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	Ļ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Ļ
3	Did the organization maintain an office, employees, or agents outside of the United States?	14a		L
0	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		L
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			L
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		L
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			L
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		L
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			L
	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I	17		L
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			ſ
	1c and 8a? If "Yes," complete Schedule G, Part II	18		L
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Г
	complete Schedule G, Part III	19		
9	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Γ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Г
Ь	· · · · · · · · · · · · · · · · · · ·	_		Г
b	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			L

Form 990 (2020) CHC: CREATING HEALTHIER COMMUNITIES
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		165	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		х
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		A
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	07		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		-
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 21			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c Form	x 990	2020
032004	12-23-20	ronn	550	_cucu)

Part V Statements Regarding Outer Its Filings and Tak Compliance (continued) 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tak Statements, the for the calendar yae andiging with or With the year covered by the regulate to a segle test instructions) 3a 3b 3a Did the organization file all required to adjust enstructions) 3a X bill Tak test one is reported on S2, did the organization file all required to adjust enstructions) 3a X bill Tak, Take at file all or 900 To 10 the isyaar /7 the /6 tim ds, provide an adjustation on Schedule O 3b X bill Tak, Take at file all or 900 To 10 the isyaar /7 the /6 tim ds, provide an adjustation on Schedule O 3b X bill Take, Take at file all or 900 To 10 the isyaar /7 the /6 tim ds, provide an adjustation on Schedule O 3b X bill Take, Take at file all or 900 To 10 the organization that the adjust of the organization that was or is a part to a prohibited tax sheller transcilla Accountly over, a financial Accountly over, a financial Account / bake organization that was organization that was or is a part to a prohibited tax sheller transcillance organization scient was or is a part to a prohibited tax sheller transcillance (adjust tax) the organization scient was organization that the arcmanization and part file gods and sinces provided to the payer? 5a X bill Take, Take that morphane (adjust tak the organization that the organization neace scient for the scient f		990 (2020) CHC: CREATING HEALTHIER COMMUNITIES 13-616722	5	P	age 5
2a Enter the number of employees reported on from W3, Transmittal of Wage and Tax Statement. 2a 45 bit the canadra year ending with or within the year covered by this return 2b X bit the canadra year ending with or within the year covered by this return 2a 3a X bit the canadra is reported on line 2a, did the organization file all required faderal enginements on Schedule O 3a X bit Times, Thas filed a Form 500-T for this year, did the organization have an interest in, or a signitume or other authority over, a financial account y earl, dit the organization have an interest in, or a signitume or other authority over, a financial account is ophibidit tax shelter transaction any time during the tay year? 3a X bit Times, "anal field a Foreign country 'second by the transaction any time during the tay year? 3b X bit any taxable party notify the organization field removes the ransaction at the organization solicit any contributions that were norganization far famable contributions? 3b X bit Times, "auth the organization in fore masses of ST sinde pathy as a contribution any path text second sinde strainable contributions? 3b X bit Times, "auth and times approximation excelses that are normally greater than \$100,000, and did the organization solicit any contribution that were solicits on a were solicits and any time during the tay year? 3c X bit	Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
If etc or the calendar year endrag with or within the year covered by this return Image: The second secon				Yes	No
b If at least one is reported on line 2a, did the organization file all required faderal employment tax returns? 2b X Mote: If the sum of line 1a and 2a is greater than 250, you may be required to <i>e_thic</i> (see instructions) 3a X b If the requiration have unreated business gross income of 5, 1000 or more during the earlied way. 3b X b If Thes, "hast iffied a form 900 If for this year? If "No" to line 3b, provide an explanator on db enduring to called way. 3a X b If Thes, "hast iffied a form 900 If for this year? If "No" to line 3b, provide an explanator on othe authonty over, a financial account's counts (EARP). 5a X See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a X b If any taxable party notify the organization the form 8880.71 5a X b If Thes, "indit the organization is charable contributions and grath the axyear? 5a X b If Thes, "indit the organization is charable contributions or grits were not ax deductible and subtable contributions or grits were not ax deductible and subtable person provide? 5a X b If Thes, "indit the organization is the day on all observice provide? 7a X b If Thes," indit the organization neuron and form sees provide?	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a-file</i> (see instructions) Description 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit 17%s, "hast titled a Form 3000 Tor this year!" M/%s' for line 3g, porticide an explanation on Schedule O 4a X bit 17%s, "hast titled a Form 3000 Tor this year!" M/%s' for line 3g, porticide an explanation on Schedule O 4a X bit 17%s, "hast titled a Form 3000 Tor this year!" M/%s' for line 3g, porticide an explanation on Schedule O 4a X bit 17%s, "hast the organization that two or is a party to a prohibited tax shelts transaction? 5a X bit 2014 organization have annual gross neoghist that zero normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible for the value activation in express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b 7a X bit 16% arganization neixe any partial in exerce 373 from darity as a contribution any traps to prohibite that were required to the partial for the angularization neixel any trans. (directly or indirectly, to pary brain the cost of \$7,7 7a X bit 16% arganization neixel any trans that are contribution any express statement that such contributions or gifts 6b 7a X <				v	
a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X b If "wei," has it field a FG m980/15 for this year? If "No' to fine 3b, provide an explanation on Schedule O 3b	b		2b	~	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 80, provide an explanation on Schedule 0 30 4 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 back account, securities account, or other financial accounts? 4 5 West he organization have an interest in, or a signature or other authority over, a financial state party notify the organization that twos or is a party to a prohibited tax shelter transaction? 5 8 5 West he organization the organization that twos or is a party to a prohibited tax shelter transaction? 5 8 8 6 Does the organization near on anual gross necipits that are normally greater than \$100,000, and did the organization solut were not tax deductible contributions? 6 X 7 Tyse," did the organization near as state account; section 170(c). 8 8 8 9 If "Yes," did the organization near as a state account; section 170(c). 7 X X 10 If "Yes," did the organization near as a state account; section 170(c). 7 X X 10 If "Yes," did the organization notify the party indicate the number of Forms \$282. filed during the year Id 1 11 Tyse," did the organization near as assesses assesses and the organization file Form \$898. File 7 X 11 Tyse," did the organization neare	20		20		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other fanacial account); 4a X b ("Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP), 5a X 5a Was the organization aparty to a prohibited tax sheter transaction at any time during the tax year? 5a X 5b Organization aparty to a prohibited tax sheter transaction at any time during the tax year? 5a X 5b Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween tot tax deductibles 5a X 7b Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween totax deductibles ac shartable contributions and era contributions or gifts were not tax deductibles 7a X 7b Organization receive a payment in eacess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X 8b Of the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7t Tess. 10 the organization neceive any funds, directly or indirectly, to any premiums on a personal benefit contract? 7t X 7t Did the organization neave any funds, directly or indirectly, on a personal benefit con					-
In Transitial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, "inter the name of the foreign country ▶ See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Xas the organization a party to a prohibiled tax shefter transaction? 5a X 5a Was the organization a party to a prohibiled tax shefter transaction? 5a X 5b X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit as charter transaction? 5a X b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X b If Yes, "did the organization neity the donor of the value of the goods or services provided? 7a X b If Yes, "indicate the number of Forms 8282 filed during the year 2d 7d 7a b If Yes, "indicate the number of Forms 8282 filed during the year? 7d 7a 7a b If the organization neeves actinition or advised finds. 7a 7a 7a f If Yes, "indicate the number of Forms 8282 filed during the year? 7d 7a 7a f If Yes, "indicate the number of Forms 8282 filed during the year? 7a 7a 7a f If the organization neeves a contributi	-		30		<u> </u>
b 1 ⁺ Yes," after the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a × 5 Was the organization aptry to a prohibited tax sheler transaction at any time during the tax year? 5a × 6 Did any taxable party notify the organization that it was or is a party to a prohibited tax sheler transaction? 5a × 6 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 chartable contributions? 6a × 7 Organization that deductible? 6a × 6b × 8 If Yes," did the organization coldy with very solicitation an express statement that such contributions or gifts were not tax deductible? 7a × 7a × 9 If Yes," did the organization notift the donor of the value of the goods or services provided to the party? 7a × 7a × 0 If Yes," did the organization notift the donor of the value of the goods or services provided to the party? 7a × 7a × 0 If Yes," did the organization notift the donor advises of tax If Yes," indicate the nument, directly or indirectly, ton parconal benefit contrat?	-10		4a		x
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If "Yes," complete Form 4720, Schedule O.	46				~
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		ir res, complete Porm 4720, Schedule O.	Form	990	(2020)

	990 (2020) CHC: CREATING HEALTHIER COMMUNITIES 13-616722		Р	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	e:
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Sect	ion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following;			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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		х
ect	ION B. POLICIES (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	х	
	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	х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х	
		12b	X	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule Q how this was done.	12b	X	
3	in Schedule O how this was done	12b 12c	X	
	in Schedule O how this was done Did the organization have a written whistleblower policy?	12b 12c 13	x x	
4	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12b 12c	x x x	
4	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12b 12c 13	x x x	
4 5	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	12b 12c 13 14	x x x	
4 5 a	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	12b 12c 13 14 15a	x x x x	
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4 5 b 6a	in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b 16a	x x x x	x
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14 15 b 16a b <u>Sect</u> 17 18	In Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, H1, LL, KS, KY, MD, MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)) for public inspection. Indicate how you made these available. Check all that apply. [x] Own website [x] Another's website [x] Upon request [Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	12b 12c 13 14 15a 15b 16a 16b	x x x x x availa	
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⁻ orm 990 (2		13-6167225	Page 7	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated		
	Employees, and Independent Contractors			
	Check if Schedule O contains a response or note to any line in this Part VII			
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	Ľ		(0	C)	-		(D)	(E)	(F)
Name and title	Average hours per week	box	, unle	Pos heck ss per nd a d	ition more rson i	than a s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trusteeor director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
 THOMAS BOGNANNO 	40.00									
PRESIDENT & CEO		⊢		x				354,115.	٥.	33,697.
(2) MOLLY GRAVHOLT COO & CFO	40.00			x				240,404.	٥.	16,199.
(3) AMANDA PONZAR	40.00									
CHIEF COMMUNICATIONS OFFIC						х		185,111.	٥.	12,467.
(4) SHELLEY HAYES CHIEF ENGAGEMENT OFFICER	40.00					x		176,296.	0.	18,335.
(5) SARAH BUTLER	40.00	⊢	⊢	┝	⊢	A		170,200.	۰.	10,555.
SR DIRECTOR, CORP ENGAGEMENT		L				x		135,380.	٥.	21,151.
(6) LEEANN YANG	40.00	1								
CONTROLLER						х		141,500.	٥.	7,303.
(7) KEVIN CLAYTON	2,00	1								
CHAIR		х		x				0.	0.	0.
(8) ADAM ROTHSCHILD	2.00									
VICE CHAIR		х	⊢	х	┣			٥.	٥.	0.
(9) JILLIAN MERSHON	2,00									
VICE CHAIR (10) LINDA BLOUNT	2.00	х	⊢	X	⊢		-	0.	0.	0.
SECRETARY	2.00	x		x				0.	٥.	0
(11) ERIC JONES	2.00	^	⊢	^	⊢		-	۷.	۰.	0.
TREASURER	2,00	x		x				0.	٥.	0.
(12) ABU M. ARIF	2.00	~	⊢	^	⊢			۰.	۰.	۰.
DIRECTOR	2.00	х						0.	٥.	0.
(13) ALAN NEVEL	2.00		⊢	┝─	⊢			•.	••	•.
DIRECTOR		х						0.	٥.	0.
(14) ALEX CUNNINGHAM	2.00		⊢		⊢					
DIRECTOR		х						٥.	٥.	٥.
(15) CHARLEEDA REDMAN	2.00	\vdash								
DIRECTOR		х						0.	٥.	٥.
(16) DR. SANDRA B. NICHOLS, MD	2.00									
DIRECTOR		х					L	0.	٥.	٥.
(17) ERIN GOLLHOFER	2.00									
DIRECTOR		х						0.	٥.	٥.
032007 12-23-20										Form 990 (2020)

(A) Name and title (B) Provide Hours per Hours pe	Form 990.(2020) CHC: CREATI	ING HEALTHIEF ustees, Key Em						t C	compensated Employee	13-61672. s (continued)	25	P	age 8
Name and title Average week (its are) Desition week (its are) Desition week (its are) Reportable organization from metabolic momentation and related organizations (W2/1099-MISC) Reportable momentation from metabolic momentation and related organization and			1	200							<u> </u>	(E)	
Nours Pour per list disk more the one th					Pos	ition					F		d
(ist arry related or gamination relations (W271099-MISC)		hours per									_		
hours for ganization line) intermediation ganization line) gradination ganization ganization ganization gradination ganization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) from the ganization and related organization (8) JORN M, STANOCH 2.00 X 0 0. 0. 0. 0. (9) KAREN ADDIS 2.00 X 0 0. 0. 0. 0. 0. (10) KAREN SPRUILL 2.00 X 0 0. <td< td=""><td></td><td>week</td><td>offi</td><td>cer ar</td><td>nd á d</td><td>irecto</td><td>r/trust</td><td>(96</td><td>from</td><td>from related</td><td></td><td>other</td><td></td></td<>		week	offi	cer ar	nd á d	irecto	r/trust	(96	from	from related		other	
related organizations below in the second in the secon			dor						the	organizations	con	npensa	tion
8) JORN M, STANOCH 2,00 x 0. <td< td=""><td></td><td></td><td>r dir</td><td></td><td></td><td></td><td>ted</td><td></td><td>÷</td><td>(W-2/1099-MISC)</td><td>1</td><td>rom th</td><td>е</td></td<>			r dir				ted		÷	(W-2/1099-MISC)	1	rom th	е
8) JORN M, STANOCH 2,00 x 0. <td< td=""><td></td><td></td><td>steeo</td><td>ruste</td><td></td><td></td><td>Densa</td><td></td><td>(W-2/1099-MISC)</td><td></td><td></td><td></td><td></td></td<>			steeo	ruste			Densa		(W-2/1099-MISC)				
8) JORN M, STANOCH 2,00 x 0. <td< td=""><td></td><td></td><td>al fra</td><td>onal t</td><td></td><td>loyee</td><td>e og mi</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>			al fra	onal t		loyee	e og mi						
8) JORN M, STANOCH 2,00 x 0. <td< td=""><td></td><td></td><td>dividu</td><td>stituti</td><td>fficer</td><td>ey emp</td><td>mploya</td><td>ormer</td><td></td><td></td><td>org</td><td>anızatı</td><td>ons</td></td<>			dividu	stituti	fficer	ey emp	mploya	ormer			org	anızatı	ons
9) FAREN ADDIS 2.00 x 0. </td <td>8) JOHN M. STANOCH</td> <td>2.00</td> <td>-</td> <td>-</td> <td>0</td> <td>Ŷ</td> <td>τæ</td> <td>ш.</td> <td></td> <td></td> <td>+</td> <td></td> <td></td>	8) JOHN M. STANOCH	2.00	-	-	0	Ŷ	τæ	ш.			+		
RECTOR x <td>RECTOR</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td> <td></td> <td>0.</td>	RECTOR		х						0.	0.			0.
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16) TENBIT EMIRU 2.00 x 0. 0	25) TELEANGE THOMAS	2.00											
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the Subtotal 1,232,806 0. 109,152 c Total (add lines to Part VII, Section A 0. 0. 0. 0. d Total (add lines to and 1c) 0. <td>26) TENBIT EMIRU</td> <td>2.00</td> <td>\mathbf{I}</td> <td> </td> <td></td> <td>[</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	26) TENBIT EMIRU	2.00	\mathbf{I}			[
c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 0. 109,152 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 Image: Complex Schedule J for such individual Image: Complex Schedule J for such individual Yes N 3 Did the organization spreater than \$150,000? If "Yes," complete Schedule J for such individual Image: Compensation from the organization and reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Image: Complex Schedule J for such person Image: Complex Schedule J for such perso	RECTOR		х								·		0.
d Total (add lines tb and tc) 1,232,806. 0. 109,15: 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes N 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such organization or individual for services 5 X iection 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. C 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services Compensation 175 K ST NW STE 400, WASHINGTON, DC 20006 CONSULTING 124,223 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>►</td><td></td><td></td><td>·</td><td>109,</td><td></td></t<>								►			·	109,	
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 x 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		i not limited to th	nose	liste	d at	ove) wh	o re	eceived more than \$100,	000 of reportable			6
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line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X iection B. Independent Contractors 1 1 1 1 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. (6) (C) Name and business address Description of services Compensation VOBWORLD 124, 225 1 1 75 K ST NW STE 400, WASHINGTON, DC 20006 CONSULTING 124, 225 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1	B Did the organization list any former offic	er, director, trus	tee. I	kev (ampi	love	e. or	hic	hest compensated empl	ovee on			110
A For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual So Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Compensation Description of services (A) (B) (C) Compensation Description of services (A) (B) (C) (C) (D)									, , ,	,	2		x
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 0 (B) (C) Compensation 0 Name and business address Description of services Compensation 0 0 CONSULTING 124,223 0 0 0 0 0 27 Total number of independent contractors (including but not limited to those listed above) who received more than 0 0													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X section B. Independent Contractors 6 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. (C) (A) (B) (C) Name and business address Description of services Compensation VODWORLD 124,225 124,225 175 K ST NW STE 400, WASHINGTON, DC 20006 CONSULTING 124,225 124 Consult of independent contractors (including but not limited to those listed above) who received more than 124,225									,	*	4	х	
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 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) (B) (C) Name and business address Description of services Compensation NODWORLD CONSULTING 124,223 175 K ST NW STE 400, WASHINGTON, DC 20006 CONSULTING 124,223 2 Total number of independent contractors (including but not limited to those listed above) who received more than 10											-7		
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) (B) (C) Name and business address Description of services Compensation XODWORLD CONSULTING 124,229 2 Total number of independent contractors (including but not limited to those listed above) who received more than Construction of services	p .					-			*		5		х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation XODWORLD CONSULTING 124,229 X75 K ST NW STE 400, WASHINGTON, DC 20006 CONSULTING 124,229 X00 CONSULTING 124,229 X01 CONSULTING 124,229 X02 CONSULTING CONSULTING X03 CONSULTING CONSULTING				<u>ər ə</u>	a ser i i	1010	- 1 - C						
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Name and business address Description of services Compensation DODWORLD CONSULTING 124,229 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2	the organization. Report compensation for	or the calendar y	ear e	endir	ng w	ith c	or wit	thir		ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than		ee addrees								entices	(C)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than 124,225		33 audress						_	Description of s	G 1000	Compe	สารสมเบ	
Total number of independent contractors (including but not limited to those listed above) who received more than		C 20006							CONSULTING			124	229.
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\$100,000 of compensation from the organization 1	Total number of index or deut contractor	feeludies but -	une II-	an là -	d the s	these	a lin	lor	about the second and	we then			

