

PUBLIC DISCLOSURE COPY

Department of the Treasury
Internal Revenue Service

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Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address changed <input type="checkbox"/> Name changed <input type="checkbox"/> Initials changed <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended <input type="checkbox"/> Application pending | C Name of organization CHC: CREATING HEALTHIER COMMUNITIES | | D Employer identification number 13-6167225 |
| | Doing business as | | E Telephone number (703) 528-1007 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 18,690,089. |
| | 1199 N. FAIRFAX STREET, SUITE 600 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F Name and address of principal officer: THOMAS G. BOGNANNO SAME AS C ABOVE | | If "No," attach a list. See instructions | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.HEALTHCHARITIES.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1957 | M State of legal domicile: DC |

Part I Summary

| | | | |
|---|-----|--|-------------|
| 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | | |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 16 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 16 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 45 |
| | 6 | Total number of volunteers (estimate if necessary) | 24 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0. |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 21,768,194. |
| | 9 | Program service revenue (Part VIII, line 2g) | 725,664. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 69,634. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 22,563,492. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 15,466,094. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,167,514. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) | 282,642. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,976,070. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 21,609,678. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 953,814. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 22,475,123. |
| | 21 | Total liabilities (Part X, line 26) | 13,026,642. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 9,448,481. |

Part II Signature Block

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

| | | | | |
|------------------------|---|--|--------------------------|---|
| Sign Here | Thomas G. Bognanno | | 11/15/21 | |
| | THOMAS G. BOGNANNO, PRESIDENT & CEO | | Date | |
| Paid Preparer Use Only | Print/Type preparer's name RAYMOND BARBAGALLO | | Date 2021.11.08 | Check if self-employed <input type="checkbox"/> |
| | Firm's name CHERRY BEKAERT, LLP. | | Firm's EIN 56-0574444 | PTIN P00173692 |
| | Firm's address 6116 EXECUTIVE BLVD, SUITE 600 ROCKVILLE, MD 20852 | | Phone no. 301-589-9000 | |

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

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

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? ☐ Yes ☒ No

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

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

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

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

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

4a (Code:) (Expenses \$ 18,910,025. including grants of \$ 14,263,556.) (Revenue \$ 663,104.)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.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 18,910,025.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

| | Yes | No |
|--|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 21 | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | Yes | No |
|--|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 45 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b If "Yes," enter the name of the foreign country | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | X |
| If "Yes," complete Form 4720, Schedule O. | | |

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

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

☒
Section A. Governing Body and Management

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year 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. | 16 | |
| 1b Enter the number of voting members included on line 1a, above, who are independent | 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? | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 Did the organization have members or stockholders? | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | X | |
| b Each committee with authority to act on behalf of the governing body? | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **LEEANN YANG - (703) 528-1007**
1199 N. FAIRFAX STREET, SUITE 600, ALEXANDRIA, VA 22314

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THOMAS BOGNANNO PRESIDENT & CEO | 40.00 | | | X | | | | 354,115. | 0. | 33,697. |
| (2) MOLLY GRAVHOLT COO & CFO | 40.00 | | | X | | | | 240,404. | 0. | 16,199. |
| (3) AMANDA PONZAR CHIEF COMMUNICATIONS OFFIC | 40.00 | | | | | X | | 185,111. | 0. | 12,467. |
| (4) SHELLEY HAYES CHIEF ENGAGEMENT OFFICER | 40.00 | | | | | X | | 176,296. | 0. | 18,335. |
| (5) SARAH BUTLER SR DIRECTOR, CORP ENGAGEMENT | 40.00 | | | | | X | | 135,380. | 0. | 21,151. |
| (6) LEEANN YANG CONTROLLER | 40.00 | | | | | X | | 141,500. | 0. | 7,303. |
| (7) KEVIN CLAYTON CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (8) ADAM ROTHSCHILD VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) JILLIAN MERSHON VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (10) LINDA BLOUNT SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (11) ERIC JONES TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (12) ABU M. ARIF DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) ALAN NEVEL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) ALEX CUNNINGHAM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) CHARLEEDA REDMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) DR. SANDRA B. NICHOLS, MD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) ERIN GOLLHOFER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOHN M. STANOCH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) KAREN ADDIS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) KAREN SPRUILL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) NANCY TAYLOR DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) PETER DUDLEY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) ROMANA ROLNIAK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) STEPHEN KEITH DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) TELEANGE THOMAS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) TENBIT EMIRU DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,232,806. | 0. | 109,152. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,232,806. | 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 **6**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| GOODWORLD 1875 K ST NW STE 400, WASHINGTON, DC 20006 | CONSULTING | 124,229. |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 | | |

