

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">CHC: CREATING HEALTHIER COMMUNITIES</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">1199 NORTH FAIRFAX STREET 600</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">ALEXANDRIA, VA 22314</div> F Name and address of principal officer: THOMAS BOGNANNO <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">13-6167225</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">703-528-1007</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">20,886,973.</div> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
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.CHCIMPACT.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: CHC EXISTS TO EMPOWER PEOPLE TO TAKE ACTION TO IMPROVE HEALTH AND WELLBEING.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	23
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		17,931,937.	19,931,283.
9	Program service revenue (Part VIII, line 2g)	656,101.	748,037.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,909.	110,081.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,142.	96,197.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,690,089.	20,885,598.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,263,556.	13,994,276.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,844,797.	3,598,049.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 259,009.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,861,819.	1,559,987.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,970,172.	19,152,312.
19	Revenue less expenses. Subtract line 18 from line 12	-1,280,083.	1,733,286.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		22,607,541.	23,119,840.
21	Total liabilities (Part X, line 26)	14,211,810.	13,424,819.
22	Net assets or fund balances. Subtract line 21 from line 20	8,395,731.	9,695,021.

Part II Signature Block

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

Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px;">THOMAS BOGNANNO, PRESIDENT & CEO</div>	Date <div style="border: 1px solid black; padding: 2px;">8/10/22</div>	
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">ROHINI CHANDRABHATLA</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;">ROHINI CHANDRABHATLA</div>	Date <div style="border: 1px solid black; padding: 2px;">11/09/22</div>
	Firm's name ▶ SIKICH LLP	Firm's EIN ▶ 36-3168081	Check if self-employed <input type="checkbox"/> PTIN P00740442
	Firm's address ▶ 333 JOHN CARLYLE STREET, SUITE 500 ALEXANDRIA, VA 22314	Phone no. (703) 836-1350	

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

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

CHC IS A NATIONWIDE NONPROFIT THAT BRINGS COMMUNITIES, NONPROFITS, AND BUSINESSES TOGETHER AROUND A SHARED COMMITMENT TO IMPROVING HEALTH OUTCOMES. SEE SCHEDULE O TO SEE FULL MISSION.

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

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

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

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

4a (Code:) (Expenses \$ 17,791,121. including grants of \$ 13,994,276.) (Revenue \$ 748,337.)

WORK PLACE GIVING PROGRAM: 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 \$ 393,586. including grants of \$) (Revenue \$)

HEALTH EQUITY PROGRAM: THE ORGANIZATION WORKS TO ADDRESS BARRIERS TO GOOD HEALTH AND EQUITY THROUGH PROGRAM DEVELOPMENT, EVENTS, HEALTH EQUITY EDUCATION AND ASSESSMENTS, AND STRATEGIC COMMUNITY ALLIANCES TO BUILD HEALTHIER COMMUNITIES.

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 **18,184,707.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	17
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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 the 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.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		23		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **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 NORTH FAIRFAX STREET, 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS BOGNANNO PRESIDENT & CEO	40.00 2.00	X		X				319,865.	0.	33,723.
(2) SHELLEY HAYES (END 04/19/2022) CHIEF ENGAGEMENT OFFICER	40.00					X		171,188.	0.	21,012.
(3) AMANDA PONZAR CHIEF COMMUNICATIONS & MARKETING OFF	40.00					X		169,978.	0.	12,202.
(4) LEEANN YANG CFO & COO	40.00			X				162,860.	0.	11,725.
(5) VALERIE ROCHESTER CHIEF HEALTH EQUITY OFFICER	40.00					X		125,510.	0.	677.
(6) BECKY EHRET CORPORATE ENGAGEMENT DIRECTOR	40.00					X		101,358.	0.	16,229.
(7) ADAM ROTHSCHILD CHAIR	2.00	X		X				0.	0.	0.
(8) JILLIAN MERSHON VICE CHAIR	2.00	X		X				0.	0.	0.
(9) LINDA BLOUNT VICE CHAIR	2.00	X		X				0.	0.	0.
(10) CHARLEEDA REDMAN SECRETARY	2.00	X		X				0.	0.	0.
(11) ABU ARIF TREASURER	2.00	X		X				0.	0.	0.
(12) KAREN ADDIS DIRECTOR	2.00	X						0.	0.	0.
(13) ALISON BRAMAN DIRECTOR	2.00	X						0.	0.	0.
(14) KEVIN CLAYTON DIRECTOR	2.00	X						0.	0.	0.
(15) ALEX CUNNINGHAM DIRECTOR	2.00	X						0.	0.	0.
(16) PETER DUDLEY DIRECTOR	2.00	X						0.	0.	0.
(17) TENBIT EMIRU 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIN GOLLHOFER DIRECTOR	2.00	X						0.	0.	0.
(19) XIAOTENG HUANG DIRECTOR	2.00	X						0.	0.	0.
(20) ERIC JONES DIRECTOR	2.00	X						0.	0.	0.
(21) JOY LEWIS DIRECTOR	2.00	X						0.	0.	0.
(22) ALAN NEVEL DIRECTOR	2.00	X						0.	0.	0.
(23) SANDRA NICHOLS DIRECTOR	2.00	X						0.	0.	0.
(24) BRIAN PALMER DIRECTOR	2.00	X						0.	0.	0.
(25) ROMANA ROLNIAK DIRECTOR	2.00	X						0.	0.	0.
(26) KAREN SPRUILL DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,050,759.	0.	95,568.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,050,759.	0.	95,568.

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**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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	ONLINE FUNDRAISING PLATFORM SERVICES	146,514.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

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

[illegible]

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	17,294,208.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,637,075.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a APPLICATION FEES	Business Code 561000		466,946.	466,946.		
	b MANAGEMENT FEES	561000		281,091.	281,091.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				748,037.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			108,841.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real	95,897.			
			(ii) Personal				
b Less: rental expenses ...		6b	0.				
c Rental income or (loss)		6c	95,897.				
d Net rental income or (loss)					95,897.		95,897.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	2,615.			
			(ii) Other				
b Less: cost or other basis and sales expenses		7b	1,375.				
c Gain or (loss)		7c	1,240.				
d Net gain or (loss)					1,240.		1,240.
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 OTHER	Business Code 900099		300.	300.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				300.		
	12 Total revenue. See instructions				20,885,598.	748,337.	0.