Form 990 (<u>20</u> 20)
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CHC: CREATING HEALTHIER COMMUNITIES

	990 (2 VIII		HIER COMMUNIT	100		13-616722	5 Page
art		Check if Schedule O contains a response	or note to any line	in this Part VIII			
		Check in Schedule O Contains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded
and Other Similar Amounts	b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	17,516,797. 55,259.				
nd Other	g	All other contributions, gifts, grants, and similar amounts not included above	359,881.	17,931,937.			
	n		Business Code				
	2 a	APPLICATION FEES	561000	448,292.	448,292.		
	- u	MANAGEMENT FEES	561000	180,312.	180,312.		
an		GENERAL PROMOTION	561000	27,497.	27,497.		
Bevenue	d			,			
ä	e						
	f	All other program service revenue					
		Total. Add lines 2a-2f		656,101.			
╈	3	Investment income (including dividends, intere		1			
	-	other similar amounts)		78,909.			78,90
	4	Income from investment of tax-exempt bond p					
	5	Royalties	•				
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a 16,139.					
		Less: rental expenses 6b 0.	<u> </u>				
		Rental income or (loss) 6c 16,139.	<u> </u>				
		Net rental income or (loss)	•	16,139.			16,13
		Gross amount from sales of (i) Securities	(ii) Other	,			,
	<i>i</i> a	assets other than inventory 7a	(
	ь	Less: cost or other basis	<u> </u>				
2		and sales expenses					
aniiaaau	6	Gain or (loss) 7c	<u> </u>				
5		Net gain or (loss)					
		Gross income from fundraising events (not					
	0 4	including \$ of					
1		contributions reported on line 1c). See					
		Part IV, line 18					
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
	U u	Part IV, line 19 9a					
	ь	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less returns					
Т	u	and allowances 10a					
	h	Less: cost of goods sold 10t					
		Net income or (loss) from sales of inventory					
╋	0	net around or good non able of inventory	Business Code				
Ι.	11 ~		20011000 0000				
e 1	11 a		┝────┼				
Revenue	b		┝────┤				
Bevenue	c		900099	7 0.03	2 0.03		
		All other revenue		7,003.	7,003.		
1	е	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	7,003.			95,048

CHC: CREATING HEALTHIER COMMUNITIES Form 990 (2020) CHC: CREATING HEALT

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

		e or note to any line in t		<i>I</i> /A\ I	·····
	not include amounts reported on lines 6b, 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	14,263,556.	14,263,556.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	563,692.	462,228.	67,643.	33,821.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,583,597.	2,118,550.	310,031.	155,016.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	201,617.	165,326.	24,194.	12,097.
9	Other employee benefits	275,326.	225,767.	33,039.	16,520.
10	Payroll taxes	220,565.	180,863.	26,468.	13,234.
11	Fees for services (nonemployees):				
	Management				
	Legal	110,886.	93,165.	15,545.	2,176.
	Accounting	72,910.	61,258.	10,221.	1,431.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,658.		10,658.	
g					
	column (A) amount, list line 11g expenses on Sch 0.)	425,611.	355,680.	60,607.	9,324.
12	Advertising and promotion	50,860.	41,705.	6,103.	3,052.
13	Office expenses	448,296.	381,911.	44,547.	21,838.
14	Information technology				
15	Royalties				
16	Occupancy	309,511.	263,038.	46,381.	92.
17	Travel	2,635.	2,197.	313.	125.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	208,242.	105,881.	102,031.	330.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,985.	18,028.	2,638.	1,319.
23	Insurance	35,427.	29,050.	4,251.	2,126.
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 0.)				
а	DUES AND FEES	164,798.	141,822.	12,835.	10,141.
b		,,	,	,,	,
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,970,172.	18,910,025.	777,505.	282,642.
26	Joint costs. Complete this line only if the organization		,,,,	,,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

CHC: CREATING HEALTHIER COMMUNITIES

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	End of year
2			2	7,959,234,
3			3	11,936,817,
4	Accounts receivable, net		4	163,113
5			1	,
ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6			Ŭ	
ľ	under eastion 4059(9/4)), and nemana described in castion 4059(a)(9)(9)		6	
₀ 7			7	
Assets 8 8	Inventories for sale or use		8	
8 9		00 044	9	119,257
-	a Land, buildings, and equipment: cost or other		Ŭ	,
1.00	basis. Complete Part VI of Schedule D 10a 110, 2	80.		
	b Less: accumulated depreciation 10b 95,6		10c	14,637
11	Investments - publicly traded securities	2,058,100.	11	2,364,342
12			12	, ,
13			13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	258,435.	15	50,141
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	22,607,541
17	Accounts payable and accrued expenses		17	2,154,670
18	Grants payable		18	12,057,140
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
. 22				
2 Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
Inde	controlled entity or family member of any of these persons		22	
ے 23			23	
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		25	
26	Total liabilities. Add lines 17 through 25	13,026,642.	26	14,211,810
	Organizations that follow FASB ASC 958, check here 🕨 🔽			
Ses	and complete lines 27, 28, 32, and 33.			
ŭ 27	Net assets without donor restrictions	9,448,481.	27	8,395,731
m 28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here 🕨 📖			
Ē	and complete lines 29 through 33.			
b 0 29	Capital stock or trust principal, or current funds		29	
5 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 27 28 27 28 27 28 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Retained earnings, endowment, accumulated income, or other funds		31	
ğ 32	Total net assets or fund balances	9,448,481.	32	8,395,731
33	Total liabilities and net assets/fund balances	22 4/5 123	33	22,607,541, Form 990 (2020

Form 990 (2020)

Form	1990 (2020) CHC: CREATING HEALTHIER COMMUNITIES	13-6167225	;	Page	12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			L	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		590,00	
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,9	970,1	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,2	280,00	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,4	148,40	81.
5	Net unrealized gains (losses) on investments	5	2	227,3	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	8,3	395,73	31.
Pa	rt XII Financial Statements and Reporting			-	_
	Check if Schedule O contains a response or note to any line in this Part XII			L	
1	Accounting method used to prepare the Form 990: Cash Accrual Other	[Ť	Yes	No
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		x
za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	100.0	Za		
	separate basis Consolidated basis Consolidated basis Both consolidated and separate basis	Iona			
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	90.00	

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)	Complete if the organ 49	Public Charity Status and Public Support nplete 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.					OMB No. 1545-0047 2020 Open to Public
	- v	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Name of the organizatio						Employer	identification number
Part I Reason fo	CHC: CREATING HEALTH		complete t	nis part.) S	ee instruction	S.	13-6167225
	private foundation because it is: (vention of churches, or association		,	,	ινανο		
	ribed in section 170(b)(1)(A)(ii).				·//~///		
•	cooperative hospital service org				i).		
	arch organization operated in co)(iii). Enter	the hospital's name,
city, and state:	• •						
5 🗌 An organizatio	n operated for the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
section 170(b)(1)(A)(iv). (Complete Part II.)						
6 A federal, state 7 X An organizatio	e, or local government or governr n that normally receives a substa	mental unit described in Intial part of its support fi	section 1 rom a gove	7 0(b)(1)(A) ernmental	(v). unit or from th	ne general j	public described in
section 170(b)	((1)(A)(vi). (Complete Part II.)						
8 A community t	rust described in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 An agricultural	research organization described	in section 170(b)(1)(A)(ix) operat	ed in conju	inction with a	land-grant	college
or university or	r a non-land-grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
university:							
	n that normally receives (1) more						•
	ed to its exempt functions, subject		1 /				•
	related business taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
	09(a)(2). (Complete Part III.)		(04-1441		
	n organized and operated exclus		-			un cout the	numeros of one or
An organizatio	n organized and operated exclus supported organizations describe					,	
	igh 12d that describes the type of						Sheck the box in
	pporting organization operated, s						aivina
	d organization(s) the power to re	-		-			
	You must complete Part IV, Se		i majority t	n the three	1013 01 (10310)	55 01 116 30	pporting
	porting organization supervised		tion with it	s supporte	d organizatio	n(s), by hav	vina
	anagement of the supporting org				2		5
	(s). You must complete Part IV,						
c 🗌 Type III fund	tionally integrated. A supportin	ng organization operated	in connec	tion with, a	and functional	ly integrate	ed with,
its supported	d organization(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d 📖 Type III non	-functionally integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organi:	zation(s)
that is not fu	nctionally integrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness
requirement	(see instructions). You must co	mplete Part IV, Sections	s A and D,	and Part	v .		
	ox if the organization received a				Type I, Type	II, Type III	
	ntegrated, or Type III non-functio	nally integrated supporti	ng organiz	ation.			
g Provide the followin (i) Name of suppor	g information about the supporte ted (ii) EIN	ed organization(s). (iii) Type of organization	(n) is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other
organization	(1)	(described on lines 1-10	in your govern Yes	ing document? No	support (see in	,	support (see instructions)
-		above (see instructions))	105			· · · · · ·	

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	33,135,957.	27,020,688.	21,322,342.	21,768,194.	17,931,937.	121,179,118.
2	Tax revenues levied for the organ-						
	ization'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	33,135,957.	27,020,688.	21,322,342.	21,768,194.	17,931,937.	121,179,118.
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.						121,179,118.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	33,135,957.	27,020,688.	21,322,342.	21,768,194.	17,931,937.	121,179,118.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	77,122.	88,612.	74,501.	71,735.	78,909.	390,879.
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.)					7,003.	7,003.
11	Total support. Add lines 7 through 10					,	121,577,000.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	4,827,151.
	First 5 years. If the Form 990 is for th			ourth. or fifth tax v	/ear as a section 5		, , ,
	organization, check this box and stop	-				1-71-7	
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (I			olumn (f))		14	99.67 %
	Public support percentage from 2019					15	99.73 %
	33 1/3% support test - 2020. If the o					ore, check this bo	x and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2019. If the o		-				
	and stop here. The organization qual	5					\blacktriangleright
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the fact	5			, , ,		
	meets the facts and circumstances te						\blacktriangleright
b	10% -facts-and-circumstances test	•			•	7a, and line 15 is	10% or
~	more, and if the organization meets th						
	organization meets the facts-and-circu						\blacktriangleright
18	Private foundation. If the organizatio			, , ,			,►□

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here				-		
Se	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
16						16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
Ł	33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and sf	top here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ins	tructions	
03203	23 01-25-21				Sch	edule A (Form 990	or 990-EZ) 2020

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

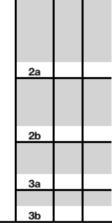
	105	110	
1			
2			
3a			
3b			
3c			
4a			
4b			
4c			
5a			
5b			
5c			
6			
7			
8			
9a			
9b			
9c			
10a			
10b			

	dule A (Form 990 or 990-EZ) 2020	13-6167225	Pa	age 5
Pa	t IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	detail in Part VI.	11c		
Sec	tion 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 on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	uers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	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,			
500	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vec	No
	Did the exception provide to each of its supported exceptions, by the last day of the fifth month of the		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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		uctions)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below.	ucuons).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	v (see instruction	19)	
ຸັ	Activities Test. Answer lines 2a and 2b below.	7 1000 matruction		No
2			Yes	No
а	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 "Ver " then in Part VI identify			
	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	0.5		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement	2a		

activities described in line 2a, above, constitute activities that, but for the organ on's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer 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.

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.



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

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

let short-term capital gain Recoveries of prior-year distributions	1		
Recoveries of prior-year distributions			
	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
naintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
werage monthly value of securities	1a		
werage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
explain in detail in Part VI):			
acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ee instructions).	4		
let value of non-exempt-use assets (subtract line 4 from line 3)	5		
Aultiply line 5 by 0.035.	6		
	7		
Ainimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
inter 0.85 of line 1.	2		
linimum asset amount for prior year (from Section B, line 8, column A)	3		
	4		
	5		
	6		
	collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Dther expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) In B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Fotal (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors <i>explain in detail in</i> Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) In C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter 0.85 of line 2 or line 3. ncome tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to amergency temporary reduction (see instructions).	collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of other non-exempt-use assets 1c Fotal (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Vet value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Multiply line 5 by 0.035. 6 Recoveries of prior-year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum Asset Amount for prior year (from Section B, line 8, colum	collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of securities 1b air market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 Subtract line 2 from line 1d. 3 Cash demed held for exempt use. Enter 0.015 of line 3 (for greater amount, tee instructions). 4 Vet value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 n C - Distributable Amount 2 Villinimum Asset Amount (add line 7 to line 6) 8 n C - Distributable Amount 2 Villinimum Asset amount for prior year (from Section A, line 8, column A)

instructions).