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|--|-----------------------------|--|--------------------------------------|---|-------------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 17,516,797. | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d 55,259. | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 359,881. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| | h Total. Add lines 1a-1f | | | | | | 17,931,937. |
| | Program Service Revenue | 2 a APPLICATION FEES | Business Code 561000 | 448,292. | 448,292. | | |
| b MANAGEMENT FEES | | 561000 | 180,312. | 180,312. | | | |
| c GENERAL PROMOTION | | 561000 | 27,497. | 27,497. | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 656,101. | | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | | 78,909. | | | 78,909. |
| | | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real 16,139. | | | | | |
| | b Less: rental expenses | (ii) Personal 0. | | | | | |
| | c Rental income or (loss) | 16,139. | | | | | |
| | d Net rental income or (loss) | | | | | | 16,139. |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | b Less: direct expenses | 8b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | 900099 | 7,003. | 7,003. | | | |
| | e Total. Add lines 11a-11d | | 7,003. | | | | |
| | 12 Total revenue. See instructions | | 18,690,089. | 663,104. | 0. | 95,048. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 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): | | | | |
| a Management | | | | |
| b Legal | 110,886. | 93,165. | 15,545. | 2,176. |
| c Accounting | 72,910. | 61,258. | 10,221. | 1,431. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 10,658. | | 10,658. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 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 O.) | | | | |
| a 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 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

☒

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 8,949,099. | 2 | 7,959,234. |
| | 3 Pledges and grants receivable, net | 10,476,576. | 3 | 11,936,817. |
| | 4 Accounts receivable, net | 597,247. | 4 | 163,113. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 99,044. | 9 | 119,257. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 110,280. | | |
| | b Less: accumulated depreciation | 10b 95,643. | 36,622. | 10c 14,637. |
| | 11 Investments - publicly traded securities | 2,058,100. | 11 | 2,364,342. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 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) | 22,475,123. | 16 | 22,607,541. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,281,282. | 17 | 2,154,670. |
| | 18 Grants payable | 10,745,360. | 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 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 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. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 9,448,481. | 27 | 8,395,731. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 9,448,481. | 32 | 8,395,731. |
| | 33 Total liabilities and net assets/fund balances | 22,475,123. | 33 | 22,607,541. |

Form 990 (2020)

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,690,089. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,970,172. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,280,083. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 9,448,481. |
| 5 | Net unrealized gains (losses) on investments | 5 | 227,333. |
| 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 | 8,395,731. |

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

| | Yes | No |
|---|-----------|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | |

Form **990** (2020)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 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. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 33,135,957. | 27,020,688. | 21,322,342. | 21,768,194. | 17,931,937. | 121,179,118. |
| 8 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. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 4,827,151. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.67 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 99.73 % |
| 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

MISCELLANEOUS

2020 AMOUNT: \$ 7,003.

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

| | |
|-------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| CHC: CREATING HEALTHIER COMMUNITIES | 13-6167225 |

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 <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 422,660. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 412,216. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 524,887. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 6,250,198. | Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Employer identification number

13-6167225

Part II

[illegible]

| | |
|-------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| CHC: CREATING HEALTHIER COMMUNITIES | 13-6167225 |

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

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

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

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

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

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

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

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

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

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

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

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

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

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

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

- (i) Unrelated organizations
(ii) Related organizations

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

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (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.) ▶ | |

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.) ▶ | |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,995,939. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 227,333. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 342,072. |
| e | Add lines 2a through 2d | 2e | 569,405. |
| 3 | Subtract line 2e from line 1 | 3 | 4,426,534. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 14,263,555. |
| c | Add lines 4a and 4b | 4c | 14,263,555. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 18,690,089. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,706,617. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 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 | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 14,263,555. |
| c | Add lines 4a and 4b | 4c | 14,263,555. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 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 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; HOWEVER, THE

ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN

UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER

Part XIII Supplemental information (continued)

EXAMINATION BY ANY TAXING JURISDICTION, THE ORGANIZATION'S FEDERAL AND

STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR 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
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number
13-6167225

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| A KID AGAIN, OHIO, COLUMBUS 777 G DEARBORN PARK LN COLUMBUS, OH 43085 | 31-1440073 | 501(C)(3) | 17,226. | 0. | | | RESEARCH/PUBLIC 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOCIATION, COLORADO, ROCKY MOUNTAIN CHAPTER, WESTMINSTER - 10855 DOVER ST., STE 500 - WESTMINSTER, CO 80021 | 84-1337868 | 501(C)(3) | 6,315. | 0. | | | RESEARCH/PUBLIC EDUCATION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 242.