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	13,994,276.	13,994,276.		
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	546,124.	452,719.	61,703.	31,702.
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	2,497,749.	2,071,961.	281,285.	144,503.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	128,691.	106,681.	14,540.	7,470.
9 Other employee benefits	205,272.	170,164.	23,192.	11,916.
10 Payroll taxes	220,213.	181,141.	25,799.	13,273.
11 Fees for services (nonemployees):				
a Management	121,620.	121,620.		
b Legal	46,473.	39,104.	6,494.	875.
c Accounting	66,450.		66,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,669.		15,669.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	332,132.	282,167.	49,646.	319.
12 Advertising and promotion	45,736.	9,356.	36,380.	
13 Office expenses	286,521.	232,455.	37,437.	16,629.
14 Information technology	92,529.	76,112.	10,840.	5,577.
15 Royalties				
16 Occupancy	271,842.	216,431.	44,505.	10,906.
17 Travel	89,397.	73,947.	10,964.	4,486.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,352.	13,450.	1,916.	986.
23 Insurance	52,123.	42,875.	6,106.	3,142.
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	123,143.	100,248.	15,670.	7,225.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,152,312.	18,184,707.	708,596.	259,009.
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 ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,959,234.	2	8,793,090.
	3 Pledges and grants receivable, net	11,936,817.	3	11,233,654.
	4 Accounts receivable, net	163,113.	4	100,756.
	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	119,257.	9	144,217.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 125,451.		
	b Less: accumulated depreciation	10b 111,994.		
	11 Investments - publicly traded securities	14,637.	10c	13,457.
	12 Investments - other securities. See Part IV, line 11	2,364,342.	11	2,775,582.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	50,141.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,607,541.	15	59,084.	
17 Accounts payable and accrued expenses	2,154,670.	16	23,119,840.	
18 Grants payable	12,057,140.	17	1,898,824.	
19 Deferred revenue		18	11,276,379.	
20 Tax-exempt bond liabilities		19	249,616.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25	14,211,810.	25		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	13,424,819.	
28 Net assets without donor restrictions	8,395,731.	27	7,659,955.	
29 Net assets with donor restrictions		28	2,035,066.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	8,395,731.	32	9,695,021.	
35 Total liabilities and net assets/fund balances	22,607,541.	33	23,119,840.	

Form 990 (2021)

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	20,885,598.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,152,312.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,733,286.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,395,731.
5	Net unrealized gains (losses) on investments	5	-433,996.
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	9,695,021.

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27020688.	21322342.	21768194.	17931937.	19931283.	107974444
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	27020688.	21322342.	21768194.	17931937.	19931283.	107974444
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.						107974444

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	27020688.	21322342.	21768194.	17931937.	19931283.	107974444
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88,612.	74,501.	71,735.	78,909.	106,776.	420,533.
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.	300.	7,303.
11 Total support. Add lines 7 through 10						108402280
12 Gross receipts from related activities, etc. (see instructions)					12	4,904,998.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.61	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.67	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2021

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.

2021 AMOUNT: \$ 300.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization	Employer identification number
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
<u>1</u>		\$ <u>6,848,090.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,363,137.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,012,639.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>488,849.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>405,131.</u>	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

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

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
	(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

2021

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).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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

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

Schedule D (Form 990) 2021

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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		80,526.	67,069.	13,457.
e Other		44,925.	44,925.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,457.

Schedule D (Form 990) 2021

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.

(a) Description of liability	(b) Book value
1. (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 ... ☐

Schedule D (Form 990) 2021

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	6,441,657.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-433,996.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-433,996.
3	Subtract line 2e from line 1	3	6,875,653.
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	15,669.
b	Other (Describe in Part XIII.)	4b	13,994,276.
c	Add lines 4a and 4b	4c	14,009,945.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,885,598.

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	5,142,367.
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	5,142,367.
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	15,669.
b	Other (Describe in Part XIII.)	4b	13,994,276.
c	Add lines 4a and 4b	4c	14,009,945.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,152,312.

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 XI, LINE 4B - OTHER ADJUSTMENTS:

DISBURSEMENTS TO DESIGNATED CAMPAIGNS 13,994,276.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISBURSEMENTS TO DESIGNATED CAMPAIGNS 13,994,276.

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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	4,048,483.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY 3380 CHASTAIN MEADOWS PKWY NW KENNESAW, GA 30144	13-1788491	501(C)(3)	785,800.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE STE 1700 CHICAGO, IL 60601	13-3039601	501(C)(3)	498,785.	0.			RESEARCH/PUBLIC EDUCATION
SAMARITAN'S PURSE 801 BAMBOO RD (EXPRESS ONLY) BOONE, NC 28607	58-1437002	501(C)(3)	488,264.	0.			RESEARCH/PUBLIC EDUCATION
DOCTORS WITHOUT BORDERS/MEDECINS SANS FRONTIERES USA - 40 RECTOR ST 16TH FL - NEW YORK, NY 10006	13-3433452	501(C)(3)	330,799.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	306,605.	0.			RESEARCH/PUBLIC EDUCATION

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

217.