Type III Non-Functionally Integrated 509 on D - Distributions Amounts paid to supported organizations to accomplish exe	(a)(3) Supporting Orga	nizations (continu	ied)	
Amounts paid to supported organizations to accomplish exer				Current Year
Thedrice paid to supported organizations to aboomphon exe	mpt purposes		1	
Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
Other distributions (describe in Part VI). See instructions.			6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which the	ne organization is responsive			
(provide details in Part VI). See instructions.			8	
Distributable amount for 2020 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
Distributable amount for 2020 from Section C, line 6				
Underdistributions, if any, for years prior to 2020 (reason-				
From 2015				
From 2016				
From 2017				
From 2018				
From 2019				
Total of lines 3a through 3e				
Carryover from 2015 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2020 from Section D,				
line 7: \$				
Applied to underdistributions of prior years				
Applied to 2020 distributable amount				
Remainder. Subtract lines 4a and 4b from line 4.				
Remaining underdistributions for years prior to 2020, if				
, , , , , , , , , , , , , , , , , , , ,				
*				
Excess distributions carryover to 2021. Add lines 3j				
and 4c.				
Excess from 2020				
	Qualified set-aside amounts (prior IRS approval required - pri Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reason- able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2017 From 2018 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2020 distributable amount Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 4. Remaining underdistributions for years prior to 2020, if and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Recess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2018 Excess from 2018	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - exolain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2018 From 2018 Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 form Section D, line 7: \$ Applied to underdistributions for years prior to 2020, if any. Subtract lines 3g and 4 from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4 from line 4. Remain	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (more details in Part VI). See instructions. Distribution allocations (see instructions) (i) Excess Distributions (ii) Outderdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. (iii) Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2016 From 2017 Image: Cause and Cause	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI): See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution Allocations (see instructions) (i) Underdistributions. 9 Distributable amount for 2020 from Section C, line 6 (ii) Underdistributions. 9 Underdistributions, if any, for years prior to 2020 (reason-able cause required - applain in Part VI). See instructions. 5 5 From 2016

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2020 AMOUNT: \$ 7,003.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

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

	OMB No. 1545-0047
	2020
nolover identification number	

Name of the organization CHC: CREATING HEALTHIER COMMUNITIES

Employer	identification	nur
13-61	67225	

Filers of:	Section:
Form 990 or 990-EZ	x 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Organization type (check one):

or 990-PF)

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

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of	organization
---------	--------------

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

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		\$1,272,473.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$412,216.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$524,887.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,250,198.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	rganization		Employ	ver identification number
HC: CRE	ATING HEALTHIER COMMUNITIES		13	-6167225
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed	ł.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		s		
		*		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received

No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
— -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2020)		Page 4						
Name of org	ganization		Employer identification number						
CHC: CREA	TING HEALTHIER COMMUNITIES		13-6167225						
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations \$5 for the year. [Enter this info. ance.] \$						
(a) No.	Use duplicate copies of Part III if additional	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			_ [
— I			<u> </u>						
L									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
Г									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
			<u> </u>						
F	(e) Transfer of gift								
F	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			— ———						
—									
- F									
		(e) Transfer of gift							
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
	·								
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
- Cart I									
<u> </u>			<u> </u>						
			— ———						
Г	(e) Transfer of gift								
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee						
F	mansieree s name, auuress, a		Relationship of a disterior to a disteree						

SC	HEDULE D	Supplemental	I Financial Sta	atements		OMB No. 1545-0047				
(Form	n 990)	► Complete if the organ Part IV, line 6, 7, 8, 9, 10,	nization answered "Yes	" on Form 990,		2020				
	ment of the Treasury	► A	ttach to Form 990.			Open to Public Inspection				
	Inspection Employer identification num									
Nam	CHC: CREATING HEALTHIER COMMUNITIES 13-6167225									
Pa	rt I Organiza	ations Maintaining Donor Advised	Funds or Other Sil	nilar Funds or Ac	coun	Complete if the				
	organizatio	on answered "Yes" on Form 990, Part IV, line								
		L	(a) Donor advised	funds (b) Func	is and other accounts				
1		nd of year								
2		of contributions to (during year)								
3		of grants from (during year)								
4 5		at end of year on inform all donors and donor advisors in w	riting that the secole held	Lin donor advised fund	le					
5		on's property, subject to the organization's e				Yes No				
6	Did the organizatio	on inform all grantees, donors, and donor ad	visors in writing that grar	t funds can be used or	nly					
	for charitable purp	poses and not for the benefit of the donor or	donor advisor, or for any	other purpose conferri	ng					
	impermissible priv	/ate benefit?				Yes No				
Pa		vation Easements. Complete if the orga		on Form 990, Part IV,	line 7.					
1		servation easements held by the organization		Dressprintian of a bisto	alaallari	www.eutentland.euen				
		n of land for public use (for example, recreation of natural habitat	on or education)	Preservation of a histo Preservation of a certil		,				
		n of open space		rieselvation of a certil	lieu liib	tone structure				
2		a through 2d if the organization held a qualifie	d conconstion contribut	ion in the form of a cor	ac on inti	on accoment on the last				
2	day of the tax year	0 0 1	ed conservation contribui	ion in the form of a cor		Held at the End of the Tax Year				
а	, ,				2a	field at the Lind of the Tax Tear				
b		ricted by conservation easements			2b					
c		vation easements on a certified historic struc			2c					
d		vation easements included in (c) acquired aft								
	listed in the Natior	nal Register			2d					
3		vation easements modified, transferred, relea			zation c	during the tax				
	year 🕨 🔄									
4		where property subject to conservation ease								
5		ation have a written policy regarding the perio				Yes No				
		forcement of the conservation easements it h er hours devoted to monitoring, inspecting, ha								
6		r hours devoted to monitoring, inspecting, hi	anding of violations, and	enforcing conservation	rieasei	nents during the year				
7	Amount of expens	ses incurred in monitoring, inspecting, handli	ng of violations, and enfo	rcing conservation eas	sements	s during the year				
-	▶\$..						
8	Does each conser	vation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(B)(0					
	and section 170(h)(4)(B)(ii)?				Yes No				
9		be how the organization reports conservation		,						
		d include, if applicable, the text of the footno	te to the organization's f	nancial statements tha	at descr	ibes the				
Da		counting for conservation easements. ations Maintaining Collections of A	Art Historical Troa	euroe or Othor Si	imilar	Accote				
ra		if the organization answered "Yes" on Form 9		sures, or other si	minar	A55615.				
19		elected, as permitted under FASB ASC 958,		ue statement and hala	nce sh	eet works				
ia		easures, or other similar assets held for publi								
		Part XIII the text of the footnote to its finance			00 01 p					
b		elected, as permitted under FASB ASC 958,			sheet	works of				
	*	sures, or other similar assets held for public e								
		ing amounts relating to these items:								
		ded on Form 990, Part VIII, line 1			▶ \$	3				
		ed in Form 990, Part X			► \$	j				
2		received or held works of art, historical treas			provide					
	*	unts required to be reported under FASB AS	÷							
		I on Form 990, Part VIII, line 1								
		n Form 990, Part X			<u>► </u>					
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	for Form 990.			Schedule D (Form 990) 2020				

Sche	hedule D (Form 990) 2020 CHC: CREATING HEALTHIER COMMUNITIES 13-6167225 Page 2					Page 2				
Pa	t III Organizations Maintaining Co	ellections of Ar	t, Histo	rical Tre	asures, o	r Other	Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check a	iny of the f	ollowing that	t make si	gnificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	c	I 🗆 L	oan or exc	hange progra	am				
b	Scholarly research	e	, 🗌 o	ther						
с	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	how the	v further th	e organizatio	on's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be main	ntained as part of t	he organiz	ation's col	llection?				Yes	No No
Pa	t IV Escrow and Custodial Arrang	ements. Compl	ete if the o	organizatio	n answered '	"Yes" on	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Part			-						
1a	Is the organization an agent, trustee, custodia on Form 990, Part X?								Yes	No
	If "Yes," explain the arrangement in Part XIII a								1.62	
D	If "res," explain the arrangement in Part XIII a	na complete the lo	lowing tai	ole:					Amount	
	Pegipping balance						10		Amount	
c d	Additions during the year									
a	Additions during the year									
е 4	Distributions during the year						1e			
20	Ending balance Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. C						-			
	t V Endowment Funds. Complete if	the organization ar	swored "	las been	rm 990 Part	IV line 1	0			
		(a) Current year		or year	(c) Two year			ears hack	(e) Four	years back
1a	Beginning of year balance	(a) content year	(6)	or your	(c) mo you	10 buon	(4) 11100)	ouro buon	(0) 1 0 0	Joars baok
h	Contributions									
č	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end halanc	a /line 1a	column (a)) held as:					
a	Board designated or quasi-endowment	,	% %	column (a)	n neiu as.					
b	Permanent endowment	%								
	Term endowment	6								
C	The percentages on lines 2a, 2b, and 2c should	d equal 100%								
39	Are there endowment funds not in the posses		tion that	are held an	nd administer	ed for th	e organiz:	ation		
Ja	by:	sion of the organize	thorn that i	are note an		0010101	o organiza	1001	Г	Yes No
	(i) Unrelated organizations								3a(i)	103 110
	(ii) Related organizations								3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organizati								3b	
4	Describe in Part XIII the intended uses of the c								00	
<u> </u>	t VI Land, Buildings, and Equipme		Contract rul							
	Complete if the organization answered), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or c			or other		ccumulate	ed	(d) Book	value
	· · · · · · · · · · · · · · · · · · ·	basis (investr			(other)		preciation			
1a	Land		†							
b	Buildings									
с	Leasehold improvements									
d					110,280.		95,	643.		14,637.
e	Other									
_										

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

► 14,637. Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	CHC:	CREATING	HEALTHIER	COMMUNITIES
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Part VII Investments - Other Securitie	es.
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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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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.)	
Dent V Others Liebilities	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col. (B) line 25.)	

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....