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

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

Schedule I (Form 990) 2020

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ALS ASSOCIATION, MINNESOTA, MINNESOTA/ND/SD CHAPTER, MINNEAPOLIS - 1919 UNIVERSITY AVE., W. STE 175 - SAINT PAUL, MN | 41-1756085 | 501(C)(3) | 7,926. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOCIATION, NORTH CAROLINA, 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALZHEIMER'S & DEMENTIA ALLIANCE OF WISCONSIN - 3330 UNIVERSITY AVE., STE 300 - MADISON, WI 53705 | 39-1679333 | 501(C)(3) | 64,884. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE., STE 1700 CHICAGO, IL 60601 | 13-3039601 | 501(C)(3) | 603,984. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALZHEIMER'S TEXAS 7719 WOOD HOLLOW DR., STE 157 AUSTIN, TX 78731 | 74-2286105 | 501(C)(3) | 11,107. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AMERICAN CANCER SOCIETY 3380 CHASTAIN MEADOWS PKWY NW KENNESAW, GA 30144 | 13-1788491 | 501(C)(3) | 1,020,648. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE STE 900 ARLINGTON, VA 22202 | 13-1623888 | 501(C)(3) | 320,199. | 0. | | | RESEARCH/PUBLIC EDUCATION |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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 DALLAS, TX 75231 | 13-5613797 | 501(C)(3) | 352,299. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE STE 300 ROCKVILLE, MD 20852 | 23-7124261 | 501(C)(3) | 71,310. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AMERICAN LIVER FOUNDATION 155 PASSAIC AVE FAIRFIELD, NJ 07004 | 36-2883000 | 501(C)(3) | 27,102. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AMERICAN LUNG ASSOCIATION 55 W WACKER DR STE 1150 CHICAGO, IL 60601 | 13-1632524 | 501(C)(3) | 107,001. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVE - STATEN ISLAND, NY 10305 | 13-1962771 | 501(C)(3) | 17,285. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ARIZONA AUTISM UNITED 5025 E WASHINGTON ST STE 212 PHOENIX, AZ 85034 | 16-1738730 | 501(C)(3) | 12,411. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ARTHRITIS FOUNDATION 1355 PEACHTREE ST 6TH FL ATLANTA, GA 30309 | 58-1341679 | 501(C)(3) | 75,844. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ASPCA - 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 EDUCATION |
| AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN - 3720 N 124TH ST STE O - WAUWATOSA, WI 53222 | 39-1708201 | 501(C)(3) | 11,783. | 0. | | | RESEARCH/PUBLIC EDUCATION |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AUTISM SPEAKS 1 EAST 33RD ST 4TH FL NEW YORK, NY 10016 | 20-2329938 | 501(C)(3) | 210,817. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401 | 41-1704734 | 501(C)(3) | 31,463. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| BREAST CANCER RECOVERY FOUNDATION, WISCONSIN - 6131 NESBITT RD STE 300 - FITCHBURG, WI 53719 | 39-1894850 | 501(C)(3) | 7,538. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| BROADSCOPE 6102 W LAYTON AVE GREENFIELD, WI 53220 | 39-1143353 | 501(C)(3) | 15,542. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CANCER RESEARCH INSTITUTE 29 BROADWAY 4TH FL NEW YORK, NY 10006 | 13-1837442 | 501(C)(3) | 140,240. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CARINGBRIDGE 2750 BLUE WATER RD. EAGAN, MN 55121 | 42-1529394 | 501(C)(3) | 11,303. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| 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 EDUCATION |
| CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019 | 13-6093337 | 501(C)(3) | 18,293. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CHILDREN'S CANCER ASSOCIATION 1200 NW NAITO PKWY STE 140 PORTLAND, OR 97209 | 93-1181662 | 501(C)(3) | 11,964. | 0. | | | RESEARCH/PUBLIC EDUCATION |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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 EDUCATION |
| CHILDREN'S CANCER RESEARCH FUND, MINNESOTA - 7301 OHMS LN STE 355 - MINNEAPOLIS, MN 55439 | 41-1893645 | 501(C)(3) | 15,095. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CHILDREN'S HEART FOUNDATION 5 REVERE DR., STE 200 NORTHBROOK, IL 60062 | 36-4077528 | 501(C)(3) | 6,994. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CHILDREN'S HOSPITAL FOUNDATION - OKLAHOMA - 901 N LINCOLN BLVD., STE 305 - OKLAHOMA CITY, OK 73104 | 73-1200262 | 501(C)(3) | 13,101. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 11783 ROCK LANDING DR - NEWPORT NEWS, VA 23606 | 54-0506321 | 501(C)(3) | 7,666. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CHILDREN'S TUMOR FOUNDATION 370 LEXINGTON AVE., STE 2100 NEW YORK, NY 10017 | 13-2298956 | 501(C)(3) | 17,821. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010 | 95-3435919 | 501(C)(3) | 51,019. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| COOLEY'S ANEMIA FOUNDATION 330 SEVENTH AVE STE 200 NEW YORK, NY 10001 | 11-1971539 | 501(C)(3) | 9,726. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CRAIG HOSPITAL 3425 S CLARKSON ST ENGLEWOOD, CO 80113 | 84-0404233 | 501(C)(3) | 10,492. | 0. | | | RESEARCH/PUBLIC EDUCATION |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 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 EDUCATION |
| CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE., STE 1100N BETHESDA, MD 20814 | 13-1930701 | 501(C)(3) | 162,614. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| DEPRESSION AND BIPOLAR SUPPORT ALLIANCE - 55 E JACKSON BLVD STE 490 - CHICAGO, IL 60604 | 36-3379124 | 501(C)(3) | 15,381. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO - 510 E NORTH BROADWAY 4TH FL - COLUMBUS, OH 43214 | 31-1126185 | 501(C)(3) | 11,490. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| EASTER SEALS 141 W. JACKSON BLVD. 1400A CHICAGO, IL 60604 | 36-2171729 | 501(C)(3) | 8,451. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ENDOMETRIOSIS ASSOCIATION, INC. 8585 N 76TH PL MILWAUKEE, WI 53223 | 39-1414754 | 501(C)(3) | 7,810. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| EPILEPSY FOUNDATION OF AMERICA 3540 CRAIN HIGHWAY STE 675 BOWIE, MD 20716 | 52-0856660 | 501(C)(3) | 49,478. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| FIRST ASSEMBLY OF GOD 133 JUNCTION RD BROOKFIELD, CT 06804 | 06-0872941 | 501(C)(3) | 9,836. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852 | 11-3158401 | 501(C)(3) | 11,817. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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