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

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	297,840.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL 200 VESEY ST 28TH FL NEW YORK, NY 10281	23-1907729	501(C)(3)	250,712.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	247,242.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVE 3RD FL - NEW YORK, NY 10017	13-5661935	501(C)(3)	215,427.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN 5005 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	198,927.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	197,414.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS 1060 STATE RD PRINCETON, NJ 08540	20-2329938	501(C)(3)	168,138.	0.			RESEARCH/PUBLIC EDUCATION
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	153,290.	0.			RESEARCH/PUBLIC EDUCATION
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	144,405.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	130,299.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	13-1930701	501(C)(3)	109,064.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES 1550 CRYSTAL DR STE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	105,611.	0.			RESEARCH/PUBLIC EDUCATION
CANCER RESEARCH INSTITUTE 29 BROADWAY 4TH FL NEW YORK, NY 10006	13-1837442	501(C)(3)	105,079.	0.			RESEARCH/PUBLIC EDUCATION
SMILE TRAIN 633 THIRD AVE 9TH FL NEW YORK, NY 10017	13-3661416	501(C)(3)	90,058.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LUNG ASSOCIATION 55 W WACKER DR STE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	87,025.	0.			RESEARCH/PUBLIC EDUCATION
BREAST CANCER RESEARCH FOUNDATION, INC. - 28 W 44TH ST STE 609 - NEW YORK, NY 10036	13-3727250	501(C)(3)	83,995.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 199 WATER ST 11TH FL - NEW YORK, NY 10038	13-3393329	501(C)(3)	83,534.	0.			RESEARCH/PUBLIC EDUCATION
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 E CAMELBACK RD STE 122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	77,345.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI NATIONAL 4301 WILSON BLVD STE 300 ARLINGTON, VA 22203	43-1201653	501(C)(3)	72,887.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA 2121 K ST NW STE 200 WASHINGTON, DC 20037	43-1131436	501(C)(3)	70,762.	0.			RESEARCH/PUBLIC EDUCATION
MERCY SHIPS PO BOX 2020 LINDALE, TX 75771	26-2414132	501(C)(3)	69,647.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S & DEMENTIA ALLIANCE OF WISCONSIN - 6314 ODANA RD STE 4 - MADISON, WI 53719	39-1679333	501(C)(3)	68,761.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRITIS FOUNDATION 1355 PEACHTREE ST 6TH FL ATLANTA, GA 30309	58-1341679	501(C)(3)	66,383.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION 733 THIRD AVE STE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	65,081.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	62,264.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL 801 ROEDER RD STE 400 SILVER SPRING, MD 20910	53-0196580	501(C)(3)	61,208.	0.			RESEARCH/PUBLIC EDUCATION
BLACK WOMEN'S HEALTH IMPERATIVE 384 NORTHYARDS BLVD NW BLDG 100 STE ATLANTA, GA 30313	58-1557556	501(C)(3)	60,700.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE STE 300 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	59,115.	0.			RESEARCH/PUBLIC EDUCATION
DENVER RESCUE MISSION 6100 SMITH RD DENVER, CO 80216	84-6038762	501(C)(3)	58,413.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA - 7240 PARKWAY DR STE 180 - HANOVER, MD 21076	23-7175985	501(C)(3)	56,985.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION 1300 WILSON BLVD STE 600 ARLINGTON, VA 22209	13-3271855	501(C)(3)	55,636.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST STE 3550 CHICAGO, IL 60601	13-1665552	501(C)(3)	51,767.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN FAMILY ASSOCIATION 107 PARK GATE DR TUPELO, MS 38803	64-0607275	501(C)(3)	51,550.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 W PLANK CT STE 200 - WAUWATOSA, WI 53226	39-1543541	501(C)(3)	46,953.	0.			RESEARCH/PUBLIC EDUCATION
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	54-1722887	501(C)(3)	43,681.	0.			RESEARCH/PUBLIC EDUCATION
AIDS RESEARCH FOUNDATION (AMFAR) 120 WALL ST 13TH FL NEW YORK, NY 10005	13-3163817	501(C)(3)	42,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD MAR MONTE, INC., CALIFORNIA, SAN JOSE REGIONAL OFFICE, SAN JO - 1691 THE ALAMEDA - SAN JOSE, CA 95126	94-1583439	501(C)(3)	41,137.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION 3540 CRAIN HWY STE 675 BOWIE, MD 20716	52-0856660	501(C)(3)	41,009.	0.			RESEARCH/PUBLIC EDUCATION
ALLIANCE DEFENDING FREEDOM 15100 N 90TH ST SCOTTSDALE, AZ 85260	54-1660459	501(C)(3)	40,564.	0.			RESEARCH/PUBLIC EDUCATION
PRISON FELLOWSHIP MINISTRIES 44180 RIVERSIDE PKWY LANSDOWNE, VA 20176	62-0988294	501(C)(3)	38,885.	0.			RESEARCH/PUBLIC EDUCATION
THE ACTION CENTER 8755 W 14TH AVE LAKEWOOD, CO 80215	23-7019679	501(C)(3)	35,115.	0.			RESEARCH/PUBLIC EDUCATION
MAZON: A JEWISH RESPONSE TO HUNGER 10850 WILSHIRE BLVD STE 400 LOS ANGELES, CA 90024	22-2624532	501(C)(3)	34,303.	0.			RESEARCH/PUBLIC EDUCATION
ZERO - THE END OF PROSTATE CANCER 515 KING ST STE 420 ALEXANDRIA, VA 22314	59-3400922	501(C)(3)	33,317.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	32,789.	0.			RESEARCH/PUBLIC EDUCATION
COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE NW STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	32,766.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKINSON'S FOUNDATION 200 SE 1ST ST STE 800 MIAMI, FL 33131	13-1866796	501(C)(3)	31,147.	0.			RESEARCH/PUBLIC EDUCATION