Park III Deconciliation of Revenue per Audited Financial Statements With Revenue per Return. Computed in the cognization answerd "Yes" of norm 900, Part VII, Ine 12: 1 1 4 4, 935, 933, 933, 933, 933, 933, 933, 933	Sche	dule D (Form 990) 2020 CHC: CREATING HEALTHIER COMMUNITIES			13-6167225	Page 4
1 Total revenue, pairs, and other support per audited financial statements 1 4,995,935. 2 Amounts included on financial statements 20 227,333. 2 Denated services and use of facilities 20 320. 3 Bubtract interval 20 320. 20 4 Amounts included on form 900, Part VIII, Ime 12: 20 342.072. 20 5 Bubtract inte 24 from 11ine 1 20 342.072. 20 559,405. 3 Subtract line 24 from 900, Part VIII, Ime 12: but not on line 1: 20 344.426.534. 44.426.534. 4 Amounts included on Form 900, Part VIII, Ime 70 44 44 14.263.555. 6 14.263.955. 5 Total expenses and loses per audited financial statements 6 14.263.955. 6 14.263.955. 2 Amounts included on in Part Nuil 7 10	Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
2 Anounts included on ine 1 but not on Ferm 900, Part VII, Ine 12: 2a 227, 333, 2b a Met urwaibing damin (losse) on investments 2a 2a 2a a Donated services and use of facilities 2a 342, 072; 2a 569, 405, a Add lines 2a through 2d 342, 072; 2a 569, 405, 3 4, 428, 534; a Add lines 4a through 2d 342, 072; 2a 569, 405, 3 4, 428, 534; a Anounts included on Form 900, Part VIII, Iline 7D, 4a 4a 14, 263, 555, 4a 5, 706, 617, B Total revenues. Add lines 3 and 4c. (This must ensult Form 900, Part IV, line 12a. 1 5, 706, 617, Complete 1ft the organization answered "Vei" on Form 900, Part IV, line 12a. 1 5, 706, 617, Complete The organization answered "Vei" on Form 900, Part IV, line 12a. 1 5, 706, 617, Complete The organization answered "Vei" on Form 900, Part IV, line 12a. 1 5, 706, 617, Complete The organization answered "Vei" on Form 900, Part IV, line 12a. 1 5, 706, 617, Combor losses 2a 2a 0, 3 5, 706, 617, Co		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
a Net unrealized gains (posses) on investments 22 27, 233. 22 22, 233. 22 22, 233. 22 22, 233. 22 22, 233. 22 342, 072. 6 Add lines 2a frowigh 2d . 7 Anounts included on Form 900, Part VIII, Ime 7D 44 1 10 Other (Describe in Part XIII) 44 1 14 44 14, 263, 255. 5 Total revenue. Add lines 3a of 46. (<i>This must ensul Form 900, Part I, Ijme 12</i>) Part XIII For Conciliation of Expenses per Audited Financial Statements With Expenses per Return. Computed in the organization of Expenses per Audited Financial Statements With Expenses per Return. Computed in the organization and exercitive of Part VIII, Ime 7D 44 1 1 Total expenses and losses per audited financial statements with Expenses per Return. Computed on in the 1 Num of Part VIII, Ime 7D 44 1 1 Total expenses and losses per audited financial statements with Expenses per Return. Computed on in the 1 Num of Part VIII, Ime 25: 2 Anounts included on in the 1 Num of Part VIII, Ime 25: 2 Anounts included on in the 1 Num of Part VIII Ime 25: 2 Anounts included on Form 900, Part VIII, Ime 25: 2 Anounts included on Form 900, Part VIII, Ime 25: 2 Anounts included on Form 900, Part VIII, Ime 25: 3 Subtract Ime 2 from Ime 1 4 Anounts included on Form 900, Part VIII, Ime 25: 3 Subtract Ime 2 from Ime 1 4 Anounts included on Form 900, Part VIII, Ime 7D 44 4 D 34, 243, 255. 5 Tail expenses Add lows 3 and 46. (<i>This must exaal Form 900, Part VII</i> , Ime 7D 44 4 D 34, 243, 255. 5 Tail expenses Add lows 3 and 46. (<i>This must exaal Form 900, Part VII</i> , Ime 7D 44 4 D 34, 243, 253, 555. 5 Tail expenses Add lows 3 and 46. (<i>This must exaal Form 900, Part VII</i> , Ime 7D 44 4 D 34, 243, 253, 555. 5 Tail expenses Add lows 3 and 46. (<i>This must exaal Form 900, Part VII</i> , Ime 7D 44 4 D 34, 243, 253, 555. 5 Tail expenses Add lows 3 and 46. (<i>This must exaal Form 900, Part VII</i> , Ime 7D 44 5 J 776, 617. 4 Anounts included on Form 900, Part VIII, Ime 7D 470. 5 D 706, 617. 5 Tail expenses Add lows 3 and 46. (<i>This must exaal Form 900, Part VII</i> , Ime 7D 40 40 4	1	Total revenue, gains, and other support per audited financial statements			1	4,995,939.
b Donated services and use of facilities 20 20 342,072. c Add lines 2a through 2d 342,072. 2a 559,405. c Add lines 2a through 2d 342,072. 2a 559,405. c Add lines 2a through 2d 342,072. 344,072. 344,072. c Amounts included on Form 900, Part Will, line 7D. 4a 4a 4.426,534. d Amounts included on Form 900, Part Will, line 7D. 4a 4a 4.426,555. c 14,690,083. Fact Will Reconciliation on Chappeness per Return. Complete if the organization answered Yes' on Form 900, Part IV, line 12a. 1 5,706,617. d Total avenue. Add lines 3 and 4e. (The must equal Form 900, Part IV, line 12a. 1 5,706,617. d Total avenues and loss end attaments 1 5,706,617. d Amounts included on Form 900, Part IV, line 12a. 1 5,706,617. d Other (Describe in Part Xill) 2a 0. 3 5,706,617. d Other (Describe in Part Xill) 2a 0. 3 5,706,617. d Other (Describe in Part Xill) 2a 2	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c Recoveries of prior year grants 22 342, 072; 6 Add lines 2a through 2d 342, 072; 7 Subtract line 26 from line 1 8 Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: 8 Investment expenses not included on Form 990, Part VIII, line 7D 44 14 263, 555; 9 Other (Describe in Part XIII) 9 Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 1 Total expenses and included on Form 990, Part VIII, line 7D 44 14 263, 555; 1 Add lines 4a and 4b 5 1 Total expenses per Audited Financial Statements 2 Total expenses and losses per audited financial statements 2 Amounts included on line 1: 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1: 2 Amounts included on line 1: 2 Amounts included on line 1: 2 Amounts included on line 1: 3 S, 706, 617; 2 Amounts included on line 1: 3 S, 706, 617; 4 Add lines 2 at through 2 Add lines 3 and 46; (This must equal Form 990, Part I, line 25; 4 Add lines 2 at through 2 Add lines 3 and 46; (This must equal form 990, Part I, line 2 B, add lines 3 and 46; (This must equal form 990, Part I, line 2 B, add lines 3 and 46; (This must equal form 990, Part I, line 2 B, add lines 3 and 46; (This must equal form 990, Part I, line 1: 3 Investment expenses and lines 3 and 46; (This must equal form 990, Part I, line 18; add lines 1; add lines 3 and 40; add lines 3, dia 0; Part II, lines 3, dia 0; Part II, lines 1; add lines 1; add lines 2 and 4b; add lines 3, dia 0; Part II, lines 1; add lines 1; add lines 2 and 4b; add lines 3, dia 0; Part III, lines 1; add lines 2 and 4b; add lines 3, dia 0; Part III, lines 1; add lines 2 and 4b; add lines 3, dia 0; Part III, lines 3, first 0; Part I, lines 1; add lines 2 and 4b; add lines 3, dia 0; Part III, lines 3, first 0; Part I, lines 2, Part X, line 2; Part X,	а	Net unrealized gains (losses) on investments	2a	227,333.		
d Ofher (Describe in Part XIII) 2 2 3 3 2 4 3 2 2 3 3 4 4 2 3 3 4 4 2 3 4 4 2 3 4 4 2 5 5 4 4 4 2 4 4 4 4 4 4 4 4 4 4 4	b	Donated services and use of facilities	2b			
d Ofher (Describe in Part XIII) 2 2 3 3 2 4 3 2 2 3 3 4 4 2 3 3 4 4 2 3 4 4 2 3 4 4 2 5 5 4 4 4 2 4 4 4 4 4 4 4 4 4 4 4	с	Recoveries of prior year grants	2c			
3 Subtract line 2e from line 1 3 4,426,534. 4 Amounts included on Form 990, Part VIII, Ime 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, Ime 7b 4a 4a 4a 6 Other (Describe in Part XIII.) 4a 14,263,555. 4c 14,263,555. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 4c 14,263,555. 1 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 5,706,617. 2 Amounts included on Form 990, Part IV, line 25: 1 5,706,617. 2 Anounts included on Form 990, Part IV, line 25: 1 5,706,617. 4 Other (Describe in Part XIII.) 2d 2e 0. 3 Subtract line 2e from line 1 3 5,706,617. 4c 4 Amounts included on Form 990, Part VIII, line 7b 4d 4d 4d 5 707,707.717. 5 Total seques adjustments 2d 2d 2d 4d 14,263,555. 4d 14,263,555. 4d 14,263,555. 4d 14,263,555. 4d 14,263,555. 4d 14,263,555. <td></td> <td>Other (Describe in Dest Mill)</td> <td></td> <td>342,072.</td> <td></td> <td></td>		Other (Describe in Dest Mill)		342,072.		
4 Anounts included on Form 990, Part VIII, Ine 12, but not on line 1: 4a	е	Add lines 2a through 2d			2e	569,405.
A 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 70 ded inset 4a and 4b ded inset 4a ded inset 4a and 4b ded in	3	Subtract line 2e from line 1			3	4,426,534.
b Other (Describe n Part XIII,) 4b 14,263,555. 4c 15,766,617. 4c 16,709,027. 4c 16,709,027. 4c 16,709,027. 4c 16,709,027. 4c 14,263,555. 5 706,617. 4c 14,263,555. 4c 14,263,555. 5 706,617. 4c 14,263,555. 5 706,617. 4c 14,263,555. 5 706,617. 4c 14,263,555. 5 706,617. 4c 1	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Add lines 4a and 4b Add lines 3 and 4c. (This must equal Form 940, Part I, line 12) Ac 14,243,555. Total revenue. Add lines 3 and 4c. (This must equal Form 940, Part I, line 12) Ac 14,243,555. Add lines 3 and 4c. (This must equal Form 940, Part I, line 12) Total exponses and toses are maddled financial statements Add lines 3 and use of facilities Add lines 4a and 4b Amounts included on Form 990, Part VI, line 25, but not on line 1: Amounts included on Form 990, Part VI, line 25, but not on line 1: Amounts included on Form 990, Part VI, line 7b Add lines 4a and 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 13 Add lines 4a and 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 Add lines 4a and 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 Add lines 4a and 4b Add lines 4a and 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Add lines 4a and 4b Add lines 4a and 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Add lines 14 and 4b, 14, 263, 555. Total representions required for Part II, lines 3.5, and 9, Part III, lines 1a and 4; Part IV, line 10 and 2b; Part V, line 4; Part X, line 2; Part XIII Supplemental Information. Part X, LINE 2; The organization Accounts For The EFFECT OF ANY UNCERTAIN TAX FOSITION S Based ON A "MORE LIRELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
5 Total revenue Add lines 3 and 4c. This must equal Form 990. Part J. Ime 12) 5 18,690,083. Part XII Reconciliation of Expenses per Audited Financial Statements 1 5,706,617. 1 Total expenses and losses per audited financial statements 1 5,706,617. 2 Amounts included on ine 1 but not on Form 900, Part D, line 25: 2 2 a Donated services and use of facilities 2 2 b Prior year adjustments 2 2 0. c Other (Describe in Part XII.) 2 2 0. a Subtract line 2e from line 1 2 3 5,706,617. 4 Amounts included on Form 900, Part D, line 25, but not on line 1: 2 2 0. a Investment expenses not included on Form 900, Part U, line 7 4 4 14,263,555. 4 14,263,555. 5 Total expenses.Add lines 3 and 4c. (<i>This must equal Form 900, Part I, line 18.</i>) 5 19,970,172. Part XIII Supplemental Information. 5 5 19,970,172. Part XIII Supplemental Information. 5 5 19,970,172. Par	b	Other (Describe in Part XIII.)	4b	14,263,555.		
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 loss of main answered "Yes" on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Donated services and use of finalities b Prior year adjustments c Other losses d Other losses <	с	Add lines 4a and 4b			4c 1	4,263,555.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total exponses and losses per audited financial statements 2 Amounts included on line 1 but not on form 990, Part IX, line 25: a Donated services and use of facilities 2a 2 2a a Other Obscrib in Part XIII.) 2a a Add lines 2a through 2d 2a 3 5,706,617. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7D 4a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7D 4a 4 Add lines 3 and 4c. (This must exall Form 990, Part I, line 18.) 4c 9 Total expenses. Add lines 3 and 4c. (This must exall Form 990, Part II, line 18.) 4c 9 Total expenses. Add lines 3 and 4c. This must exall Form 990, Part II, line 18.) 4c 9 Total expenses. Add lines 3 and 4c. This must exall Form 990, Part II, line 18.) 4c 9 Total expenses. Add lines 3 and 4c. This must exall Form 990, Part II, line 18.) 4c 9 Total expenses. Add lines 3 and 4c. This must exall Form 990, Part II, line 18.)		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•	18,690,089.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 0 Other losses 2 Donated services and use of facilities 3 Subtract line 26 from line 1 4 Amounts included on Form 990, Part VIII, line 75 4 Donated services and use of facilities 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18.) 4 Donated services and use of facilities 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18.) 4 Date 14, 263, 555. 5 Total expenses. Add lines 3 and 4e. This must equal Form 990, Part II, line 18.) <t< td=""><td>Par</td><td>t XII Reconciliation of Expenses per Audited Financial Statem</td><td>ents With</td><td>Expenses per R</td><td>leturn.</td><td></td></t<>	Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	leturn.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 3 5,706,617. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a linvestment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 3 and 4c. (This must equal Form 990, Part III, line 7b b Other (Describe in Part XIII.) c Add lines 4 and 4b c Add lines 3 and 4c. (This must equal Form 990, Part III, line 1a) Part X, Line 4c, (This must equal Form 990, Part III, lines 1a and 4c; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XIII Supplemental Information. Provide the descriptions required for Part III, 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. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY, IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITION, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS, THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION, HOWEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
a Donated services and use of facilities	1	Total expenses and losses per audited financial statements			1	5,706,617.
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
c Other (Describe in Part XIII.) 20 21 a Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 5,706,617. 4 Amounts included on Form 990, Part XIII.) 4a 4b 14,263,555. 5 Other (Describe in Part XIII.) 4a 4b 14,263,555. 6 Other (Describe in Part XIII.) 4a 4b 14,263,555. 5 Otal expenses. Add lines 3 and 4b. 4c 14,263,555. 5 5 Total expenses. Add lines 3 and 4b. 4c 14,263,555. 5 19,970,172. Part XIII Supplemental Information. Part XIII Supplem	а	Donated services and use of facilities	2a			
d Other (Describe in Part XIII.) 2a 2a 0. a Subtract line 2a from line 1 2a 0. 3 5,706,617. 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 4b 14,263,555. a Investment expenses and included on Form 990, Part VIII, line 7b 4a 4b 14,263,555. 4 Add lines 4a and 4b 5 5 13,970,172. Part XIII] Supplemental Information. 5 19,970,172. Part XIII] Supplemental Information. 10 14,263,555. Free and 4b in and 4b; and Part XII, lines 2, and 4b. Also complete this part to provide any additional information. 14 PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS 15 Based on A * More LikeLy THAN NOT* THRESHOLD TO THE RECOGNITION OF THE TAX 1	b	Prior year adjustments	2b			
d Other (Describe in Part XIII.) 2a 2a 0. a Subtract line 2a from line 1 2a 0. 3 5,706,617. 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 4b 14,263,555. a Investment expenses and included on Form 990, Part VIII, line 7b 4a 4b 14,263,555. 4 Add lines 4a and 4b 5 5 13,970,172. Part XIII] Supplemental Information. 5 19,970,172. Part XIII] Supplemental Information. 10 14,263,555. Free and 4b in and 4b; and Part XII, lines 2, and 4b. Also complete this part to provide any additional information. 14 PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS 15 Based on A * More LikeLy THAN NOT* THRESHOLD TO THE RECOGNITION OF THE TAX 1	с	Other losses	2c			
3 Subtract line 2e from line 1	d		- · ·			
3 Subtract line 2e from line 1	е	Add lines 2a through 2d			2e	0.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not incluided on Form 990, Part VIII, line 7b <u>4a</u> <u>4b</u> 14,263,555. 5 Add lines 4a and 4b 6 Add lines 3 and 4c. (This must equal Form 990, Part III, line 7B) <u>4c</u> 14,263,555. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 1B) <u>5</u> 19,970,172. 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 XI, line 2; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY, IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS, THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION, HOWEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN	-				3	5,706,617.
b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 4a and 4b c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Fart XII 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 X, 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. 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 X, 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 ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION HOMEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN	4					
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UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER	UNCE	RTAINTY REQUIRING RECOGNITION THE ORGANIZATION IS NOT CURREN	TLY UNDER			

Schedule D (Form 990) 2020 CHC: CREATING HEALTHIER COMP Part XIII Supplemental Information (continued)	UNITIES	13-6167225	Page 5
Continued)			
EXAMINATION BY ANY TAXING JURISDICTION, THE ORGANIZATION'S	S FEDERAL AND		
STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR 2	THREE YEARS		
FOLLOWING THE DATE FILED.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CONSOLIDATED GROUP/ELIMINATION ADJUSTMENT	397,331.		
TRANSFER FROM CARING CONNECTIONS	21,722.		
TRANSFER FROM CHRISTIAN SERVICE CHARITIES, INC.	-97,456.		
TRANSFER FROM HUMAN SERVICE CHARITIES OF AMERICA, INC.	-10,184.		
TRANSFER FROM NEIGHBOR TO NATION	30,659.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	342,072.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES	14,263,555.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
CONSOLIDATED GROUP/ELIMINATION ADJUSTMENT			
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES	14,263,555.		

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations,		OMB No	1545-0047
(Form 990)		vernments, an lete if the organization					20)20
Department of the Treasury	Comp	ete il ule organizatio	Attach to For		(14, inte 21 of 22.		Open	to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.			ection
Name of the organization							Employer identificat	tion number
CHC: CREATING	HEALTHIER COM	MUNITIES					13-61	57225
Part I General Information on Grants								
 Does the organization maintain records 	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti		
criteria used to award the grants or ass							X Yes	No
2 Describe in Part IV the organization's pr								
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
recipient that received more than		1	1		(f) Method of			
 Name and address of organization or government 	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assistar	
A KID AGAIN, OHIO, COLUMBUS 777 G DEARBORN PARK LN COLUMBUS, OH 43085	31-1440073	501(0)(3)	17,226,	0.			RESEARCH/PUBLIC	PDIIONTON
COLORBOS, OR #3085	31-1440013	501(C)(3)	17,220.	۰.			KESEARCH/POBLIC	EDUCATION
AIDS RESEARCH FOUNDATION (AMFAR) 120 WALL ST 13TH FL NEW YORK, NY 10005	13-3163817	501(C)(3)	50,228.	0.			RESEARCH/PUBLIC	EDUCATION
,,,								
ALLY'S HOUSE 308 W MAIN ST MOORE, OK 73160	20-0726554	501(C)(3)	9,381.	0.			RESEARCH/PUBLIC	EDUCATION
ALS ASSOCIATION 1300 WILSON BLVD. STE 600 ARLINGTON, VA 22209	13-3271855	501(C)(3)	68,919.	0.			RESEARCH/PUBLIC	EDUCATION
ALS ASSOCIATION, ARIZONA, ARIZONA CHAPTER, PHOENIX - 360 E. CORONADO								
RD., STE 140 - PHOENIX, AZ 85004	86-0727136	501(C)(3)	5,420.	٥.			RESEARCH/PUBLIC	EDUCATION
ALS ASSOCIATION, COLORADO, ROCKY MOUNTAIN CHAPTER, WESTMINSTER - 10855 DOVER ST., STE 500 - WESTMINSTER, CO 80021	84-1337868	501(0)(3)	6,315,	0.			RESEARCH/PUBLIC	PDIIONTON
 Enter total number of section 501(c)(3) a 				۷.		I	Loonadon robbito	242.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

032101 11-02-20

Schedule | (Form 990) CHC: CREATING HEALTHIER COMMUNITIES

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION, MINNESOTA,							
MINNESOTA/ND/SD CHAPTER,							
MINNEAPOLIS - 1919 UNIVERSITY	41-1756085	501(0)/3)	7,926.	0.			RESEARCH/PUBLIC EDUCATION
AVE., W. STE 175 - SAINT PAUL, MN ALS ASSOCIATION, NORTH CAROLINA,	41-1120002	501(C)(3)	7,920.	۰.			RESEARCH/POBLIC EDUCATION
NORTH CAROLINA CHAPTER, RALEIGH -							
4 N BLOUNT ST., 2ND FL, STE 200 -							
RALEIGH, NC 27601	56-1609591	501(C)(3)	9,869.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, PENNSYLVANIA,			, .				
GREATER PHILADELPHIA CHAPTER,							
AMBLER - 1300 WILSON BLVD, STE 600							
- ARLINGTON, VA 22209	13-3271855	501(C)(3)	8,039.	٥.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, WISCONSIN,							
WISCONSIN CHAPTER, WAUWATOSA -							
3333 N. MAYFAIR RD., STE 104 -							
WAUWATOSA, WI 53222	39-1600965	501(C)(3)	19,015.	٥.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S & DEMENTIA ALLIANCE OF							
WISCONSIN - 3330 UNIVERSITY AVE., STE 300 - MADISON, WI 53705	39-1679333	501(0)(3)	64,884,	٥.			RESEARCH/PUBLIC EDUCATION
STE 300 - MADISON, WI 53705	33-10/3333	501(C)(3)	04,004.	۰.			RESEARCH/FOBLIC EDUCATION
ALZHEIMER'S ASSOCIATION							
225 N MICHIGAN AVE., STE 1700							
CHICAGO, IL 60601	13-3039601	501(C)(3)	603,984.	٥.			RESEARCH/PUBLIC EDUCATION
			,				
ALZHEIMER'S TEXAS							
7719 WOOD HOLLOW DR., STE 157							
AUSTIN, TX 78731	74-2286105	501(C)(3)	11,107.	٥.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY							
3380 CHASTAIN MEADOWS PKWY NW							
KENNESAW, GA 30144	13-1788491	501(C)(3)	1,020,648.	٥.			RESEARCH/PUBLIC EDUCATION
MEDICAN DIADERES ASSACTATION							
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE STE 900							
ARLINGTON, VA 22202	13-1623888	501(C)(3)	320,199.	0.			RESEARCH/PUBLIC EDUCATION
110211310H, HI BBEVE	10-1020000		520,255.	۰.			Casarion, robbie aboution