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| LUPUS FOUNDATION OF AMERICA 2121 K. ST., NW., STE 200 WASHINGTON, DC 20037 | 43-1131436 | 501(C)(3) | 68,153. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| LUPUS FOUNDATION OF AMERICA, PENNSYLVANIA, PHILADELPHIA TRI-STATE CHAPTER - 101 GREENWOOD AVE., STE 200 - JENKINTOWN, PA | 23-7080555 | 501(C)(3) | 8,545. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| LUPUS FOUNDATION OF AMERICA, WISCONSIN, WISCONSIN CHAPTER - 2600 N. MAYFAIR RD., STE 320 - MILWAUKEE, WI 53226 | 39-1620195 | 501(C)(3) | 5,701. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER), WISCONSIN - 10000 W INNOVATION DR STE 135 - MILWAUKEE, WI 53226 | 39-1270290 | 501(C)(3) | 18,722. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MAKE-A-WISH FOUNDATION OF COLORADO 7951 E MAPLEWOOD AVE STE 126 GREENWOOD VILLAGE, CO 80111 | 74-2273004 | 501(C)(3) | 22,491. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND - 133 FEDERAL ST 2ND FL - BOSTON, MA 02110 | 22-2867371 | 501(C)(3) | 14,818. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 W PLANK CT STE 200 - WAUWATOSA, WI 53226 | 39-1543541 | 501(C)(3) | 52,273. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MARCH OF DIMES FOUNDATION 1550 CRYSTAL DR STE 1300 ARLINGTON, VA 22202 | 13-1846366 | 501(C)(3) | 134,833. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MENTAL HEALTH AMERICA (FORMERLY NATIONAL MENTAL HEALTH ASSOCIATION) - 500 MONTGOMERY ST STE 820 - ALEXANDRIA, VA 22314 | 13-1614906 | 501(C)(3) | 33,329. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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| MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222 | 74-2499946 | 501(C)(3) | 10,820. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MINNEAPOLIS HEART INSTITUTE FOUNDATION, MINNESOTA - 920 E 28TH ST STE 100 - MINNEAPOLIS, MN 55407 | 41-1426406 | 501(C)(3) | 6,452. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MINNESOTA OVARIAN CANCER ALLIANCE 4604 CHICAGO AVE MINNEAPOLIS, MN 55407 | 41-1960449 | 501(C)(3) | 7,041. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MUSCULAR DYSTROPHY ASSOCIATION 161 N. CLARK ST., STE 3550 CHICAGO, IL 60601 | 13-1665552 | 501(C)(3) | 60,689. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MYASTHENIA GRAVIS FOUNDATION OF AMERICA - 290 TURNPIKE RD STE 5-315 - WESTBOROUGH, MA 01581 | 13-5672224 | 501(C)(3) | 12,294. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) - 4301 WILSON BLVD STE 300 - ARLINGTON, VA 22203 | 43-1201653 | 501(C)(3) | 75,292. | 0. | | | 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. | 0. | | | 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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| NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA STE 1204 NEW YORK, NY 10001 | 13-5641857 | 501(C)(3) | 6,045. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016 | 13-1673104 | 501(C)(3) | 70,436. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NATIONAL KIDNEY FOUNDATION, WISCONSIN - 10909 W. GREENFIELD AVE., STE 201 - WEST ALLIS, WI 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NATIONAL OVARIAN CANCER COALITION 3800 MAPLE AVE., STE 435 DALLAS, TX 75219 | 65-0628064 | 501(C)(3) | 17,801. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 97223 | 93-0571472 | 501(C)(3) | 19,815. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 E CAMELBACK RD STE 122 - PHOENIX, AZ 85016 | 74-2421549 | 501(C)(3) | 114,707. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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| 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| RONALD MCDONALD HOUSE CHARITIES OF DENVER - 1300 E 21ST AVE - DENVER, CO 80205 | 84-0728926 | 501(C)(3) | 15,304. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 WATERTOWN PLANK RD - WAUWATOSA, WI 53226 | 39-1433107 | 501(C)(3) | 25,684. | 0. | | | 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA - 4560 FOUNTAIN AVE - LOS ANGELES, CA 90029 | 95-3167869 | 501(C)(3) | 13,701. | 0. | | | 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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| RYAN HOUSE 110 W MUHAMMAD ALI WAY PHOENIX, AZ 85013 | 20-1852393 | 501(C)(3) | 13,158. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| 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 |