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108	87-0541293	501(C)(3)	31,058.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (ASPCA) - 424 E 92ND ST - NEW YORK, NY 10128	13-1623829	501(C)(3)	30,660.	0.			RESEARCH/PUBLIC EDUCATION
A CHILD'S FEEDING FUND 8215 E JASMINE CIR MESA, AZ 85207	45-3839595	501(C)(3)	30,361.	0.			RESEARCH/PUBLIC EDUCATION
CARE NET 44180 RIVERSIDE PKWY STE 200 LANDSLOWNE, VA 20176	54-1382723	501(C)(3)	29,984.	0.			RESEARCH/PUBLIC EDUCATION
OUR DAILY BREAD MINISTRIES PO BOX 2222 GRAND RAPIDS, MI 49501	38-1613981	501(C)(3)	29,096.	0.			RESEARCH/PUBLIC EDUCATION
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVE STE 902 - NEW YORK, NY 10018	13-3349872	501(C)(3)	28,026.	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)	27,225.	0.			RESEARCH/PUBLIC EDUCATION
AMERICA'S BEST LOCAL CHARITIES 1100 LARKSPUR LANDING CIR STE 108 LARKSPUR, CA 94939	94-3042430	501(C)(3)	25,066.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA (FORMERLY NATIONAL MENTAL HEALTH ASSOCIATION) - 500 MONTGOMERY ST STE 820 - ALEXANDRIA, VA 22314	13-1614906	501(C)(3)	24,606.	0.			RESEARCH/PUBLIC EDUCATION
THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - GRAND CENTRAL STATION - NEW YORK, NY 10163	13-4141945	501(C)(3)	24,356.	0.			RESEARCH/PUBLIC EDUCATION
NAZARENE COMPASSIONATE MINISTRIES, INC. - 17001 PRAIRIE STAR PKY STE 100 - LENEXA, KS 66220	43-1550318	501(C)(3)	24,267.	0.			RESEARCH/PUBLIC EDUCATION
CHRISTIAN MILITARY FELLOWSHIP PO BOX 1207 ENGLEWOOD, CO 80150	84-0780545	501(C)(3)	23,923.	0.			RESEARCH/PUBLIC EDUCATION
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	23,346.	0.			RESEARCH/PUBLIC EDUCATION
WATER MISSION 1150 MOLLY GREENE WAY BLDG 1605 NORTH CHARLESTON, SC 29405	57-1116978	501(C)(3)	23,195.	0.			RESEARCH/PUBLIC EDUCATION
CAMPUS CRUSADE FOR CHRIST'S GREAT COMMISSION FOUNDATION - 100 LAKE HART DR STE 3600 - ORLANDO, FL 32832	95-2814920	501(C)(3)	23,023.	0.			RESEARCH/PUBLIC EDUCATION
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE - 55 E JACKSON BLVD STE 490 - CHICAGO, IL 60604	36-3379124	501(C)(3)	22,904.	0.			RESEARCH/PUBLIC EDUCATION
THE NAVIGATORS 3820 N 30TH ST COLORADO SPRINGS, CO 80904	84-6007896	501(C)(3)	22,757.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OFFICERS' CHRISTIAN FELLOWSHIP 3784 S INCA ST ENGLEWOOD, CO 80110	38-1415401	501(C)(3)	20,961.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LIVER FOUNDATION 155 PASSAIC AVE FAIRFIELD, NJ 07004	36-2883000	501(C)(3)	20,480.	0.			RESEARCH/PUBLIC EDUCATION
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN ST - DALLAS, TX 75219	75-0818178	501(C)(3)	20,326.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA RESEARCH FOUNDATION, INC. 191 WAUKEGAN STE 105 NORTHFIELD, IL 60093	36-6102182	501(C)(3)	19,996.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S TUMOR FOUNDATION 370 LEXINGTON AVE STE 2100 NEW YORK, NY 10017	13-2298956	501(C)(3)	19,845.	0.			RESEARCH/PUBLIC EDUCATION
THE V FOUNDATION 14600 WESTON PKWY CARY, NC 27513	13-3705951	501(C)(3)	19,025.	0.			RESEARCH/PUBLIC EDUCATION
PRX / PUBLIC RADIO EXCHANGE PO BOX 382234 CAMBRIDGE, MA 02238	26-3347402	501(C)(3)	18,865.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, MINNESOTA 1919 UNIVERSITY AVE W STE 400 SAINT PAUL, MN 55104	41-1317030	501(C)(3)	18,340.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL FOUNDATION 1 INVENTA PL STE 600 SILVER SPRING, MD 20910	52-1640402	501(C)(3)	18,109.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	17,805.	0.			RESEARCH/PUBLIC EDUCATION
FAITH LANDMARK MBC 7485 ELDER CREEK RD SACRAMENTO, CA 95824	51-0171853	501(C)(3)	17,687.	0.			RESEARCH/PUBLIC EDUCATION
FAMILY RESEARCH COUNCIL 801 G ST NW WASHINGTON, DC 20001	52-1792772	501(C)(3)	17,349.	0.			RESEARCH/PUBLIC EDUCATION
CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3435919	501(C)(3)	17,327.	0.			RESEARCH/PUBLIC EDUCATION
CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIR 15TH FL NEW YORK, NY 10019	13-6093337	501(C)(3)	17,187.	0.			RESEARCH/PUBLIC EDUCATION
FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501(C)(3)	17,041.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, WISCONSIN CHAPTER - 17100 W BLUEMOUND RD STE 101 - BROOKFIELD, WI 53005	13-6193105	501(C)(3)	16,887.	0.			RESEARCH/PUBLIC EDUCATION
CAN DO CANINES 9440 SCIENCE CENTER DR NEW HOPE, MN 55428	41-1594165	501(C)(3)	16,872.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER ASSISTANCE FUND 500 N BROADWAY STE 1850 SAINT LOUIS, MO 63102	37-1227890	501(C)(3)	16,756.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY TABLE 8555 W 57TH AVE ARVADA, CO 80002	74-2250374	501(C)(3)	16,494.	0.			RESEARCH/PUBLIC EDUCATION
CARE 151 ELLIS ST NE ATLANTA, GA 30303	13-1685039	501(C)(3)	15,640.	0.			RESEARCH/PUBLIC EDUCATION
WIND & FIRE MOTORCYCLE CLUB, HEARTLAND HEAT CHAPTER - 11500 SW 104TH ST - MUSTANG, OK 73064	01-0896037	501(C)(3)	15,535.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN BIBLE SOCIETY 101 N INDEPENDENCE MALL E 8TH FL PHILADELPHIA, PA 19106	13-1623885	501(C)(3)	15,027.	0.			RESEARCH/PUBLIC EDUCATION
BIENVENIDOS FOOD BANK 3810 PECOS ST DENVER, CO 80211	74-2543251	501(C)(3)	14,947.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER RESEARCH FUND, MINNESOTA - 7301 OHMS LN STE 355 - MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	14,791.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, TEXAS, AUSTIN (STATE HQ) 4110 GUADALUPE ST BLDG 781 RM 428 AUSTIN, TX 78751	74-2380175	501(C)(3)	14,734.	0.			RESEARCH/PUBLIC EDUCATION