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE	12 5(12707	501/01/21	350.000				
DALLAS, TX 75231 AMERICAN KIDNEY FUND 1921 ROCKVILLE PIKE STE 300	13-5613797		352,299.	0.			RESEARCH/PUBLIC EDUCATIO
MERICAN LIVER FOUNDATION 155 PASSAIC AVE WAIRFIELD, NJ 07004	23-7124261		71,310.	0.			RESEARCH/PUBLIC EDUCATIO
AMERICAN LUNG ASSOCIATION 55 W WACKER DR STE 1150 CHICAGO, IL 60601	13-1632524		107,001.	0.			RESEARCH/PUBLIC EDUCATIO
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	17,285.	0.			RESEARCH/PUBLIC EDUCATIO
RIZONA AUTISM UNITED 025 E WASHINGTON ST STE 212 PHOENIX, AZ 85034	16-1738730	501(C)(3)	12,411.	0.			RESEARCH/PUBLIC EDUCATIO
ATHRITIS FOUNDATION 355 PEACHTREE ST 6TH FL ATLANTA, GA 30309 ASPCA - AMERICAN SOCIETY FOR THE	58-1341679	501(C)(3)	75,844.	0.			RESEARCH/PUBLIC EDUCATIO
SPCA - AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 E 92ND STREET - NEW YORK, NY 10128-6804	13-1623829	501(C)(3)	45,277.	0.			RESEARCH/PUBLIC EDUCATIO
AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN - 3720 N 124TH ST STE O - WAUWATOSA, WI 53222	39-1708201	501(C)(3)	11,783.	٥.			RESEARCH/PUBLIC EDUCATIO

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(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AUTISM SPEAKS							
EAST 33RD ST 4TH FL							
NEW YORK, NY 10016	20-2329938	501(C)(3)	210,817.	٥.			RESEARCH/PUBLIC EDUCATI
BE THE MATCH FOUNDATION							
500 N 5TH ST							
MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	31,463.	٥.			RESEARCH/PUBLIC EDUCATI
BREAST CANCER RECOVERY FOUNDATION							
VISCONSIN - 6131 NESBITT RD STE							
300 - FITCHBURG, WI 53719	39-1894850	501(C)(3)	7,538.	٥.			RESEARCH/PUBLIC EDUCAT
BROADSCOPE							
5102 W LAYTON AVE	39-1143353	501(0)(3)	15 540	0.			
GREENFIELD, WI 53220	39-1143353	501(C)(3)	15,542.	0.			RESEARCH/PUBLIC EDUCATI
CANCER RESEARCH INSTITUTE							
29 BROADWAY 4TH FL							
NEW YORK, NY 10006	13-1837442	501(C)(3)	140,240.	٥.			RESEARCH/PUBLIC EDUCATI
CARINGBRIDGE							
2750 BLUE WATER RD.							
BAGAN, MN 55121	42-1529394	501(C)(3)	11,303.	٥.			RESEARCH/PUBLIC EDUCATI
CARINGKIND, THE HEART OF							
ALZHEIMER'S CAREGIVING (FKA THE							
ALZHEIMER ASSOC.) - 360 LEXINGTON							
AVE 4TH FL - NEW YORK, NY 10017	13-3277408	501(C)(3)	13,399.	0.			RESEARCH/PUBLIC EDUCATI
CEREBRAL PALSY FOUNDATION							
3 COLUMBUS CIRCLE 15TH FLOOR							
NEW YORK, NY 10019	13-6093337	501(C)(3)	18,293.	٥.			RESEARCH/PUBLIC EDUCATI
CHILDREN'S CANCER ASSOCIATION							
200 NW NAITO PKWY STE 140 PORTLAND, OR 97209	93-1181662	501(0)(3)	11,964.	0.			RESEARCH/PUBLIC EDUCAT

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CANCER NETWORK 6150 W CHANDLER BLVD STE 1 CHANDLER, AZ 85226	20-2129902	501(C)(3)	17,069.	0.			RESEARCH/PUBLIC EDUCATIO
CHILDREN'S CANCER RESEARCH FUND, MINNESOTA - 7301 OHMS LN STE 355 - MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	15,095.	0.			RESEARCH/PUBLIC EDUCATIO
CHILDREN'S HEART FOUNDATION 5 REVERE DR., STE 200 NORTHBROOK, IL 60062	36-4077528	501(C)(3)	6,994.	0.			RESEARCH/PUBLIC EDUCATIO
CHILDREN'S HOSPITAL FOUNDATION - OKLAHOMA - 901 N LINCOLN BLVD., STE 305 - OKLAHOMA CITY, OK 73104	73-1200262	501(C)(3)	13,101.	٥.			RESEARCH/PUBLIC EDUCATIO
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 11783 ROCK LANDING DR - NEWPORT NEWS, VA 23606	54-0506321	501(C)(3)	7,666.	٥.			RESEARCH/PUBLIC EDUCATIO
CHILDREN'S TUMOR FOUNDATION 370 LEXINGTON AVE., STE 2100 NEW YORK, NY 10017	13-2298956	501(C)(3)	17,821.	0.			RESEARCH/PUBLIC EDUCATIO
CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3435919	501(C)(3)	51,019.	0.			RESEARCH/PUBLIC EDUCATIO
COOLEY'S ANEMIA FOUNDATION 330 SEVENTH AVE STE 200 NEW YORK, NY 10001	11-1971539	501(C)(3)	9,726.	0.			RESEARCH/PUBLIC EDUCATIO
CRAIG HOSPITAL 3425 S CLARKSON ST ENGLEWOOD, CO 80113	84-0404233	501(C)(3)	10,492.	0.			RESEARCH/PUBLIC EDUCATIO

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CROHN'S & COLITIS FOUNDATION OF AMERICA, MINNESOTA, MINNESOTA/DAKOTAS CHAPT - 2277 HWY							
36 W. STE 170 - ROSEVILLE, MN	13-6193105	501(C)(3)	6,664.	0.			RESEARCH/PUBLIC EDUCATIO
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE., STE 1100N							
BETHESDA, MD 20814	13-1930701	501(C)(3)	162,614.	٥.			RESEARCH/PUBLIC EDUCATION
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE - 55 E JACKSON BLVD STE							
490 - CHICAGO, IL 60604 DOWN SYNDROME ASSOCIATION OF	36-3379124	501(C)(3)	15,381.	٥.			RESEARCH/PUBLIC EDUCATION
CENTRAL OHIO - 510 E NORTH BROADWAY 4TH FL - COLUMBUS, OH							
43214	31-1126185	501(C)(3)	11,490.	٥.			RESEARCH/PUBLIC EDUCATION
BASTER SEALS 141 W. JACKSON BLVD. 1400A CHICAGO. IL 60604	36-2171729	501(0)(3)	8,451,	0.			RESEARCH/PUBLIC EDUCATIO
Chickso, il 80604	30-21/1/23	501(0)(3)	0,451.	۰.			RESEARCH/FOBLIC EDUCATION
ENDOMETRIOSIS ASSOCIATION, INC. 8585 N 76TH PL							
MILWAUKEE, WI 53223	39-1414754	501(C)(3)	7,810.	٥.			RESEARCH/PUBLIC EDUCATION
SPILEPSY FOUNDATION OF AMERICA 3540 CRAIN HIGHWAY STE 675							
BOWIE, MD 20716	52-0856660	501(C)(3)	49,478.	٥.			RESEARCH/PUBLIC EDUCATION
FIRST ASSEMBLY OF GOD							
BROOKFIELD, CT 06804	06-0872941	501(C)(3)	9,836.	٥.			RESEARCH/PUBLIC EDUCATION
FISHER HOUSE FOUNDATION 2300 TWINBROOK PKWY STE 410							
ROCKVILLE, MD 20852	11-3158401	501(C)(3)	11,817.	0.			RESEARCH/PUBLIC EDUCATIO

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FREEDOM SERVICE DOGS, INC. 7193 S. DILLON CT. ENGLEWOOD, CO 80112	84-1068936	501(0)(3)	24,257.	0.			RESEARCH/PUBLIC EDUCATIO
SLOBAL IMPACT 1199 N. FAIRFAX ST., STE 300	04-1000330	501(0)(3)	24,237.				RESERVEN/FOBLIC EDUCATIO
ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	17,619.	٥.			RESEARCH/PUBLIC EDUCATIO
GREAT LAKES HEMOPHILIA FOUNDATION, WISCONSIN - 638 N. 18TH ST., STE 108 - MILWAUKEE, WI 53233	23-7367636	501(C)(3)	8,491.	0.			RESEARCH/PUBLIC EDUCATIO
HOSPICE ORGANIZATION OF OHIO 2233 N BANK DR COLUMBUS, OH 43220	31-0966673	501(C)(3)	23,102.	0.			RESEARCH/PUBLIC EDUCATIO
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVE STE 902 - NEW YORK, NY 10018	13-3349872		32,316.	0.			RESEARCH/PUBLIC EDUCATIO
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN SALT LAKE CITY, UT 84108	87-0541293		50,401.	0.			RESEARCH/PUBLIC EDUCATIO
JDRF INTERNATIONAL 200 VEASY ST 28TH FL NEW YORK, NY 10281	23-1907729	501(C)(3)	350,764.	0.			RESEARCH/PUBLIC EDUCATIO
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	407,687.	0.			RESEARCH/PUBLIC EDUCATIO
LIFE NAVIGATORS 7203 W CENTER ST WAUWATOSA, WI 53210	39-0978146	501(C)(3)	12,202.	0.			RESEARCH/PUBLIC EDUCATIO

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPUS FOUNDATION OF AMERICA							
2121 K. ST., NW., STE 200							
ASHINGTON, DC 20037	43-1131436	501(C)(3)	68,153.	٥.			RESEARCH/PUBLIC EDUCATIO
JUPUS FOUNDATION OF AMERICA,			, .				
PENNSYLVANIA, PHILADELPHIA							
TRI-STATE CHAPTER - 101 GREENWOOD							
AVE., STE 200 - JENKINTOWN, PA	23-7080555	501(C)(3)	8,545.	٥.			RESEARCH/PUBLIC EDUCATIO
JUPUS FOUNDATION OF AMERICA,							
VISCONSIN, WISCONSIN CHAPTER -							
2600 N. MAYFAIR RD., STE 320 -							
MILWAUKEE, WI 53226	39-1620195	501(C)(3)	5,701.	٥.			RESEARCH/PUBLIC EDUCATIO
MACC FUND (MIDWEST ATHLETES							
AGAINST CHILDHOOD CANCER),							
WISCONSIN - 10000 W INNOVATION DR			10 700				
STE 135 - MILWAUKEE, WI 53226	39-1270290	501(C)(3)	18,722.	0.			RESEARCH/PUBLIC EDUCATIO
MAKE-A-WISH FOUNDATION OF COLORADO							
7951 E MAPLEWOOD AVE STE 126							
GREENWOOD VILLAGE, CO 80111	74-2273004	501(C)(3)	22,491.	٥.			RESEARCH/PUBLIC EDUCATIO
MAKE-A-WISH FOUNDATION OF			,				
MASSACHUSETTS AND RHODE ISLAND -							
133 FEDERAL ST 2ND FL - BOSTON, MA							
02110	22-2867371	501(C)(3)	14,818.	٥.			RESEARCH/PUBLIC EDUCATIO
MAKE-A-WISH FOUNDATION OF							
VISCONSIN - 11020 W PLANK CT STE							
200 - WAUWATOSA, WI 53226	39-1543541	501(C)(3)	52,273.	0.			RESEARCH/PUBLIC EDUCATIO
MARCH OF DIMES FOUNDATION							
1550 CRYSTAL DR STE 1300							
ARLINGTON, VA 22202	13-1846366	501(C)(3)	134,833.	٥.			RESEARCH/PUBLIC EDUCATIO
MENTAL HEALTH AMERICA (FORMERLY	20 2020000		201,000.	•.			and and a second and a second
ATIONAL MENTAL HEALTH							
ASSOCIATION) - 500 MONTGOMERY ST							
STE 820 - ALEXANDRIA, VA 22314	13-1614906	501(C)(3)	33,329.	0.			RESEARCH/PUBLIC EDUCATIO

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL							
DENVER, CO 80222	74-2499946	501(C)(3)	10,820.	٥.			RESEARCH/PUBLIC EDUCATION
MINNEAPOLIS HEART INSTITUTE FOUNDATION, MINNESOTA - 920 E 28TH ST STE 100 - MINNEAPOLIS, MN 55407	41-1426406	501(0)(3)	6,452.	0.			RESEARCH/PUBLIC EDUCATION
bi bib 100 - himmeriobib, hi 5540,	41-1420400	501(0/(0)	0,452.	•.			RESERVENT FOR THE PROCESSION
MINNESOTA OVARIAN CANCER ALLIANCE 4604 CHICAGO AVE							
MINNEAPOLIS, MN 55407	41-1960449	501(C)(3)	7,041.	٥.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 161 N. CLARK ST., STE 3550							
CHICAGO, IL 60601	13-1665552	501(C)(3)	60,689.	٥.			RESEARCH/PUBLIC EDUCATION
MYASTHENIA GRAVIS FOUNDATION OF AMERICA - 290 TURNPIKE RD STE							
5-315 - WESTBOROUGH, MA 01581	13-5672224	501(C)(3)	12,294.	٥.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) - 4301 WILSON BLVD STE							
300 - ARLINGTON, VA 22203	43-1201653	501(C)(3)	75,292.	٥.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), MINNESOTA - 1919 UNIVERSITY AVE., W STE 400 - SAINT							
PAUL, MN 55104	41-1317030	501(C)(3)	21,617.	٥.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), OHIO, FRANKLIN COUNTY -							
1225 DUBLIN RD., STE 110 - COLUMBUS, OH 43215	31-1197905	501(C)(3)	13,834.	٥.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), OKLAHOMA - 3812 N. SANTA			,				
FE, STE 305 - OKLAHOMA CITY, OK 73118	73-1248588	501(C)(3)	12,368.	٥.			RESEARCH/PUBLIC EDUCATION

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL HEMOPHILIA FOUNDATION							
7 PENN PLAZA STE 1204							
NEW YORK, NY 10001	13-5641857	501(C)(3)	6,045.	٥.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION							
30 E 33RD ST							
NEW YORK, NY 10016	13-1673104	501(C)(3)	70,436.	٥.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION,							
WISCONSIN - 10909 W, GREENFIELD							
AVE., STE 201 - WEST ALLIS, WI			0.656				
53214	39-1133761	501(C)(3)	8,676.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY - 733 THIRD AVE 3RD FL -							
NEW YORK, NY 10017	13-5661935	501(C)(3)	251,439.	٥.			RESEARCH/PUBLIC EDUCATION
NATIONAL OVARIAN CANCER COALITION							
3800 MAPLE AVE., STE 435 DALLAS, TX 75219	65-0628064	501(0)(3)	17,801.	٥.			RESEARCH/PUBLIC EDUCATION
DRULAS, 12 /3213	05-0020004	501(C/(S)	17,001.	۰.			RESEARCH/FUBLIC EDUCATION
NATIONAL PSORIASIS FOUNDATION							
6600 SW 92ND AVE STE 300							
PORTLAND, OR 97223	93-0571472	501(C)(3)	19,815.	٥.			RESEARCH/PUBLIC EDUCATION
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200							
MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	162,177.	0.			RESEARCH/PUBLIC EDUCATION
,,			,				
PET PARTNERS							
345 118TH AVE SE STE 200							
BELLEVUE, WA 98005	91-1158281	501(C)(3)	10,589.	٥.			RESEARCH/PUBLIC EDUCATION
PHOENIX CHILDREN'S HOSPITAL							
FOUNDATION - 2929 E CAMELBACK RD							
STE 122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	114,707.	٥.			RESEARCH/PUBLIC EDUCATION