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| 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 - SEATTLE, WA 98109 | 91-1624040 | 501(C)(3) | 12,774. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN ST - DALLAS, TX 75219 | 75-0818178 | 501(C)(3) | 50,393. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| THE PAINTED TURTLE 1300 4TH ST., STE 300 SANTA MONICA, CA 90401 | 95-4612481 | 501(C)(3) | 5,537. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| UNITED CEREBRAL PALSY OF GREATER DANE COUNTY - 2801 COHO ST STE 300 - MADISON, WI 53713 | 39-1034054 | 501(C)(3) | 11,810. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909 | 05-0276059 | 501(C)(3) | 14,263. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| WISCONSIN PARKINSON ASSOCIATION 16655 W. BLUEMOUND RD., STE 330 BROOKFIELD, WI 53005 | 39-1492810 | 501(C)(3) | 10,607. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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| 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 MENDOTA HEIGHTS, MN 55120 | 41-1990883 | 501(C)(3) | 11,462. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| BLACK WOMEN'S HEALTH IMPERATIVE 384 NORTHYARDS BLVD. NW ATLANTA, GA 30313 | 58-1557556 | 501(C)(3) | 51,356. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CAN DO CANINES 9440 SCIENCE CENTER DR. NEW HOPE, MN 55428 | 41-1594165 | 501(C)(3) | 25,192. | 0. | | | 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 10220 PRAIRIE RIDGE BLVD. PLEASANT PRAIRIE,, WI 53158 | 39-1822945 | 501(C)(3) | 9,771. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SHRINER'S HOSPITAL FOR CHILDREN - UT - 1275 E. FAIRFAX RD. - SALT LAKE CITY, UT 84103 | 36-2193608 | 501(C)(3) | 38,099. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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| SOUTHWEST 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. | 0. | | | 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. | 0. | | | 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, STE 100 ANN ARBOR, MI 48108 | 38-1707521 | 501(C)(3) | 20,972. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SAMARITAN'S PURSE 801 BAMBOO RD. P.O. BOX 300 BOONE, NC 28607 | 58-1437002 | 501(C)(3) | 80,809. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 199 WATER ST 11TH FL - NEW YORK, NY 10038 | 13-3393329 | 501(C)(3) | 33,644. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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| BREAST CANCER RESEARCH FOUNDATION, INC. - 28 W 44TH ST STE 609 - NEW YORK, NY 10036 | 13-3727250 | 501(C)(3) | 63,315. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| COVENANT HOUSE INTERNATIONAL 461 EIGHTH AVE NEW YORK, NY 10001 | 13-2725416 | 501(C)(3) | 6,291. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CRESCENT COVE 4201 58TH AVE N BROOKLYN CENTER, MN 55429 | 27-1035515 | 501(C)(3) | 9,523. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CROHN'S & COLITIS FOUNDATION, 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| PARALYZED VETERANS OF AMERICA 801 18TH ST NW WASHINGTON, DC 20006 | 13-1946868 | 501(C)(3) | 24,670. | 0. | | | 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 I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY ST - PROVIDENCE, RI 02905 | 22-2760752 | 501(C)(3) | 6,716. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SAN FRANCISCO FIREFIGHTERS TOY PROGRAM - 1139 MISSION ST - SAN FRANCISCO, CA 94103 | 94-2598851 | 501(C)(3) | 5,098. | 0. | | | 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. | 0. | | | 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)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006 | 73-1395057 | 501(C)(3) | 15,120. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| WESTERN STATES CANCER RESEARCH PROGRAM NCORP - 1325 S COLORADO BLVD BLDG B STE 400 - DENVER, CO 80222 | 84-1090476 | 501(C)(3) | 5,527. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| WISHES & MORE 961 HILLWIND RD NE MINNEAPOLIS, MN 55432 | 20-1766318 | 501(C)(3) | 5,648. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CROHN'S & COLITIS FOUNDATION 733 THIRD AVE STE 510 NEW YORK, NY 10001 | 13-6193105 | 501(C)(3) | 81,310. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOC, OHIO, CENTRAL & SOUTHERN OHIO CHAPTER, COLUMBUS - 1170 OLD HENDERSON RD STE 221 - COLUMBUS, OH 43220 | 31-1235704 | 501(C)(3) | 8,663. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOC, PENNSYLVANIA, WESTERN PA CHAPTER, PITTSBURGH - 416 LINCOLN AVE - PITTSBURGH, PA 15209 | 23-7123851 | 501(C)(3) | 6,524. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOC, TEXAS, TEXAS CHAPTER, DALLAS - 14555 DALLAS PKWY STE 100-219 - DALLAS, TX 75254 | 74-2678974 | 501(C)(3) | 13,829. | 0. | | | RESEARCH/PUBLIC 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 EDUCATION |
| A CHILD'S FEEDING FUND 8215 E JASMINE CIR MESA, AZ 85207 | 45-3839595 | 501(C)(3) | 16,138. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| A CHILD'S LIFE SAVED 2507 E LEONORA ST MESA, AZ 85203 | 45-3839580 | 501(C)(3) | 7,003. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ATLANTA MISSION 2353 BOLTON RD NW ATLANTA, GA 30318 | 58-0572430 | 501(C)(3) | 16,315. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CROHN'S & COLITIS FOUNDATION, WISCONSIN CHAPTER - 17100 W BLUEMOUND RD STE 101 - BROOKFIELD, WI 53005 | 13-6193105 | 501(C)(3) | 19,482. | 0. | | | 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 EDUCATION |