A PRECIOUS CHILD 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	14,593.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 WATERTOWN PLANK RD - WAUWATOSA, WI 53226	39-1433107	501(C)(3)	14,442.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADOPT AMERICA NETWORK 3100 W CENTRAL AVE STE 225 TOLEDO, OH 43606	34-1396924	501(C)(3)	14,314.	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)	14,142.	0.			RESEARCH/PUBLIC EDUCATION
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607	36-2193608	501(C)(3)	13,413.	0.			RESEARCH/PUBLIC EDUCATION
FREEDOM SERVICE DOGS, INC. 7193 S DILLON CT ENGLEWOOD, CO 80112	84-1068936	501(C)(3)	13,346.	0.			RESEARCH/PUBLIC EDUCATION
HOME SCHOOL LEGAL DEFENSE ASSOCIATION - 1 PATRICK HENRY CIR - PURCELLVILLE, VA 20132	52-1354365	501(C)(3)	13,109.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF MINNESOTA, UPPER MIDWEST - 818 FULTON ST SE - MINNEAPOLIS, MN 55414	41-1313107	501(C)(3)	13,079.	0.			RESEARCH/PUBLIC EDUCATION
UNITED CEREBRAL PALSY OF GREATER DANE COUNTY - 2801 COHO ST STE 100 - MADISON, WI 53713	39-1034054	501(C)(3)	12,960.	0.			RESEARCH/PUBLIC EDUCATION
KIDS FOR THE KINGDOM 11150 GREEN VALLEY RD SEBASTOPOL, CA 95472	68-0421846	501(C)(3)	12,906.	0.			RESEARCH/PUBLIC EDUCATION
UNBOUND 1 ELMWOOD AVE KANSAS CITY, KS 66103	43-1243999	501(C)(3)	12,346.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI, OHIO, FRANKLIN COUNTY 1225 DUBLIN RD STE 050 COLUMBUS, OH 43215	31-1197905	501(C)(3)	12,229.	0.			RESEARCH/PUBLIC EDUCATION
CRISTA MINISTRIES 19303 FREMONT AVE N SHORELINE, WA 98133	91-6012289	501(C)(3)	12,091.	0.			RESEARCH/PUBLIC EDUCATION
PARALYZED VETERANS OF AMERICA 801 18TH ST NW WASHINGTON, DC 20006	13-1946868	501(C)(3)	12,049.	0.			RESEARCH/PUBLIC EDUCATION
A KID AGAIN, OHIO, COLUMBUS 777 G DEARBORN PARK LN COLUMBUS, OH 43085	31-1440073	501(C)(3)	11,987.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL FOUNDATION - OKLAHOMA - 901 N LINCOLN BLVD STE 305 - OKLAHOMA CITY, OK 73104	73-1200262	501(C)(3)	11,980.	0.			RESEARCH/PUBLIC EDUCATION
ENDOMETRIOSIS ASSOCIATION, INC. 8585 N 76TH PL MILWAUKEE, WI 53223	39-1414754	501(C)(3)	11,658.	0.			RESEARCH/PUBLIC EDUCATION
RYAN HOUSE 110 W MUHAMMAD ALI WAY 1ST FL PHOENIX, AZ 85013	20-1852393	501(C)(3)	11,609.	0.			RESEARCH/PUBLIC EDUCATION
SPINA BIFIDA ASSOCIATION OF AMERICA - 1600 WILSON BLVD STE 800 - ARLINGTON, VA 22209	58-1342181	501(C)(3)	11,603.	0.			RESEARCH/PUBLIC EDUCATION
HAROLD HAMM DIABETES CENTER 100 TIMBERDELL RD NORMAN, OK 73019	73-6091755	501(C)(3)	11,603.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA AUTISM UNITED 5025 E WASHINGTON ST STE 212 PHOENIX, AZ 85034	16-1738730	501(C)(3)	11,445.	0.			RESEARCH/PUBLIC EDUCATION
ALLIANCE FOR CANCER GENE THERAPY, INC. - 96 CUMMINGS POINT RD - STAMFORD, CT 06902	06-1619523	501(C)(3)	11,028.	0.			RESEARCH/PUBLIC EDUCATION
SAVE, SUICIDE AWARENESS VOICES OF EDUCATION - 7900 XERXES AVE S STE 810 - BLOOMINGTON, MN 55431	41-1702239	501(C)(3)	10,978.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, TEXAS C/O: CORPORATION SERVICE COMPANY D/B/A CSC-LAWYERS INCORPORATING SERVICE COM	75-1835298	501(C)(3)	10,835.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF OKLAHOMA CITY, INC. - 13439 BROADWAY EXT STE 130 - OKLAHOMA CITY, OK 73114	73-1103242	501(C)(3)	10,701.	0.			RESEARCH/PUBLIC EDUCATION
SAVE THE CHILDREN 501 KINGS HWY E STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	10,598.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY STE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	10,514.	0.			RESEARCH/PUBLIC EDUCATION
OPEN YOUR HEART TO THE HUNGRY AND HOMELESS - 122 FRANKLIN AVE W STE 610 - MINNEAPOLIS, MN 55404	36-3488089	501(C)(3)	10,427.	0.			RESEARCH/PUBLIC EDUCATION
WORLD CENTRAL KITCHEN 655 NEW YORK AVE NW 6TH FL WASHINGTON, DC 20001	27-3521132	501(C)(3)	10,365.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION, WISCONSIN, WISCONSIN CHAPTER, WAUWATOSA - 3333 N MAYFAIR RD STE 104 - WAUWATOSA, WI 53222	39-1600965	501(C)(3)	10,358.	0.			RESEARCH/PUBLIC EDUCATION
SAFEHOUSE DENVER 1649 DOWNING ST DENVER, CO 80218	84-0745911	501(C)(3)	10,300.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	10,241.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE ORGANIZATION OF OHIO 2233 N BANK DR COLUMBUS, OH 43220	31-0966673	501(C)(3)	10,192.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LN STE 1105 - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	9,985.	0.			RESEARCH/PUBLIC EDUCATION
COOLEY'S ANEMIA FOUNDATION 330 SEVENTH AVE STE 200 NEW YORK, NY 10001	11-1971539	501(C)(3)	9,835.	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)	9,691.	0.			RESEARCH/PUBLIC EDUCATION
SHRINERS HOSPITALS FOR CHILDREN, UTAH - 1275 E FAIRFAX RD - SALT LAKE CITY, UT 84103	36-2193608	501(C)(3)	9,599.	0.			RESEARCH/PUBLIC EDUCATION
WISCONSIN WOMEN'S HEALTH FOUNDATION - 2503 TODD DR - MADISON, WI 53713	39-1900678	501(C)(3)	9,496.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY DECISION HEALTH CENTERS, OHIO - 665 E DUBLIN GRANVILLE RD STE 120 - COLUMBUS, OH 43229	31-1002913	501(C)(3)	9,467.	0.			RESEARCH/PUBLIC EDUCATION
ENGINEERING MINISTRIES INTERNATIONAL - 130 E KIOWA ST STE 200 - COLORADO SPRINGS, CO 80903	74-2213629	501(C)(3)	9,437.	0.			RESEARCH/PUBLIC EDUCATION