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(a) Name and address of organization or government	(D) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
PLANNED PARENTHOOD MAR MONTE,							
INC., CALIFORNIA, SACRAMENTO -							
1605 THE ALAMEDA - SAN JOSE, CA							
95126	94-1583439	501(C)(3)	48,996.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF WISCONSIN 302 N JACKSON ST							
MILWAUKEE, WI 53202	39-0863391	501(C)(3)	297,012.	٥.			RESEARCH/PUBLIC EDUCATION
PREGNANCY DECISION HEALTH CENTERS, OHIO - 665 E DUBLIN GRANVILLE RD							
STE 120 - COLUMBUS, OH 43229	31-1002913	501(C)(3)	12,463.	٥.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF DENVER - 1300 E 21ST AVE - DENVER,							
CO 80205	84-0728926	501(C)(3)	15,304.	٥.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF BASTERN WISCONSIN - 8948 WATERTOWN							
PLANK RD - WAUWATOSA, WI 53226	39-1433107	501(C)(3)	25,684.	٥.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF MINNESOTA, UPPER MIDWEST - 818 FULTON ST SE - MINNEAPOLIS, MN							
55414	41-1313107	501(C)(3)	15,869.	٥.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF OKLAHOMA CITY, INC 13439 BROADWAY EXT - OKLAHOMA CITY, OK							
73114	73-1103242	501(C)(3)	11,145.	٥.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF			, ,				
SOUTHERN CALIFORNIA - 4560							
FOUNTAIN AVE - LOS ANGELES, CA							
90029	95-3167869	501(C)(3)	13,701.	٥.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA, INC 935							
EAST SOUTH TEMPLE - SALT LAKE CITY, UT 84102	74-2386043	501(C)(3)	11,126.	0.			RESEARCH/PUBLIC EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RYAN HOUSE 110 W MUHAMMAD ALI WAY PHOENIX, AZ 85013	20-1852393	501(C)(3)	13,158.	0.			RESEARCH/PUBLIC EDUCATIO
SAVE, SUICIDE AWARENESS VOICES OF EDUCATION - 7900 XERXES AVE. S., STE 810 - BLOOMINGTON, MN 55431	41-1702239	501(C)(3)	13,952.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA - 7240 PARKWAY DR., STE 180 - HANOVER, MD 21076	23-7175985	501(C)(3)	65,183.	0.			RESEARCH/PUBLIC EDUCATION
SMILE TRAIN 633 3RD AVE., 9TH FL NEW YORK, NY 10017	13-3661416	501(C)(3)	102,378.	0.			RESEARCH/PUBLIC EDUCATION
SPINA BIFIDA ASSOCIATION OF AMERICA - 1600 WILSON BLVD STE 800 - ARLINGTON, VA 22209	58-1342181	501(C)(3)	14,130.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,239,260.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN 5005 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	218,839.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, ILLINOIS, CHICAGO AREA AFFILIATE - 213 W. INSTITUTE PL., STE 302 - CHICAGO, IL 60610	36-4111723	501(C)(3)	5,999.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, MINNESOTA 960 SOUTHDALE CTR. EDINA, MN 55435	41-1924790	501(C)(3)	8,480.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

95-4612481 501(C)(3)

39-1034054 501(C)(3)

05-0276059 501(C)(3)

39-1492810 501(C)(3)

Schedule I (Form 990) CHC: CREATING HEALTHIER COMMUNITIES 13-6167225 Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non-cash assistance if applicable cash grant non-cash valuation or assistance organization or government assistance (book, FMV, appraisal, other) SUSAN G. KOMEN, OHIO, COLUMBUS AFFILIATE - 929 EASTWIND DR., STE 211 - WESTERVILLE, OH 43081 75-2844651 501(C)(3) 8,628 0 RESEARCH/PUBLIC EDUCATION SUSAN G. KOMEN, PENNSYLVANIA, PHILADELPHIA - 125 S. 9TH ST., STE 202 - PHILADELPHIA, PA 19107 75-2949264 501(C)(3) 13,355 0 RESEARCH/PUBLIC EDUCATION SUSAN G. KOMEN, TEXAS, SAN ANTONIO AFFILIATE - 85 NE LOOP 410, STE 407 - SAN ANTONIO, TX 78216 74-2856696 501(C)(3) 20,541 0. RESEARCH/PUBLIC EDUCATION SUSAN G. KOMEN, WASHINGTON, PUGET SOUND CHAPTER - 112 5TH AVE, N -91-1624040 501(C)(3) 0. SEATTLE, WA 98109 12,774 RESEARCH/PUBLIC EDUCATION TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN ST -DALLAS, TX 75219 75-0818178 501(C)(3) Ο, 50,393 RESEARCH/PUBLIC EDUCATION THE PAINTED TURTLE

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RESEARCH/PUBLIC EDUCATION

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1300 4TH ST., STE 300 SANTA MONICA, CA 90401

MADISON, WI 53713

50 VALLEY STREET

PROVIDENCE, RI 02909

BROOKFIELD, WI 53005

UNITED WAY OF RHODE ISLAND

UNITED CEREBRAL PALSY OF GREATER DANE COUNTY - 2801 COHO ST STE 300

WISCONSIN PARKINSON ASSOCIATION 16655 W. BLUEMOUND RD., STE 330

Schedule I (Form 990)

Schedule I (Form 990) CHC: CREATING HEALTHIER COMMUNITIES 13-6167225 Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance organization or government cash grant non-cash or assistance assistance (book, FMV, appraisal, other) WISCONSIN WOMEN'S HEALTH FOUNDATION - 2503 TODD DRIVE -MADISON, WI 53713 39-1900678 501(C)(3) 9,064 0 RESEARCH/PUBLIC EDUCATION ZERO - THE END OF PROSTATE CANCER 515 KING ST STE 420 ALEXANDRIA, VA 22314 59-3400922 501(C)(3) 37,842 0 RESEARCH/PUBLIC EDUCATION ALLIANCE FOR CANCER GENE THERAPY INC. - 96 CUMMINGS POINT RD. -STAMFORD, CT 06902 06-1619523 501(C)(3) 13,624 0. RESEARCH/PUBLIC EDUCATION ANGEL FOUNDATION 1155 CENTRE POINTE DR., STE 7 41-1990883 501(C)(3) MENDOTA HEIGHTS, MN 55120 0. 11,462 RESEARCH/PUBLIC EDUCATION BLACK WOMEN'S HEALTH IMPERATIVE 384 NORTHYARDS BLVD, NW 58-1557556 501(C)(3) Ο, ALTANTA, GA 30313 51,356 RESEARCH/PUBLIC EDUCATION CAN DO CANINES 9440 SCIENCE CENTER DR. NEW HOPE, MN 55428 41-1594165 501(C)(3) 0 25,192. RESEARCH/PUBLIC EDUCATION COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE., NW, STE 1066 WASHINGTON, DC 20005 86-0947831 501(C)(3) 45,718 0 RESEARCH/PUBLIC EDUCATION HOSPICE ALLIANCE

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10220 PRAIRIE RIDGE BLVD. PLEASANT PRAIRIE,, WI 53158

LAKE CITY, UT 84103

SHRINER'S HOSPITAL FOR CHILDREN -UT - 1275 E. FAIRFAX RD. - SALT

39-1822945 501(C)(3)

36-2193608 501(C)(3)

Schedule I (Form 990)

RESEARCH/PUBLIC EDUCATION

RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990) CHC: CREATING HEALTHIER COMMUNITIES
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 13-6167225

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
- ger nammer ger en nier i		паррісаріе	cash gran	assistance	(book, FMV, appraisal, other)	non-cash assistance	of assistance
OUTHWEST AUTISM RESEARCH AND							
RESOURCE CENTER - 300 N. 18TH ST.							
PHOENIX AZ 85006	31-1496646	501(C)(3)	6,285.	0.			RESEARCH/PUBLIC EDUCATION
THE MICHAEL J. FOX FOUNDATION FOR			, .				
PARKINSON'S RESEARCH - GRAND							
CENTRAL STATION P.O. BOX 4777 -							
NEW YORK, NY 10163	13-4141945	501(C)(3)	22,736.	٥.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION,							
OHIO, CENTRAL OHIO CHAPTER - 6797							
N HIGH ST., STE 119 - WORTHINGTON,							
OH 43085	13-6193105	501(C)(3)	8,979.	٥.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOC. OF WISCONSIN,							
INC 11709 W CLEVELAND AVE., STE							
2 - WEST ALLIS, WI 53227	39-1681338	501(C)(3)	10,599.	٥.			RESEARCH/PUBLIC EDUCATION
HAROLD HAMM DIABETES CENTER							
100 TIMBERDELL RD							
NORMAN, OK 73019	73-6091755	501(C)(3)	12,806.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE & PALLIATIVE CARE NETWORK							
OF MD, INC 20 INTERNATIONAL							
CIRCLE, STE 230 - HUNT VALLEY, MD							
21030	52-1364551	501(C)(3)	7,847.	٥.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF MICHIGAN							
950 VICTORS WAY, STE 100							
ANN ARBOR, MI 48108	38-1707521	501(C)(3)	20,972.	٥.			RESEARCH/PUBLIC EDUCATION
SAMARITAN'S PURSE							
801 BAMBOO RD. P.O. BOX 300							
BOONE, NC 28607	58-1437002	501/01/31	80,809.	٥.			RESEARCH/PUBLIC EDUCATION
JOORD, NC 20007	20-1421002	201(0)(3)	00,009.	۰.			ABBRACH/FUBBLE BUCKTION
AMERICAN FOUNDATION FOR SUICIDE							
PREVENTION - 199 WATER ST 11TH FL							
- NEW YORK, NY 10038	13-3393329	501(C)(3)	33,644.	٥.			RESEARCH/PUBLIC EDUCATION

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Schedule I (Form 990) CHC: CREATING HEALTHIER COMMUNITIES
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 13-6167225 Page 1 (b) EIN (c) IRC section (f) Method of (g) Description of (a) Name and address of (d) Amount of (e) Amount of (h) Purpose of grant if applicable organization or government cash grant T non-cash valuation non-cash assistance or assistance

organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BREAST CANCER RESEARCH FOUNDATION, INC 28 W 44TH ST STE 609 - NEW							
YORK, NY 10036	13-3727250	501(C)(3)	63,315.	٥.			RESEARCH/PUBLIC EDUCATION
COVENANT HOUSE INTERNATIONAL 461 EIGHTH AVE							
NEW YORK, NY 10001	13-2725416	501(C)(3)	6,291.	٥.			RESEARCH/PUBLIC EDUCATION
CRESCENT COVE 4201 58TH AVE N	07 1035515	501/01/21	0.503				
BROOKLYN CENTER, MN 55429 CROHN'S & COLITIS FOUNDATION	27-1035515	501(C)(3)	9,523.	0.			RESEARCH/PUBLIC EDUCATION
WASHINGTON, NORTHWEST CHAPTER - 9 LAKE BELLEVUE DR STE 203 -							
BELLEVUE, WA 98005	13-6193105	501(C)(3)	7,632.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF TEXAS, CENTRAL & SOUTH, SAN ANTONIO CHAPTER - 8601 VILLAGE DR STE 220							
- SAN ANTONIO, TX 78217	76-0415338	501(C)(3)	12,187.	٥.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA RESEARCH FOUNDATION, INC. 191 WAUKEGAN STE 105 NORTHFIELD, IL 60093	36-6102182	501(C)(3)	8,379.	0.			RESEARCH/PUBLIC EDUCATION
MAZON: A JEWISH RESPONSE TO HUNGER 10850 WILSHIRE BLVD STE 400 LOS ANGELES, CA 90024	22-2624532	501(C)(3)	10,271.	٥.			RESEARCH/PUBLIC EDUCATION
PARALYZED VETERANS OF AMERICA 801 18TH ST NW							
WASHINGTON, DC 20006	13-1946868	501(C)(3)	24,670.	٥.			RESEARCH/PUBLIC EDUCATION
PARKINSON'S FOUNDATION 200 SE 1ST ST STE 800							
MIAMI, FL 33131	13-1866796	501(C)(3)	35,839.	0.			RESEARCH/PUBLIC EDUCATION Schedule L(Form 990)

Schedule I (Form 990)

Schedule I (Form 990) CHC: CREATING HEALTHIER COMMUNITIES
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 13-6167225 Page 1 (b) EIN (c) IRC section (f) Method of (g) Description of (a) Name and address of (d) Amount of (e) Amount of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY ST -

PROVIDENCE, RI 02905	22-2760752 501(C	6,716.	٥.	RESEARCH/PUBLIC EDUCATION
SAN FRANCISCO FIREFIGHERS TOY PROGRAM - 1139 MISSION ST - SAN FRANCISCO, CA 94103	94-2598851 501(C	:)(3) 5,098.	٥.	RESEARCH/PUBLIC EDUCATION
SECOND WIND FUND, INC. 899 LOGAN ST STE 208 DENVER, CO 80203	73-1701536 501(c	:)(3) 6,085.	0.	RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS OKLAHOMA 6835 S CANTON AVE TULSA, OK 74136	23-7174120 501(C	:)(3) 7,572.	٥.	RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, CALIFORNIA, INLAND EMPIRE AFFILIATE - P.O. BOX 1266 - RIVERSIDE, CA 92502	75-1835298 501(C	:)(3) 8,164.	0.	RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, WISCONSIN, MILWAUKEE – 2025 W OKLAHOMA AVE STE 116 – MILWAUKEE, WI 53215	75-2844639 501(C	:)(3) 11,790.	0.	RESEARCH/PUBLIC EDUCATION
THE V FOUNDATION 14600 WESTON PKWY CARY, NC 27513	13-3705951 501(C	:)(3) 7,937.	0.	RESEARCH/PUBLIC EDUCATION
TOBY KEITH FOUNDATION 818 NE 8TH ST OKLAHOMA CITY, OK 73104	20-4089800 501(C	:)(3) 16,268.	0.	RESEARCH/PUBLIC EDUCATION
TUBMAN 4432 CHICAGO AVE S MINNEAPOLIS, MN 55407	41-1240048 501(C	:)(3) 6,392.	0.	RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

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Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OICE OF THE MARTYRS							
815 SE BISON RD							
BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	15,120.	٥.			RESEARCH/PUBLIC EDUCATIO
WESTERN STATES CANCER RESEARCH							
ROGRAM NCORP - 1325 S COLORADO							
BLVD BLDG B STE 400 - DENVER, CO							
80222	84-1090476	501(C)(3)	5,527.	٥.			RESEARCH/PUBLIC EDUCATION
WISHES & MORE							
961 HILLWIND RD NE							
	20-1766318	501(0)(3)	5,648.	٥.			RESEARCH/PUBLIC EDUCATIO
MINNEAPOLIS, MN 55432	20-1700310	501(C)(3)	5,040.	۰.			RESEARCH/PUBLIC EDUCATIO
CROHN'S & COLITIS FOUNDATION							
733 THIRD AVE STE 510							
NEW YORK, NY 10001	13-6193105	501(C)(3)	81,310.	0.			RESEARCH/PUBLIC EDUCATIO
ALS ASSOC, OHIO, CENTRAL &	10 0100100	501(0)(0)	01,010.	••			
SOUTHERN OHIO CHAPTER, COLUMBUS -							
1170 OLD HENDERSON RD STE 221 -							
COLUMBUS, OH 43220	31-1235704	501(C)(3)	8,663.	0.			RESEARCH/PUBLIC EDUCATIO
			0,000.	••			
ALS ASSOC, PENNSYLVANIA, WESTERN							
PA CHAPTER, PITTSBURGH - 416							
LINCOLN AVE - PITTSBURGH, PA 15209	23-7123851	501(C)(3)	6,524.	٥.			RESEARCH/PUBLIC EDUCATION
ALS ASSOC, TEXAS, TEXAS CHAPTER,							
DALLAS - 14555 DALLAS PKWY STE							
100-219 - DALLAS, TX 75254	74-2678974	501/(2)/(3)	13,829.	٥.			RESEARCH/PUBLIC EDUCATIO
100-219 - DALLAS, TX 75254	/4-20/03/4	501(C)(3)	13,029.	۰.			RESEARCH/POBLIC EDUCATION
DEMENTIA ALLIANCE OF NORTH							
CAROLINA, INC 9131 ANSON WAY							
STE 206 - RALEIGH, NC 27615	56-1501117	501(C)(3)	5,332.	0.			RESEARCH/PUBLIC EDUCATIO
in and in a story			5,552.	•.			
A CHILD'S FEEDING FUND							
8215 E JASMINE CIR							
MESA, AZ 85207	45-3839595	501(C)(3)	16,138.	٥.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