| EASTER SEALS, WISCONSIN, MADISON 8001 EXCELSIOR DR STE 200 MADISON, WI 53717 | 39-0824877 | 501(C)(3) | 5,298. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| HOUSE OF HOPE FOR ALCOHOLICS, OHIO 825 DENNISON AVE COLUMBUS, OH 43215 | 31-4443449 | 501(C)(3) | 7,194. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| LUPUS FOUNDATION OF AMERICA, TEXAS, LONE STAR CHAPTER - 14675 MIDWAY RD STE 201 - ADDISON, TX 75001 | 75-1561127 | 501(C)(3) | 8,844. | 0. | | | 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), WASHINGTON, GREATER SEATTLE - 802 NW 70TH ST - SEATTLE, WA 98117 | 91-1043712 | 501(C)(3) | 6,684. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL ST STE 200 NEWTON, MA 02458 | 04-3068130 | 501(C)(3) | 5,556. | 0. | | | 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. | 0. | | | 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. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| PARKINSON'S INSTITUTE 675 ALMANOR AVE 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 73106 | 73-0589829 | 501(C)(3) | 6,499. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GREATER TWIN CITIES UNITED WAY 404 S 8TH ST MINNEAPOLIS, MN 55404 | 41-1973442 | 501(C)(3) | 11,817. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CANCER RESEARCH AMERICA NFCR 5515 SECURITY LN., STE 1105 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| HOPE COMMUNITY SERVICES 13760 N 93RD AVE STE 101 PEORIA, AZ 85381 | 86-0589516 | 501(C)(3) | 6,303. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| PARTNERSHIP TO END ADDICTION 711 THIRD AVE 5TH FL STE 500 NEW YORK, NY 10017 | 52-1736502 | 501(C)(3) | 11,300. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION - 225 E CHICAGO AVE PR DEPT BOX 282 - CHICAGO, IL 60611 | 36-3357006 | 501(C)(3) | 9,540. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| FAITH TEMPLE CHURCH OF GOD IN CHRIST - 1758 OAKDALE AVE - SAN FRANCISCO, CA 94124 | 94-2951960 | 501(C)(3) | 5,106. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| JN OUTREACH FOUNDATION P.O. BOX 347217 SAN FRANCISCO, CA 94134 | 83-2150311 | 501(C)(3) | 8,102. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| A PRECIOUS CHILD 7051 W 118TH AVE BROOMFIELD, CO 80020 | 26-3349334 | 501(C)(3) | 12,652. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| BEYOND HOME FKA COLORADO HOMELESS FAMILIES - 7447 W 61ST AVE - ARVADA, CO 80003 | 84-1049318 | 501(C)(3) | 8,803. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| BIENVENIDOS FOOD BANK 3810 PECOS ST DENVER, CO 80211 | 74-2543251 | 501(C)(3) | 11,638. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| COMMUNITY TABLE 8555 W 57TH AVE 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| METRO CARING 1100 E 18TH AVE DENVER, CO 80218 | 84-6116951 | 501(C)(3) | 7,608. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NATIONAL SPORTS CENTER FOR THE DISABLED - 1801 MILE HIGH STADIUM CIR STE 1500 - DENVER, CO 80204 | 84-0738419 | 501(C)(3) | 8,052. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| RALSTON HOUSE 10795 W 58TH AVE ARVADA, CO 80002 | 84-1222085 | 501(C)(3) | 8,817. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER - 8845 WAGNER ST - WESTMINSTER, CO 80031 | 84-0795455 | 501(C)(3) | 5,172. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SACRED HEART HOUSE OF DENVER 2844 LAWRENCE ST DENVER, CO 80205 | 84-0889359 | 501(C)(3) | 8,806. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SAFEHOUSE DENVER 1649 DOWNING ST DENVER, CO 80218 | 84-0745911 | 501(C)(3) | 13,398. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| THE ACTION CENTER 8755 W 14TH AVE LAKEWOOD, CO 80215 | 23-7019679 | 501(C)(3) | 41,454. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALTERNATIVES PREGNANCY CENTER 23 INVERNESS WAY E STE 101 ENGLEWOOD, CO 80112 | 74-2218129 | 501(C)(3) | 7,736. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOC., CALIFORNIA, GREATER SACRAMENTO CHAPTER, SACRAMENTO - 5701 SUNRISE BLVD - CITRUS HEIGHTS, CA 95610 | 68-0159292 | 501(C)(3) | 7,846. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOC., CALIFORNIA, GOLDEN WEST CHAPTER, AGOURA HILLS - 28632 ROADSIDE DR STE 173 - AGOURA HILLS, CA 91301 | 95-4163338 | 501(C)(3) | 5,630. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AID ATLANTA 1605 PEACHTREE ST NE ATLANTA, GA 30309 | 58-1537967 | 501(C)(3) | 5,858. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALS ASSOC, MARYLAND, DC/MD/VA CHAPTER, ROCKVILLE - 30 W GUDE DR STE 150 - ROCKVILLE, MD 20850 | 52-1749047 | 501(C)(3) | 14,334. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| ALZHEIMER'S NEW JERSEY 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068 | 22-2603592 | 501(C)(3) | 5,737. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AMERICAN FAMILY ASSOCIATION 107 PARK GATE DR TUPELO, MS 38803 | 64-0607275 | 501(C)(3) | 5,338. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF ST STE 102 SAINT PAUL, MN 55114 | 41-1718029 | 501(C)(3) | 5,842. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| BARBARA ANN KARMANOS CANCER INSTITUTE - 4100 JOHN R ST - DETROIT, MI 48201 | 38-1613280 | 501(C)(3) | 5,466. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CAMP BOGGY CREEK, FLORIDA, EUSTIS 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736 | 59-3012889 | 501(C)(3) | 5,799. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CHILDREN'S FOOD FUND/WORLD EMERGENCY RELIEF - 425 W ALLEN AVE STE 111 - SAN DIMAS, CA 91773 | 95-4014743 | 501(C)(3) | 6,797. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CROHN'S & COLITIS FOUNDATION, COLORADO, ROCKY MOUNTAIN CHAPTER - 1805 S BELLAIRE ST STE 285 - DENVER, CO 80222 | 13-6193105 | 501(C)(3) | 5,428. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| CROHN'S & COLITIS FOUNDATION OF AMERICA, WASHINGTON DC/VIRGINIA - 11300 ROCKVILLE PIKE STE 1005 - ROCKVILLE, MD 20852 | 13-6193105 | 501(C)(3) | 16,806. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920 | 95-3188150 | 501(C)(3) | 18,350. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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| 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| GLORIA GEMMA BREAST CANCER FOUNDATION - 249 ROOSEVELT AVE STE 201 - PAWTUCKET, RI 02860 | 13-4283582 | 501(C)(3) | 6,774. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| GOOD SHEPHERD CLNIC 222 NW 12TH ST OKLAHOMA CITY, OK 73103 | 20-0526892 | 501(C)(3) | 5,753. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| HOSPICE OF DAYTON, OHIO 324 WILMINGTON AVE DAYTON, OH 45420 | 31-0933339 | 501(C)(3) | 12,991. | 0. | | | 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. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| LUPUS FOUNDATION OF AMERICA, OHIO, GREATER OHIO CHAPTER - 12930 CHIPPEWA RD STE 6 - BRECKSVILLE, OH 44141 | 34-1229407 | 501(C)(3) | 7,434. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| LUPUS FOUNDATION OF OKLAHOMA, OKLAHOMA, OKLAHOMA CITY - 3017 N STILES AVE STE 203 - OKLAHOMA CITY, OK 73105 | 23-7438732 | 501(C)(3) | 5,212. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| 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 |