SOCIETY OF SAINT ANDREW 3383 SWEET HOLLOW RD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	9,380.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO - 510 E NORTH BROADWAY 4TH FL - COLUMBUS, OH 43214	31-1126185	501(C)(3)	9,349.	0.			RESEARCH/PUBLIC EDUCATION
WE DON'T WASTE 5971 BROADWAY DENVER, CO 80216	27-0585966	501(C)(3)	9,214.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, OKLAHOMA 3812 N SANTA FE STE 305 OKLAHOMA CITY, OK 73118	73-1248588	501(C)(3)	9,152.	0.			RESEARCH/PUBLIC EDUCATION
WISCONSIN PARKINSON ASSOCIATION 16655 W BLUEMOUND RD STE 330 BROOKFIELD, WI 53005	39-1492810	501(C)(3)	9,135.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE RD - SACRAMENTO, CA 95827	94-1225382	501(C)(3)	9,035.	0.			RESEARCH/PUBLIC EDUCATION
PET PARTNERS 345 118TH AVE SE STE 100 BELLEVUE, WA 98005	91-1158281	501(C)(3)	8,965.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN - 3720 N 124TH ST STE O - WAUWATOSA, WI 53222	39-1708201	501(C)(3)	8,925.	0.			RESEARCH/PUBLIC EDUCATION
RALSTON HOUSE 10795 W 58TH AVE ARVADA, CO 80002	84-1222085	501(C)(3)	8,913.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF OKLAHOMA 1900 NW EXPY STE 700 OKLAHOMA CITY, OK 73118	73-1176743	501(C)(3)	8,713.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF DENVER - 1300 E 21ST AVE - DENVER, CO 80205	84-0728926	501(C)(3)	8,709.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER NETWORK 6150 W CHANDLER BLVD STE 1 CHANDLER, AZ 85226	20-2129902	501(C)(3)	8,619.	0.			RESEARCH/PUBLIC EDUCATION
CHRISTIAN LEGAL SOCIETY 8001 BRADDOCK RD STE 302 SPRINGFIELD, VA 22151	36-6101090	501(C)(3)	8,573.	0.			RESEARCH/PUBLIC EDUCATION
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION - 225 E CHICAGO AVE BOX 4 - CHICAGO, IL 60611	36-3357006	501(C)(3)	8,558.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	8,487.	0.			RESEARCH/PUBLIC EDUCATION
TRANS WORLD RADIO PO BOX 8700 CARY, NC 27512	22-1690564	501(C)(3)	8,482.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION, WISCONSIN - 10909 W GREENFIELD AVE STE 201 - WEST ALLIS, WI 53214	39-1133761	501(C)(3)	8,418.	0.			RESEARCH/PUBLIC EDUCATION
GLOBAL IMPACT 1199 N FAIRFAX ST STE 300 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	8,408.	0.			RESEARCH/PUBLIC EDUCATION
CARINGKIND, THE HEART OF ALZHEIMER'S CAREGIVING (FKA ALZHEIMER'S ASSOCIATION, NY - 360 LEXINGTON AVE 3RD FL - NEW YORK,	13-3277408	501(C)(3)	8,186.	0.			RESEARCH/PUBLIC EDUCATION
ALLY'S HOUSE 308 W MAIN ST MOORE, OK 73160	20-0726554	501(C)(3)	8,169.	0.			RESEARCH/PUBLIC EDUCATION
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP S SANTA MONICA, CA 90405	95-3956297	501(C)(3)	7,984.	0.			RESEARCH/PUBLIC EDUCATION
MINNETONKA FAMILY FRIENDS 4420 COUNTY RD STE 101 MINNETONKA, MN 55345	41-1586400	501(C)(3)	7,946.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, TEXAS, TEXAS CHAPTER, DALLAS - 14555 DALLAS PKWY STE 100-219 - DALLAS, TX 75254	74-2678974	501(C)(3)	7,764.	0.			RESEARCH/PUBLIC EDUCATION
MYASTHENIA GRAVIS FOUNDATION OF AMERICA - 290 TURNPIKE RD STE 5-315 - WESTBOROUGH, MA 01581	13-5672224	501(C)(3)	7,755.	0.			RESEARCH/PUBLIC EDUCATION
GREAT LAKES HEMOPHILIA FOUNDATION, WISCONSIN - 638 N 18TH ST STE 108 - MILWAUKEE, WI 53233	23-7367636	501(C)(3)	7,740.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOBY KEITH FOUNDATION 818 NE 8TH ST OKLAHOMA CITY, OK 73104	20-4089800	501(C)(3)	7,702.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA - 4560 FOUNTAIN AVE - LOS ANGELES, CA 90029	95-3167869	501(C)(3)	7,663.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, OHIO, CENTRAL AND SOUTHERN OHIO CHAPTER, COLUMBUS - 1170 OLD HENDERSON RD STE 221 - COLUMBUS, OH 43220	31-1235704	501(C)(3)	7,493.	0.			RESEARCH/PUBLIC EDUCATION
KINSHIP UNITED 5105 TOLLVIEW DR STE 155 ROLLING MEADOWS, IL 60008	36-4395095	501(C)(3)	7,372.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOCIATION OF WISCONSIN, INC. - 11709 W CLEVELAND AVE STE 2 - WEST ALLIS, WI 53227	39-1681338	501(C)(3)	7,357.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, OHIO, SOUTHERN OHIO CHAPTER - 6797 N HIGH ST STE 119 - WORTHINGTON, OH 43085	13-6193105	501(C)(3)	7,357.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF TEXAS, CENTRAL & SOUTH TX, SAN ANTONIO CHAPTER - 8601 VILLAGE DR STE 220 - SAN ANTONIO, TX 78217	76-0415338	501(C)(3)	7,283.	0.			RESEARCH/PUBLIC EDUCATION
OUTREACH COMMUNITY HEALTH CENTERS 711 W CAPITOL DR MILWAUKEE, WI 53206	39-1353282	501(C)(3)	7,235.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY, INC., MISSOURI - 2502 CHERRY ST - KANSAS CITY, MO 64108	43-1190760	501(C)(3)	7,133.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION, NORTH CAROLINA, NORTH CAROLINA CHAPTER, RALEIGH - 4 N BLOUNT ST 2ND FL STE 200 - RALEIGH, NC 27601	56-1609591	501(C)(3)	7,086.	0.			RESEARCH/PUBLIC EDUCATION
HENNEPIN HEALTHCARE FOUNDATION 701 PARK AVE S S6 MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	7,075.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS, OKLAHOMA, OKLAHOMA CITY - 6835 S CANTON AVE - TULSA, OK 74136	23-7174120	501(C)(3)	6,716.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, CALIFORNIA, GOLDEN WEST CHAPTER, AGOURA HILLS - PO BOX 7082 - WOODLAND HILLS, CA 91365	95-4163338	501(C)(3)	6,702.	0.			RESEARCH/PUBLIC EDUCATION
PARKINSON FOUNDATION OF OKLAHOMA 720 W WILSHIRE BLVD STE 109 OKLAHOMA CITY, OK 73116	80-0557716	501(C)(3)	6,658.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE & PALLIATIVE CARE NETWORK OF MARYLAND, INC. - 201 INTERNATIONAL CIR STE 230 - HUNT VALLEY, MD 21030	52-1364551	501(C)(3)	6,642.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF RHODE ISLAND 50 VALLEY ST PROVIDENCE, RI 02909	05-0276059	501(C)(3)	6,642.	0.			RESEARCH/PUBLIC EDUCATION