13-6167225

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
A CHILD'S LIFE SAVED							
2507 E LEONORA ST							
MESA, AZ 85203	45-3839580	501(C)(3)	7,003.	٥.			RESEARCH/PUBLIC EDUCATIO
ATLANTA MISSION							
2353 BOLTON RD NW							
ATLANTA, GA 30318	58-0572430	501(C)(3)	16,315.	٥.			RESEARCH/PUBLIC EDUCATIO
CROHN'S & COLITIS FOUNDATION,							
WISCONSIN CHAPTER - 17100 W							
BLUEMOUND RD STE 101 - BROOKFIELD,							
WI 53005	13-6193105	501(C)(3)	19,482.	٥.			RESEARCH/PUBLIC EDUCATION
DOUBLE H HOLE IN THE WOODS RANCH							
97 HIDDEN VALLEY RD							
LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	5,630.	0.			RESEARCH/PUBLIC EDUCATIO
,			-,				
EASTER SEALS, WISCONSIN, MADISON							
8001 EXCELSIOR DR STE 200							
MADISON, WI 53717	39-0824877	501(C)(3)	5,298.	٥.			RESEARCH/PUBLIC EDUCATION
HOUSE OF HOPE FOR ALCOHOLICS, OHIO							
825 DENNISON AVE COLUMBUS, OH 43215	31-4443449	501(0)/3)	7,194.	٥.			RESEARCH/PUBLIC EDUCATIO
LUPUS FOUNDATION OF AMERICA.	21-4442443	501(C/(S)	7,154.	۰.			RESEARCH/PUBLIC EDUCATION
TEXAS, LONE STAR CHAPTER - 14675							
MIDWAY RD STE 201 - ADDISON, TX							
75001	75-1561127	501(C)(3)	8,844.	٥.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL							
ILLNESS), OREGON - 4701 SE 24TH ST							
STE E - PORTLAND, OR 97202	93-0875209	501(C)(3)	9,464.	٥.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL							
ILLNESS), TEXAS, AUSTIN (STATE HQ)							
- 4110 GUADALUPE ST BLDG 781 RM 428 - AUSTIN, TX 78751	74-2380175	501(C)(3)	14,493.	٥.			RESEARCH/PUBLIC EDUCATIO
100 - AUDIIN, IN (0/51	14-2000110	001(0)(0)	14,495.	۷.			Coontrolly Poblic Boockillo

Schedule I (Form 990)

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

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), WASHINGTON, GREATER							
SEATTLE - 802 NW 70TH ST -							
SEATTLE, WA 98117	91-1043712	501(C)(3)	6,684.	٥.			RESEARCH/PUBLIC EDUCATION
NATIONAL BRAIN TUMOR SOCIETY							
55 CHAPEL ST STE 200							
NEWTON, MA 02458	04-3068130	501(C)(3)	5,556.	٥.			RESEARCH/PUBLIC EDUCATION
OUTREACH COMMUNITY HEALTH CENTERS							
711 W CAPITAL DR							
MILWAUKEE, WI 53206	39-1353282	501(C)(3)	5,597.	0.			RESEARCH/PUBLIC EDUCATION
SHRINER'S HOSPITAL FOR CHILDREN							
2900 N ROCKY POINT DR							
TAMPA, FL 33607	36-2193608	501(C)(3)	5,705.	٥.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL ASSOC OF TEXAS MARC							
THOMAS FOUNDATION, TEXAS, AUSTIN -							
314 E HIGHLAND MALL BLVD STE 411 -							
AUSTIN, TX 78752	74-2934173	501(C)(3)	7,577.	٥.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, TEXAS, GREATER							
CENTRAL AND EAST TEXAS, AUSTIN -							
411 W MONROE ST STE 8 - AUSTIN, TX 78704	75-2854966	501(C)(3)	8,469.	٥.			RESEARCH/PUBLIC EDUCATION
PARKINSON'S INSTITUTE							
675 ALMANOR AVE	04 2061504	501/01/21	7.054	0.			
SUNNYVALE, CA 94085	94-3061594	501(C)(3)	7,054.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF THE BAY AREA,							
DISASTER FUND - 550 KEARNY ST STE							
1000 - SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	18,833.	٥.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF CENTRAL OKLAHOMA							
1444 NW 28TH ST							
OKLAHOMA CITY, OK 73106	73-0589829	501(C)(3)	6,499.	٥.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

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Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GREATER TWIN CITIES UNITED WAY 404 S 8TH ST							
MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	11,817.	٥.			RESEARCH/PUBLIC EDUCATION
CANCER RESEARCH AMERICA NFCR 5515 SECURITY LN., STE 1105	04 0521021	501/01/21	16.053				
ROCKVILLE, MD 20852	04-2531031	501(C)(3)	16,253.	0.			RESEARCH/PUBLIC EDUCATION
AMERICA'S BEST LOCAL CHARITIES 1100 LARKSPUR LANDING CIR STE 108 LARKSPUR, CA 94939	94-3042430	501(C)(3)	13,272.	0.			RESEARCH/PUBLIC EDUCATION
DENVER RESCUE MISSION 6100 SMITH RD							
DENVER, CO 80216	84-6038762	501(C)(3)	71,318.	٥.			RESEARCH/PUBLIC EDUCATION
HOPE COMMUNITY SERVICES 13760 N 93RD AVE STE 101							
PEORIA, AZ 85381	86-0589516	501(C)(3)	6,303.	٥.			RESEARCH/PUBLIC EDUCATION
PARTNERSHIP TO END ADDICTION 711 THIRD AVE 5TH FL STE 500	50 1736500	501/01/21	11 200				
NEW YORK, NY 10017 ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION - 225 E CHICAGO AVE PR DEPT BOX 282	52-1736502	501(C)(3)	11,300.	0.			RESEARCH/PUBLIC EDUCATION
- CHICAGO, IL 60611	36-3357006	501(C)(3)	9,540.	٥.			RESEARCH/PUBLIC EDUCATION
FAITH TEMPLE CHURCH OF GOD IN CHRIST - 1758 OAKDALE AVE - SAN							
FRANCISCO, CA 94124	94-2951960	501(C)(3)	5,106.	٥.			RESEARCH/PUBLIC EDUCATION
JN OUTREACH FOUNDATION P.O. BOX 347217							
SAN FRANCISCO, CA 94134	83-2150311	501(C)(3)	8,102.	٥.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

Schedule I (Form 990) CHC: CREATING HEALTHIER COMMUNITIES
Part II
Part

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
A PRECIOUS CHILD							
7051 W 118TH AVE							
BROOMFIELD, CO 80020	26-3349334	501(C)(3)	12,652.	٥.			RESEARCH/PUBLIC EDUCATIO
BEYOND HOME FKA COLORADO HOMELESS							
FAMILIES - 7447 W 61ST AVE -							
ARVADA, CO 80003	84-1049318	501(C)(3)	8,803.	٥.			RESEARCH/PUBLIC EDUCATION
BIENVENIDOS FOOD BANK							
3810 PECOS ST							
DENVER, CO 80211	74-2543251	501(C)(3)	11,638.	٥.			RESEARCH/PUBLIC EDUCATION
COMMUNITY TABLE							
8555 W 57TH AVE	74-2250374	501/01/21	12 257				
ARVADA, CO 80002	74-2250374	501(C)(3)	13,357.	0.			RESEARCH/PUBLIC EDUCATION
HELP & HOPE CENTER							
1638 PARK ST							
CASTLE ROCK, CO 80109	74-2395223	501(C)(3)	5,490.	٥.			RESEARCH/PUBLIC EDUCATION
METRO CARING							
1100 E 18TH AVE							
DENVER, CO 80218	84-6116951	501(C)(3)	7,608.	٥.			RESEARCH/PUBLIC EDUCATION
NAMTONAL CRORED COR MUS							
NATIONAL SPORTS CENTER FOR THE DISABLED - 1801 MILE HIGH STADIUM							
CIR STE 1500 - DENVER, CO 80204	84-0738419	501(C)(3)	8,052.	٥.			RESEARCH/PUBLIC EDUCATION
RALSTON HOUSE							
10795 W 58TH AVE							
ARVADA, CO 80002	84-1222085	DOT(C)(3)	8,817.	٥.			RESEARCH/PUBLIC EDUCATION
ROCKY MOUNTAIN MULTIPLE SCLEROSIS							
CENTER - 8845 WAGNER ST -							
WESTMINSTER, CO 80031	84-0795455	501(C)(3)	5,172.	٥.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

Schedule I (Form 990)

CHC: CREATING HEALTHIER COMMUNITIES (Schedule I (Form 990), Part II. 13-6167225

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SACRED HEART HOUSE OF DENVER							
2844 LAWRENCE ST							
DENVER, CO 80205	84-0889359	501(C)(3)	8,806.	٥.			RESEARCH/PUBLIC EDUCATI
SAFEHOUSE DENVER							
1649 DOWNING ST							
DENVER, CO 80218	84-0745911	501(C)(3)	13,398.	٥.			RESEARCH/PUBLIC EDUCATI
THE ACTION CENTER							
8755 W 14TH AVE							
LAKEWOOD, CO 80215	23-7019679	501(C)(3)	41,454.	٥.			RESEARCH/PUBLIC EDUCATI
ALTERNATIVES PREGNANCY CENTER							
23 INVERNESS WAY E STE 101							
ENGLEWOOD, CO 80112	74-2218129	501(C)(3)	7,736.	٥.			RESEARCH/PUBLIC EDUCATI
ALS ASSOC., CALIFORNIA, GREATER							
SACRAMENTO CHAPTER, SACRAMENTO -							
5701 SUNRISE BLVD - CITRUS							
HEIGHTS, CA 95610	68-0159292	501(C)(3)	7,846.	٥.			RESEARCH/PUBLIC EDUCATI
ALS ASSOC., CALIFORNIA, GOLDEN							
WEST CHAPTER, AGOURA HILLS - 28632							
ROADSIDE DR STE 173 - AGOURA							
HILLS, CA 91301	95-4163338	501(C)(3)	5,630.	٥.			RESEARCH/PUBLIC EDUCATI
AID ATLANTA							
1605 PEACHTREE ST NE							
ATLANTA, GA 30309	58-1537967	501(C)(3)	5,858.	٥.			RESEARCH/PUBLIC EDUCATI
ALS ASSOC, MARYLAND, DC/MD/VA							
CHAPTER, ROCKVILLE - 30 W GUDE DR							
STE 150 - ROCKVILLE, MD 20850	52-1749047	501(C)(3)	14,334.	٥.			RESEARCH/PUBLIC EDUCATI
ALZHEIMER'S NEW JERSEY							
425 EAGLE ROCK AVE STE 203							
ROSELAND, NJ 07068	22-2603592	501(C)(3)	5,737.	0.			RESEARCH/PUBLIC EDUCATI

Schedule I (Form 990)

Schedule I (Form 990) CHC: CREATING HEALTHIER COMMUNITIES
Part II
Part

13-6167225

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AMERICAN FAMILY ASSOCIATION							
107 PARK GATE DR							
TUPELO, MS 38803	64-0607275	501(C)(3)	5,338.	٥.			RESEARCH/PUBLIC EDUCATI
AUTISM SOCIETY OF MINNESOTA							
2380 WYCLIFF ST STE 102							
SAINT PAUL, MN 55114	41-1718029	501(C)(3)	5,842.	0.			RESEARCH/PUBLIC EDUCATIO
BARBARA ANN KARMANOS CANCER							
INSTITUTE - 4100 JOHN R ST -							
DETROIT, MI 48201	38-1613280	501(C)(3)	5,466.	0.			RESEARCH/PUBLIC EDUCATIO
	50 1015200	501(0)(0)	5,400.	•.			
CAMP BOGGY CREEK, FLORIDA, EUSTIS							
30500 BRANTLEY BRANCH RD							
EUSTIS, FL 32736	59-3012889	501(C)(3)	5,799.	٥.			RESEARCH/PUBLIC EDUCATIO
,			, .				
CHILDREN'S FOOD FUND/WORLD							
EMERGENCY RELIEF - 425 W ALLEN AVE							
STE 111 - SAN DIMAS, CA 91773	95-4014743	501(C)(3)	6,797.	٥.			RESEARCH/PUBLIC EDUCATIO
CROHN'S & COLITIS FOUNDATION,							
COLORADO, ROCKY MOUNTAIN CHAPTER -							
1805 S BELLAIRE ST STE 285 -							
DENVER, CO 80222	13-6193105	501(C)(3)	5,428.	٥.			RESEARCH/PUBLIC EDUCATIO
CROHN'S & COLITIS FOUNDATION,							
MASSACHUSETTS, NEW ENGLAND CHAPTER							
- 72 RIVER PARK ST STE 202 -							
NEEDHAM HEIGHTS, MA 02494	13-6193105	501(C)(3)	6,855.	٥.			RESEARCH/PUBLIC EDUCATIO
CROHN'S & COLITIS FOUNDATION OF							
AMERICA, WASHINGTON DC/VIRGINIA -							
11300 ROCKVILLE PIKE STE 1005 -							
ROCKVILLE, MD 20852	13-6193105	501(C)(3)	16,806.	٥.			RESEARCH/PUBLIC EDUCATIO
FOCUS ON THE FAMILY							
8605 EXPLORER DR							
COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	18,350.	٥.			RESEARCH/PUBLIC EDUCATIO

Schedule I (Form 990)

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Schedule L (Form 990) CHC: CREATING	HEALTHIER COM	MUNITIES mestic Organizations	and Domestic Go	wernments (Och	edule I (Form 990), Pa	rt II.)	13-6167225 Page 1
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LUNG CANCER RESEARCH FOUNDATION							
155 E 55TH ST STE 6H NEW YORK, NY 10022	14-1935776	501(C)(3)	5,068.	0.			RESEARCH/PUBLIC EDUCATION
			-,				
GEORGIA BREAST CANCER COALITION 5456 PEACHTREE BLVD STE 432							
CHAMBLEE, GA 30341	58-2104476	501(C)(3)	6,250.	٥.			RESEARCH/PUBLIC EDUCATION
GLORIA GEMMA BREAST CANCER FOUNDATION - 249 ROOSEVELT AVE STE							
201 - PAWTUCKET, RI 02860	13-4283582	501(C)(3)	6,774.	٥.			RESEARCH/PUBLIC EDUCATION
GOOD SHEPHERD CLNIC							
222 NW 12TH ST							
OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)	5,753.	٥.			RESEARCH/PUBLIC EDUCATION
HOSPICE OF DAYTON, OHIO							
324 WILMINGTON AVE							
DAYTON, OH 45420	31-0933339	501(C)(3)	12,991.	٥.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA,							
GEORGIA, GEORGIA CHAPTER - 1850							
LAKE PARK DR STE 101 - SMYRNA, GA 30080	58-1231804	501(C)(3)	9,173.	٥.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, OHIO,			2,2101	•.			
GREATER OHIO CHAPTER - 12930							
CHIPPEWA RD STE 6 - BRECKSVILLE,							
OH 44141	34-1229407	501(C)(3)	7,434.	٥.			RESEARCH/PUBLIC EDUCATIO
LUPUS FOUNDATION OF OKLAHOMA,							
OKLAHOMA, OKLAHOMA CITY - 3017 N							
STILES AVE STE 203 - OKLAHOMA CITY, OK 73105	23-7438732	501(C)(3)	5,212.	٥.			RESEARCH/PUBLIC EDUCATIO
MAKE-A-WISH FOUNDATION OF VIRGINIA							
2810 N PARHAM RD STE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	6,322.	0.			RESEARCH/PUBLIC EDUCATION
			0,000,	۰.		1	inter, coure product

Schedule I (Form 990)

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Schedule L(Form 990)	CHC:	CREATING	HEALTHIER	COMMUNITIES	

Part II

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Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MERCY SHIPS							
P.O. BOX 2020							
LINDALE, TX 75771	26-2414132	501(C)(3)	7,127.	٥.			RESEARCH/PUBLIC EDUCATION
MISSION OF MERCY, MARYLAND							
22 S MARKET ST STE 6D							
FREDERICK, MD 21701	86-0704883	501(C)(3)	5,860.	٥.			RESEARCH/PUBLIC EDUCATION
MOVEABLE FEAST							
901 N MILTON AVE 1ST FL							
BALTIMORE, MD 21205	52-1663825	501(C)(3)	5,909.	٥.			RESEARCH/PUBLIC EDUCATION
,			, .				
NORTHERN VIRGINIA MENTAL HEALTH							
FOUNDATION - 10317 REGENCY STATION							
DR - FAIRFAX STATION, VA 22039	54-1663921	501(C)(3)	8,314.	٥.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF SOUTHERN NEW							
ENGLAND - 345 WHITNEY AVE - NEW	06-0263565	501/01/31	7,081.	٥.			RESEARCH/PUBLIC EDUCATION
HAVEN, CT 06511	00-0203505	501(C/(S)	7,001.	۰.			RESEARCH/FUBLIC EDUCATION
PLANNED PARENTHOOD, MARYLAND							
330 N HOWARD ST							
BALTIMORE, MD 21201	52-0607930	501(C)(3)	36,136.	٥.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF							
KANSAS CITY, INC., MISSOURI - 2502 CHERRY - KANSAS CITY, MO 64108	43-1190760	501/01/31	12,036.	٥.			RESEARCH/PUBLIC EDUCATION
CHERRI - RANSAS CITI, NO 04100	43-1190700	501(C)(5)	12,030.	۰.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF							
AMERICA, MICHIGAN - 18516 JAMES							
COUZENS FWY - DETROIT, MI 48235	38-1963640	501(C)(3)	6,896.	٥.			RESEARCH/PUBLIC EDUCATION
OPPOTAT OF WARTON OF OPPOTAL NOT NOT							
SPECIAL OLYMPICA, GEORGIA, ATLANTA 6046 FINANCIAL DR							
NORCROSS, GA 30071	23-7201676	501(C)(3)	5,811.	٥.			RESEARCH/PUBLIC EDUCATIO