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| MERCY SHIPS P.O. BOX 2020 LINDALE, TX 75771 | 26-2414132 | 501(C)(3) | 7,127. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MISSION OF MERCY, MARYLAND 22 S MARKET ST STE 6D FREDERICK, MD 21701 | 86-0704883 | 501(C)(3) | 5,860. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| MOVEABLE FEAST 901 N MILTON AVE 1ST FL BALTIMORE, MD 21205 | 52-1663825 | 501(C)(3) | 5,909. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| NORTHERN VIRGINIA MENTAL HEALTH FOUNDATION - 10317 REGENCY STATION DR - FAIRFAX STATION, VA 22039 | 54-1663921 | 501(C)(3) | 8,314. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511 | 06-0263565 | 501(C)(3) | 7,081. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| PLANNED PARENTHOOD, MARYLAND 330 N HOWARD ST BALTIMORE, MD 21201 | 52-0607930 | 501(C)(3) | 36,136. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY, INC., MISSOURI - 2502 CHERRY - KANSAS CITY, MO 64108 | 43-1190760 | 501(C)(3) | 12,036. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SICKLE CELL DISEASE ASSOCIATION OF AMERICA, MICHIGAN - 18516 JAMES COUZENS FWY - DETROIT, MI 48235 | 38-1963640 | 501(C)(3) | 6,896. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SPECIAL OLYMPICA, GEORGIA, ATLANTA 6046 FINANCIAL DR NORCROSS, GA 30071 | 23-7201676 | 501(C)(3) | 5,811. | 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 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 EDUCATION |
| SUSAN G. KOMEN, GEORGIA, GREATER ATLANTA AFFILIATE - 3525 PIEDMONT RD 5 215 - ATLANTA, GA 30305 | 75-1835298 | 501(C)(3) | 12,167. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SUSAN G. KOMEN, MARYLAND 303 INTERNATIONAL CIRCLE STE 390 HUNT VALLEY, MD 21030 | 75-1835298 | 501(C)(3) | 13,558. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SUSAN G. KOMEN, NORTH CAROLINA, CHARLOTTE AFFILIATE - 2316 RANDOLPH RD - CHARLOTTE, NC 28207 | 75-1835298 | 501(C)(3) | 5,273. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SUSAN G. KOMEN, OHIO, NORTHEAST OH CHAPTER - 5350 TRANSPORTATION BLVD STE 22 - GARFIELD HEIGHTS, OH 44125 | 75-1835298 | 501(C)(3) | 5,710. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SUSAN G. KOMEN, OREGON, OREGON & SOUTHWEST WASHINGTON - 1500 SW 1ST AVE STE 270 - PORTLAND, OR 97201 | 75-1835298 | 501(C)(3) | 6,516. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SUSAN G. KOMEN, TEXAS, DALLAS COUNTY AFFILIATE - P.O. BOX 731696 - DALLAS, TX 75373 | 75-1835298 | 501(C)(3) | 7,648. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| SUSAN G. KOMEN, VIRGINIA, CENTRAL & EASTERN VIRGINIA, RICHMOND - 611 N COURTHOUSE RD STE 110 - RICHMOND, VA 23236 | 75-1835298 | 501(C)(3) | 11,811. | 0. | | | RESEARCH/PUBLIC EDUCATION |
| THE CHILDREN'S CENTER, INC. 6800 NW 39TH EXPY BETHANY, OK 73008 | 73-0580264 | 501(C)(3) | 5,909. | 0. | | | RESEARCH/PUBLIC EDUCATION |