OPERATION RESTORED WARRIOR PROJECT (NEW HORIZONS FOUNDATION) - 5550 TECH CENTER DR STE 303 - COLORADO SPRINGS, CO 80919	84-1123082	501(C)(3)	6,621.	0.			RESEARCH/PUBLIC EDUCATION
SACRED HEART HOUSE OF DENVER 2844 LAWRENCE ST DENVER, CO 80205	84-0889359	501(C)(3)	6,587.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEART FOUNDATION 5 REVERE DR STE 200 NORTHBROOK, IL 60062	36-4077528	501(C)(3)	6,531.	0.			RESEARCH/PUBLIC EDUCATION
EARTHSHARE CALIFORNIA 870 MARKET ST STE 703 SAN FRANCISCO, CA 94102	94-2840364	501(C)(3)	6,519.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE ALLIANCE 10220 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158	39-1822945	501(C)(3)	6,516.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF NEW ENGLAND - 45 GAY ST - PROVIDENCE, RI 02905	22-2760752	501(C)(3)	6,354.	0.			RESEARCH/PUBLIC EDUCATION
METRO CARING 1100 E 18TH AVE DENVER, CO 80218	84-6116951	501(C)(3)	6,335.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, WASHINGTON, NORTHWEST CHAPTER - 7683 SE 27TH ST STE 496 - MERCER ISLAND, WA 98040	13-6193105	501(C)(3)	6,292.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA STE 1204 NEW YORK, NY 10001	13-5641857	501(C)(3)	6,279.	0.			RESEARCH/PUBLIC EDUCATION
WISHES & MORE 961 HILLWIND RD NE MINNEAPOLIS, MN 55432	20-1766318	501(C)(3)	6,128.	0.			RESEARCH/PUBLIC EDUCATION
LIFE NAVIGATORS 7203 W CENTER ST WAUWATOSA, WI 53210	39-0978146	501(C)(3)	6,103.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COUNCIL OF THE BLIND 1703 N BEAUREGARD ST STE 420 ALEXANDRIA, VA 22311	58-0914436	501(C)(3)	6,033.	0.			RESEARCH/PUBLIC EDUCATION
ALLY'S HOUSE, OKLAHOMA, OKLAHOMA CITY - 308 W MAIN ST - MOORE, OK 73160	20-0726554	501(C)(3)	6,031.	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)	5,899.	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)	5,887.	0.			RESEARCH/PUBLIC EDUCATION
PARKINSON'S INSTITUTE 675 ALMANOR AVE SUNNYVALE, CA 94085	94-3061594	501(C)(3)	5,854.	0.			RESEARCH/PUBLIC EDUCATION
JN OUTREACH FOUNDATION PO BOX 347217 SAN FRANCISCO, CA 94134	83-2150311	501(C)(3)	5,805.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS FLORIDA, FLORIDA, CLERMONT - 1915 DON WICKHAM DR - CLERMONT, FL 34711	23-7181560	501(C)(3)	5,727.	0.			RESEARCH/PUBLIC EDUCATION
TRUE LIFE MINISTRIES 4141 WINTERS ST SACRAMENTO, CA 95838	90-0855564	501(C)(3)	5,653.	0.			RESEARCH/PUBLIC EDUCATION
GREATER TWIN CITIES UNITED WAY 404 S 8TH ST MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	5,609.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 94108	94-2495035	501(C)(3)	5,600.	0.			RESEARCH/PUBLIC EDUCATION
BADGER CHILDHOOD CANCER NETWORK 2215 ATWOOD AVE MADISON, WI 53704	57-1151037	501(C)(3)	5,534.	0.			RESEARCH/PUBLIC EDUCATION
DEMENTIA ALLIANCE OF NORTH CAROLINA, INC. - 9131 ANSON WAY STE 206 - RALEIGH, NC 27615	56-1501117	501(C)(3)	5,512.	0.			RESEARCH/PUBLIC EDUCATION
ALTERNATIVES PREGNANCY CENTER 23 INVERNESS WAY E STE 101 ENGLEWOOD, CO 80112	74-2218129	501(C)(3)	5,489.	0.			RESEARCH/PUBLIC EDUCATION
ATLANTA MISSION 2353 BOLTON RD NW ATLANTA, GA 30318	58-0572430	501(C)(3)	5,480.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, WASHINGTON, EVERGREEN CHAPTER, KENT - 19226 66TH AVE S STE L105 - KENT, WA 98032	91-1950869	501(C)(3)	5,454.	0.			RESEARCH/PUBLIC EDUCATION
MINNEAPOLIS HEART INSTITUTE FOUNDATION, MINNESOTA - 920 E 28TH ST STE 100 - MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	5,412.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S TEXAS 7719 WOOD HOLLOW DR STE 157 AUSTIN, TX 78731	74-2286105	501(C)(3)	5,375.	0.			RESEARCH/PUBLIC EDUCATION
BROADSCOPE 6102 W LAYTON AVE GREENFIELD, WI 53220	39-1143353	501(C)(3)	5,330.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOURETTE ASSOCIATION OF AMERICA 42-40 BELL BLVD BAYSIDE, NY 11361	23-7191992	501(C)(3)	5,268.	0.			RESEARCH/PUBLIC EDUCATION
COLORADO HOMELESS FAMILIES, INC. DBA BEYONDHOME - 7447 W 61ST AVE - ARVADA, CO 80003	84-1049318	501(C)(3)	5,238.	0.			RESEARCH/PUBLIC EDUCATION
GATEWAY FOR CANCER RESEARCH 500 E REMINGTON RD SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	5,213.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, MINNESOTA, MINNESOTA/NORTH DAKOTA/SOUTH DAKOTA CHAPTER - 1919 UNIVERSITY AVE W STE 175 - SAINT PAUL, MN	41-1756085	501(C)(3)	5,201.	0.			RESEARCH/PUBLIC EDUCATION
HOPE COMMUNITY SERVICES 13760 N 93RD AVE STE 101 PEORIA, AZ 85381	86-0589516	501(C)(3)	5,200.	0.			RESEARCH/PUBLIC EDUCATION
ST IGNATIUS COLLEGE PREPATORY 2001 37TH AVE SAN FRANCISCO, CA 94116	94-1451515	501(C)(3)	5,176.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S NEW JERSEY 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068	22-2603592	501(C)(3)	5,171.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL ST STE 200 NEWTON, MA 02458	04-3068130	501(C)(3)	5,166.	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)	5,113.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST WORLD ALLIANCE 405 N WASHINGTON ST FALLS CHURCH, VA 22046	53-0204667	501(C)(3)	5,112.	0.			RESEARCH/PUBLIC EDUCATION
ANGEL FOUNDATION 1155 CENTRE POINTE DR STE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501(C)(3)	5,094.	0.			RESEARCH/PUBLIC EDUCATION
LSNC: TOMMY CLINKENBEARD LEGAL CLINIC - 401 12TH ST - SACRAMENTO, CA 95814	94-1384659	501(C)(3)	5,085.	0.			RESEARCH/PUBLIC EDUCATION
WELLPOWER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501(C)(3)	5,032.	0.			RESEARCH/PUBLIC EDUCATION