Schedule I (Form 990)

Schedule L(Form 990) CHC: CREATING Part II	HEALTHIER COM	MUNITIES mestic Organizations	and Domestic Ge	wernmenta (Cch	edule I (Form 999), Pa	rt II.)	13-6167225 Page
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SUSAN G. KOMEN, CALIFORNIA, SACRAMENTO VALLEY AFFILIATE - 2880 SUNRISE BLVD STE 220 - RANCHO CORDOVA, CA 95742	75-1835298	501(C)(3)	5,554.	0.			RESEARCH/PUBLIC EDUCATIO
, SUSAN G. KOMEN, GEORGIA, GREATER ATLANTA AFFILIATE - 3525 PIEDMONT							
RD 5 215 - ATLANTA, GA 30305	75-1835298	501(C)(3)	12,167.	٥.			RESEARCH/PUBLIC EDUCATIO
SUSAN G. KOMEN, MARYLAND 303 INTERNATIONAL CIRCLE STE 390 HUNT VALLEY, MD 21030	75-1835298	501(C)(3)	13,558.	0.			RESEARCH/PUBLIC EDUCATIO
SUSAN G. KOMEN, NORTH CAROLINA, CHARLOTTE AFFILIATE - 2316							
RANDOLPH RD - CHARLOTTE, NC 28207	75-1835298	501(C)(3)	5,273.	٥.			RESEARCH/PUBLIC EDUCATIO
SUSAN G. KOMEN, OHIO, NORTHEAST OH CHAPTER – 5350 TRANSPORTATION BLVD STE 22 – GARFIELD HEIGHTS, OH							
44125	75-1835298	501(C)(3)	5,710.	٥.			RESEARCH/PUBLIC EDUCATIO
SUSAN G. KOMEN, OREGON, OREGON & SOUTHWEST WASHINGTON - 1500 SW 1ST							
AVE STE 270 - PORTLAND, OR 97201	75-1835298	501(C)(3)	6,516.	٥.			RESEARCH/PUBLIC EDUCATIO
SUSAN G. KOMEN, TEXAS, DALLAS COUNTY AFFILIATE - P.O. BOX 731696							
- DALLAS, TX 75373	75-1835298	501(C)(3)	7,648.	٥.			RESEARCH/PUBLIC EDUCATIO
SUSAN G. KOMEN, VIRGINIA, CENTRAL & EASTERN VIRGINIA, RICHMOND - 611 N COURTHOUSE RD STE 110 -							
RICHMOND, VA 23236	75-1835298	501(C)(3)	11,811.	٥.			RESEARCH/PUBLIC EDUCATIO
THE CHILDREN'S CENTER, INC. 5800 NW 39TH EXPY							
BETHANY, OK 73008	73-0580264	501(C)(3)	5,909.	٥.			RESEARCH/PUBLIC EDUCATIO

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Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LLY'S HOUSE, OKLAHOMA, OKLAHOMA ITY - 308 W MAIN ST - MOORE, OK 3160	20-0726554	501(0)(3)	5,742.	0.			RESEARCH/PUBLIC EDUCATI
HILDREN'S CANCER ASSISTANCE FUND	20-0720334	501(0)(3)	5,742.				RESERVEN/FOBLIC EDUCATI
AINT LOUIS , MO 63102	37-1227890	501(C)(3)	6,153.	٥.			RESEARCH/PUBLIC EDUCATI

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

THE ORGANIZATION RECEIVES PLEDGE REPORTS FROM EACH WORKPLACE GIVING

CAMPAIGN DETAILING THE DONOR DESIGNATION TO MEMBER HEALTH CHARITIES.

COMMUNITY HEALTH CHARITIES DISTRIBUTES CAMPAIGN FUNDS TO MEMBER HEALTH

CHARITIES IN PROPORTION TO THE DONOR DESIGNATIONS RECEIVED. AS ALL

DONATIONS WERE TO 501(C)(3) CHARITIES, NO FURTHER MONITORING IS NECESSARY.

Schedule I (Form 990) 2020

sc	CHEDULE J Compensation Information						
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	20				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	20	,			
	tment of the Treasury Attach to Form 990. al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Open te Inspe	ection	C			
_	e of the organization Employer ide	ntificati	on nui	nber			
	CHC: CREATING HEALTHIER COMMUNITIES 13-61	57225					
Pa	rt I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)						
	Discretionary spending account Personal services (such as maid, chauneur, cher)						
•	If any of the haves on line to are checked, did the prophytotion follows written policy recording payment or						
a	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	u u					
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee						
	Independent compensation consultant						
	x Form 990 of other organizations x 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:						
а	Receive a severance payment or change-of-control payment?	4a		х			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х			
с	Participate in or receive payment from an equity-based compensation arrangement?	4c		х			
	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:						
		5a		x			
a b	The organization?	5b		x			
5	If "Yes" on line 5a or 5b, describe in Part III.	00					
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:						
а	The organization?	6a		х			
b	Any related organization?	6b		х			
	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	7	x				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) THOMAS BOGNANNO	(i)	354,115.	٥.	٥.	18,525.	15,172.	387,812.	0.
PRESIDENT & CEO	(ii)	٥.	0.	0.	0.	0.	0.	0.
<pre>(2) MOLLY GRAVHOLT</pre>	(i)	233,654.	6,750.	٥.	15,188.	1,011.	256,603.	0.
COO & CFO	(ii)	٥.	٥.	٥.	0.	0.	٥.	0.
(3) AMANDA PONZAR	(i)	179,913.	5,198.	٥.	11,694.	773.	197,578.	0.
CHIEF COMMUNICATIONS OFFIC	(ii)	٥.	٥.	٥.	٥.	0.	٥.	0.
<pre>(4) SHELLEY HAYES</pre>	(i)	171,346.	4,950.	٥.	11,138.	7,197.	194,631.	0.
CHIEF ENGAGEMENT OFFICER	(ii)	٥.	٥.	٥.	٥.	0.	٥.	٥.
(5) SARAH BUTLER	(i)	131,615.	3,765.	٥.	8,555.	12,596.	156,531.	٥.
SR DIRECTOR, CORP ENGAGEMENT	(ii)	٥.	٥.	٥.	٥.	٥.	٥.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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Part III Supplemental Information

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

PART I, LINE 7:

DISCRETIONARY MERIT BONUSES WERE AWARDED TO MOLLY GRAVHOLT, SHELLEY HAYES,

CHC: CREATING HEALTHIER COMMUNITIES

AMANDA PONZAR, LEEANN YANG AND SARAH BUTLER BY THE CEO FOR RESULTS ACHIEVED

IN THE PRIOR FISCAL YEAR. THE BONUS AMOUNTS WERE BASED ON TOTAL SALARY AND

THE RESULTS OF THE EMPLOYEE'S ANNUAL REVIEW.

Schedule J (Form 990) 2020

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SCHEDULE O (Form 990 or 990-EZ)	SupplementalianformationstosEorm。990.ou/99	0-EZ	2020
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	n CHC: CREATING HEALTHIER COMMUNITIES		er identification number 6167225
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CHC: CREATING HEAL	THIER COMMUNITIES (FORMERLY KNOWN AS COMMUNITY HEALTH		
CHARITIES) EXISTS	TO EMPOWER PEOPLE TO TAKE ACTION TO IMPROVE HEALTH		
AND WELLBEING.			
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CHC: CREATING HEAL	THIER COMMUNITIES (FORMERLY KNOWN AS COMMUNITY HEALTH		
CHARITIES/THE "ORG	ANIZATION") IS A NATIONAL NONPROFIT THAT BUILDS		
STRONGER, HEALTHIE	R COMMUNITIES AND EMPOWERS PEOPLE TO TAKE ACTION TO		
IMPROVE HEALTH AND	WELLBEING. THE ORGANIZATION DOES THIS BY RAISING		
FUNDS AND AWARENES	S TO SUPPORT HEALTH EDUCATION, PREVENTION, AND		
TREATMENT; BY REPR	ESENTING AND BUILDING CAPACITY FOR NONPROFIT CHARITY		
PARTNERS AND DRIVI	NG SUPPORTERS TO THEIR CAUSE; BY ENGAGING FEDERAL		
EMPLOYEES IN THE C	OMBINED FEDERAL CAMPAIGN; AND BY ENGAGING PUBLIC		
SECTOR AND PRIVATE	SECTOR ORGANIZATIONS AND THEIR EMPLOYEES IN		
WORKPLACE GIVING C	AMPAIGNS, CUSTOM GIVING OPPORTUNITIES, VOLUNTEERING,		
AND STRATEGIC PART	NERSHIPS.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS PR	ESENTED TO THE AUDIT COMMITTEE AS PART OF THE FINANCIAL		
STATEMENT APPROVAL	PROCESS. THEREAFTER, A COPY OF THE FORM 990 IS PROVIDED		
TO THE BOARD VIA E	MAIL.		

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

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

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CHC: CREATING HEALTHIER COMMUNITIES	Employer identification number 13-6167225
THE BOARD IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. CONFLICTS OF	
INTEREST STATEMENTS ARE SIGNED ANNUALLY BY EACH BOARD MEMBER. IN ADDITION,	
BOARD MEMBERS HAVE THE OBLIGATION TO UPDATE THE CONFLICT OF INTEREST	
STATEMENTS IF CIRCUMSTANCES CHANGE DURING THE YEAR. IN THE EVENT OF A	
CONFLICT, THE INDIVIDUAL INVOLVED WILL RECUSE THEMSELVES FROM ANY VOTE ON	
THE MATTER.	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARY AND PERFORMANCE EVALUATIONS ARE DETERMINED BY THE EXECUTIVE	
COMMITTEE ANNUALLY FOR THE CEO. THE COMMITTEE REVIEWS CURRENT SALARY AND	
COMPARES WITH OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND MISSION.	
FORM 990 DART UT LINE 17 LIGT OF CRATES RECEIVING CORV OF FORM 990.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN	
UT,VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON	
REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S OWN	
WEBSITE.	
FORM 990, PART X	
ON JULY 1, 2020, CHC ENTERED INTO AN "AGREEMENT AND PLAN OF MERGER"	
WITH CARING CONNECTION, A COLORADO NONPROFIT CORPORATION.	
ON JANUARY 29, 2021, CHC ENTERED INTO AN "AGREEMENT AND PLAN OF MERGER"	

WITH NEIGHBOR TO NATION, A VIRGINIA NONSTOCK CORPORATION, CHRISTIAN

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CHC: CREATING HEALTHIER COMMUNITIES	Employer identification number 13-6167225
SERVICE CHARITIES, INC., A CALIFORNIA NONPROFIT PUBLIC BENEFIT	
CORPORATION, AND HUMAN SERVICE CHARITIES OF AMERICA, INC., A CALIFORNIA	
NONPROFIT PUBLIC BENEFIT CORPORATION.	
THE MERGERS WERE ONE-TIME TRANSFERS OF THE ASSETS OF THE MERGING	
CORPORATIONS, WITH ALL ASSETS INVOLVED IN THE TRANSFER DEVOTED TO THE	
PROMOTION OF CHC'S EXEMPT PURPOSES.	
THE MERGER WITH EACH ORGANIZATION WAS COMPLETED AS FOLLOWS:	
CARING CONNECTION - AUGUST 31, 2020	
NEIGHBOR TO NATION - MARCH 2, 2021	
CHRISTIAN SERVICE CHARITES, INC JUNE 22, 2021	
HUMAN SERVICE CHARITIES OF AMERICA, INC JUNE 22, 2021	

SCHEDULE R (Form 990)

■ 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.

2020

Department of the Treasury Internal Revenue Service

Name of the organization

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

CHC: CREATING HEALTHIER COMMUNITIES

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
Bart II Identification of Related Tax-Exempt Organizat	tions. Complete if the organization and	wered "Yes" on Form 990, Pa	rt IV, line 34, becaus	e it had one or more	related tax-exempt

Part II 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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NEIGHBOR TO NATION - 54-1879282					CHC: CREATING		
1199 N. FAIRFAX ST. SUITE 600					HEALTHIER		
ALEXANDRIA, VA 22314	WORKPLACE FUND DRIVES	VIRGINIA	501(C)(3)	LINE 7	COMMUNITIES	х	
HUMAN SERVICE CHARITIES OF AMERICA, INC					CHC: CREATING		
94-3240353, 1199 N. FAIRFAX ST. SUITE 600,					HEALTHIER		
ALEXANDRIA, VA 22314	WORKPLACE FUND DRIVES	CALIFORNIA	501(C)(3)	LINE 7	COMMUNITIES	х	
CHRISTIAN SERVICE CHARITIES, INC	FACILITATING INCLUSION OF				CHC: CREATING		
94-3193374, 1199 N. FAIRFAX ST. SUITE 600,	CHRISTIAN CHARITIES IN				HEALTHIER		
ALEXANDRIA, VA 22314	GIVING OPPORTUNITIES	CALIFORNIA	501(C)(3)	LINE 7	COMMUNITIES	х	
CHC: CREATING HEALTHIER COMMUNITIES, LOCAL	BUILDING AWARENESS OF AND				CHC: CREATING		
(FKA CHC,LOCAL) - 85-0258784, 1199 N.	FINANCIAL SUPPORT FOR				HEALTHIER		1
FAIRFAX ST. SUITE 600, ALEXANDRIA, VA 22314	MEMBER HEALTH AGENCIES	VIRGINIA	501(C)(3)	LINE 7	COMMUNITIES	х	

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

Schedule R (Form 990) 2020

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number 13-6167225

13-6167225 Page 2

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

(-)	(1.)	(1)	()	(-)	10	(-)			(1)	17	0.5
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	l or Percenta
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	rtions?	amount in box 20 of Schedule K-1 (Form 1065)	partn	ing ownersh
		country)		(related, unrelated, excluded from tax under sections 512-514)		033013	Yes No		K-1 (Form 1065)	Yes	No
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Part IV

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

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

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Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
	Gift, grant, or capital contribution to related organization(s)	1b		х
с	Gift, grant, or capital contribution from related organization(s)	1c	х	
d	Loans or loan guarantees to or for related organization(s)	1d		х
е	Loans or loan guarantees by related organization(s)	1e		х
f	Dividends from related organization(s)	1f		х
g		1g		х
h	Purchase of assets from related organization(s)	1h		х
i	Exchange of assets with related organization(s)	1i		х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	1o		Х
р	Reimbursement paid to related organization(s) for expenses	1p		х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	
	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) CHC: CREATING HEALTHIER COMMUNITIES, LOCAL (FKA CHC, LOCAL)	L	175,706.	COST
(2) CHRISTIAN SERVICE CHARITIES, INC.	S	97,456.	COST
(3)			
(4)			
(5)			
(6)			

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Schedule R (Form 990) 2020

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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a)	(b)	(c)	(d)	Are Are partner 501 (c org:	e)	(f)	(g)	((h)	(i)	(i	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partner	rs sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	(related, unrelated,	501 (0	c)(3)	total	end-of-year	tio	inate stiane?	amount in box 20) mana	aging	ownership
,		country)	(related, unrelated, excluded from tax under sections 512-514)	Yes	к.r		assets	allous	monsr	 of Schedule K-1 (Eorm 1065) 	paru	1877	
			56010115 512-514)	Yes	No	inconto	000010	Yes	; No	(FOITH 1005)	Yes	NO	
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Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020 CHC : C Part VII Supplemental Information

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