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 recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

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

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

Schedule J (Form 990) 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.

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

Part III Supplemental Information

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

PART I, LINE 7:

DISCRETIONARY MERIT BONUSES WERE AWARDED TO MOLLY GRAVHOLT, SHELLEY HAYES,
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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047
2020

Open to Public
Inspection

| | |
|-------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| CHC: CREATING HEALTHIER COMMUNITIES | 13-6167225 |

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHC: CREATING HEALTHIER 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 HEALTHIER COMMUNITIES (FORMERLY KNOWN AS COMMUNITY HEALTH CHARITIES/THE "ORGANIZATION") IS A NATIONAL NONPROFIT THAT BUILDS STRONGER, HEALTHIER COMMUNITIES AND EMPOWERS PEOPLE TO TAKE ACTION TO IMPROVE HEALTH AND WELLBEING. THE ORGANIZATION DOES THIS BY RAISING FUNDS AND AWARENESS TO SUPPORT HEALTH EDUCATION, PREVENTION, AND TREATMENT; BY REPRESENTING AND BUILDING CAPACITY FOR NONPROFIT CHARITY PARTNERS AND DRIVING SUPPORTERS TO THEIR CAUSE; BY ENGAGING FEDERAL EMPLOYEES IN THE COMBINED FEDERAL CAMPAIGN; AND BY ENGAGING PUBLIC SECTOR AND PRIVATE SECTOR ORGANIZATIONS AND THEIR EMPLOYEES IN WORKPLACE GIVING CAMPAIGNS, CUSTOM GIVING OPPORTUNITIES, VOLUNTEERING, AND STRATEGIC PARTNERSHIPS.

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

THE FORM 990 IS PRESENTED 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 EMAIL.

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

| | |
|---|--|
| 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, 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

| | |
|-------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| CHC: CREATING HEALTHIER COMMUNITIES | 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 CHARITIES, INC. - JUNE 22, 2021

HUMAN SERVICE CHARITIES OF AMERICA, INC. - JUNE 22, 2021

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| NEIGHBOR TO NATION - 54-1879282 1199 N. FAIRFAX ST. SUITE 600 ALEXANDRIA, VA 22314 | WORKPLACE FUND DRIVES | VIRGINIA | 501(C)(3) | LINE 7 | CHC: CREATING HEALTHIER COMMUNITIES | X | |
| HUMAN SERVICE CHARITIES OF AMERICA, INC. - 94-3240353, 1199 N. FAIRFAX ST. SUITE 600, ALEXANDRIA, VA 22314 | WORKPLACE FUND DRIVES | CALIFORNIA | 501(C)(3) | LINE 7 | CHC: CREATING HEALTHIER COMMUNITIES | X | |
| CHRISTIAN SERVICE CHARITIES, INC. - 94-3193374, 1199 N. FAIRFAX ST. SUITE 600, ALEXANDRIA, VA 22314 | FACILITATING INCLUSION OF CHRISTIAN CHARITIES IN GIVING OPPORTUNITIES | CALIFORNIA | 501(C)(3) | LINE 7 | CHC: CREATING HEALTHIER COMMUNITIES | X | |
| CHC: CREATING HEALTHIER COMMUNITIES, LOCAL (FKA CHC,LOCAL) - 85-0258784, 1199 N. FAIRFAX ST. SUITE 600, ALEXANDRIA, VA 22314 | BUILDING AWARENESS OF AND FINANCIAL SUPPORT FOR MEMBER HEALTH AGENCIES | VIRGINIA | 501(C)(3) | LINE 7 | CHC: CREATING HEALTHIER COMMUNITIES | X | |

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

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.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | X | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) 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) | | | |

Part VII Supplemental Information

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