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.

CREATING HEALTHIER COMMUNITIES DISTRIBUTES FUNDS TO MEMBER HEALTH CHARITIES

IN PROPORTION TO THE DONOR DESIGNATION RECEIVED.

AS ALL GRANT RECIPIENTS ARE 501(C)(3) ORGANIZATIONS, 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

2021

Open to Public
Inspection

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	319,865.	0.	0.	21,182.	12,541.	353,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHELLEY HAYES (END 04/19/2022) CHIEF ENGAGEMENT OFFICER	(i)	171,188.	0.	0.	11,350.	9,662.	192,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMANDA PONZAR CHIEF COMMUNICATIONS & MARKETING OFF	(i)	169,978.	0.	0.	11,653.	549.	182,180.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LEEANN YANG CFO & COO	(i)	162,860.	0.	0.	10,772.	953.	174,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CHC IS A NATIONWIDE NONPROFIT THAT BRINGS COMMUNITIES, NONPROFITS, AND
BUSINESSES TOGETHER AROUND A SHARED COMMITMENT TO IMPROVING HEALTH
OUTCOMES. CHC COLLABORATES ON STRATEGIES AND SOLUTIONS TO THE BARRIERS
TO HEALTH EQUITY. WE DRIVE CREATION OF INCLUSIVE RESPONSES AND
OPPORTUNITIES THAT ARE EQUITABLE AND JUST, SO ALL PEOPLE CAN THRIVE. WE
FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH DRIVERS THAT AFFECT THE
SOCIAL, ECONOMIC, AND PHYSICAL CONDITIONS IN WHICH PEOPLE LIVE. WE
FOCUS ON KEY ELEMENTS OF HEALTH EQUITY PRACTICE INCLUDING ADDRESSING
THE "CAUSES OF THE CAUSES OF INEQUITIES" INCLUDING HEALTH, ECONOMIC,
EDUCATIONAL INEQUITIES; IMPROVING THE SOCIAL DETERMINANTS OF HEALTH
THROUGH FINANCIAL AND PROGRAMMATIC INVESTMENTS IN COMMUNITIES; BUILDING
UNDERSTANDING AND ENHANCING THE CAPACITY OF ORGANIZATIONS TO ADDRESS
EQUITY ACROSS THEIR COMMUNITIES; SUPPORTING LEADERSHIP, INNOVATION, AND
STRATEGIC RISK-TAKING TO ADVANCE EQUITY; USING DATA, RESEARCH, AND
EVALUATION; AND CHANGING INTERNAL PRACTICES SUCH AS HIRING AND
CONTRACTING. CHC IS WORKING TOWARDS GREATER HEALTH EQUITY BY BUILDING
PARTNERSHIPS WITHIN COMMUNITIES IN WAYS THAT INTENTIONALLY SHARE POWER
AND DECISION MAKING AND ALLOW FOR MEANINGFUL PARTICIPATION. OUR WORK
TOWARDS SUSTAINABLE CHANGE INCLUDES ALLIANCES WITH COMMUNITY PARTNERS,
PUBLIC AGENCIES, AND BROADER PUBLIC HEALTH MOVEMENTS.

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.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number

13-6167225

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

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, AK, CO, ME, ND, NV, OH, OK, WA, DC

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 XII, LINE 2C

THE AUDIT COMMITTEE OF THE BOARD HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, AND REVIEWS THE ORGANIZATION'S FINANCIAL STATEMENTS.

**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

2021

**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

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
CHC: CREATING HEALTHIER COMMUNITIES LOCAL - 85-0258784, 1199 N FAIRFAX STREET, STE 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) 2021

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHC: CREATING HEALTHIER COMMUNITIES LOCAL	L	183,091.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

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