

February 26, 2021

Ms. Angela Calvillo Clerk of the Board Board of Supervisors 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Subject: 2021 Annual Joint Fundraising Drive

Dear Ms. Calvillo,

Enclosed you will find the following items in order to qualify for the City/County of San Francisco Annual Joint Fundraising Drive:

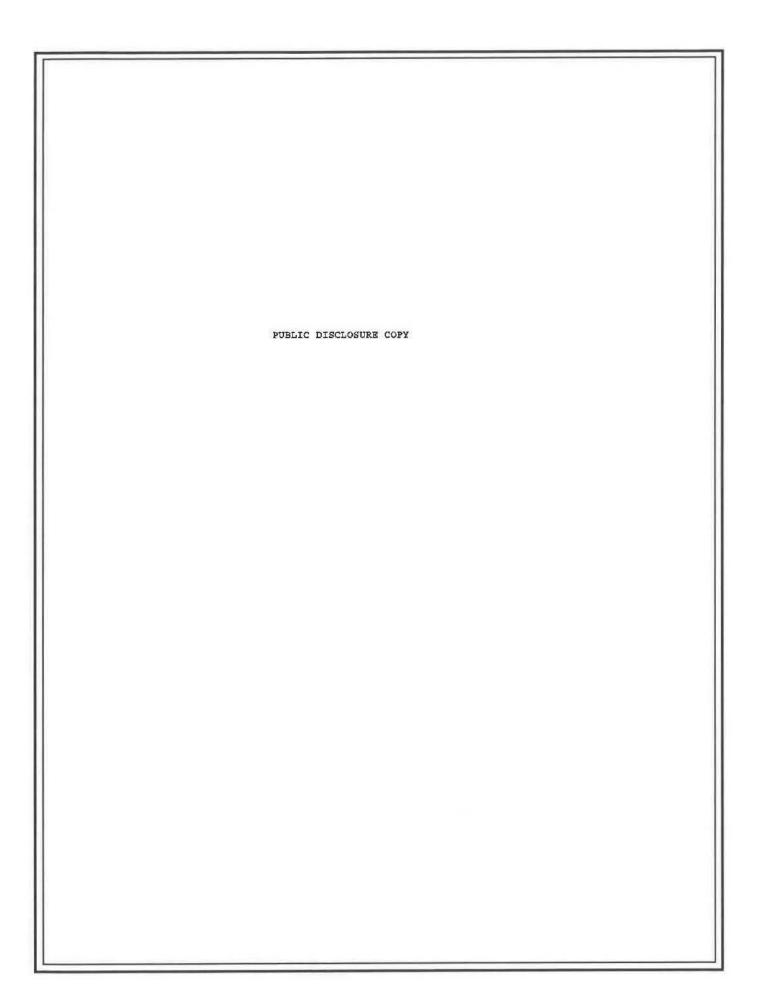
- Most recent Audited financial statement
- Current agency membership lists for the 2021 campaign year
- Copy of the 501(c)3 IRS determination letter

If you should require any further information, please do not hesitate to contact me.

Sincerely,

Krystie Scull Relationship Manager

**Enclosures** 



#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form 990 (Rev. January 2020) Department of the Treasury

A For the 2019 calendar year, or tax year beginning

### **Return of Organization Exempt From Income Tax**

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

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

and ending JUN 30, 2020

2019 Open to Public Inspection

OMB No. 1545-0047

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

D Employer identification number C Name of organization Check if applicable Address CHC: CREATING HEALTHIER COMMUNITIES X Name change 13-6167225 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1199 N. FAIRFAX STREET, SUITE 600 (703)528-1007 termi 22,565,593. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende ALEXANDRIA, VA 22314 H(a) Is this a group return Applica-F Name and address of principal officer: THOMAS G. BOGNANNO for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or If "No," attach a list. (see instructions) ) (insert no.) J Website: WWW.HEALTHCHARITIES.ORG H(c) Group exemption number Form of organization: X Corporation Other > Year of formation: 1957 M State of legal domicile; DC Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 24 3 Number of independent voting members of the governing body (Part VI, line 1b) 24 4 Activities & Total number of individuals employed in calendar year 2019 (Part V, line 2a) 52 5 Total number of volunteers (estimate if necessary) 6 24 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T. line 39 ....... Current Year 21,322,342. 21,768,194. Contributions and grants (Part VIII, line 1h) 1,153,295. 725.664. Program service revenue (Part VIII, line 2g) 72,040. 69.634. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 15,636. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 22,563,313. 22,563,492. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,624,113. 15,466,094. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,041,926. 4,167,514. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,976,070. 1,854,436. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,609,678. 21,520,475. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 953,814. 1,042,838. 19 Revenue less expenses. Subtract line 18 from line 12 6 End of Year Beginning of Current Year 26,124,414. 22,475,123. 20 Total assets (Part X. line 16) 17,629,127. 13,026,642. 21 Total liabilities (Part X, line 26) et 8,495,287. 9,448,481. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I may 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 plenate (other than officer) is based on all information of which preparer has any knowledge MUSA Signature of officer Sign THOMAS G. BOGNANNO, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 11Baball 2021.01.15 14:41:41 -05'00' RAYMOND BARBAGALLO P00173692 Paid Firm's name CHERRY BEKAERT, LLP. 56-0574444 Firm's EIN Preparer Firm's address 6116 EXECUTIVE BLVD. SUITE 600 Use Only Phone no.301-589-9000 ROCKVILLE MD 20852 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

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

(Expenses \$ including grants of \$ Total program service expenses

Form 990 (2019) CHC: CREATING HEAD
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)?		1400	
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			92.65
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			6200
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1000
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			227
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	_	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			8890
	Schedule D, Part III	8		Х
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?			2006
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			8860
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	LIUG)		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	107		
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	5386		220
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	553		227
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			201
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	2772	100	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1920		220
	Schedule D, Parts XI and XII	12a	_	х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1000	1520	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1500		220
25200	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	1000		
289	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
SES	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
22:	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	200		
22	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2019) CHC: CREATING HEALTHIER COMMUNITIES
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ha.19	
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			100000
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		= 1	
	instructions, for applicable filing thresholds, conditions, and exceptions):		Lett.	1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1	14.5	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		(22)	DOD.	Darress and Land

The state of the last of the l	1990 (2019) CHC: CREATING HEALTHIER COMMUNITIES 13-616722  ONLY Statements Regarding Other IRS Filings and Tax Compliance (continued)	25	Р	age 5
			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 52		100	11-6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
1.17	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		11.50	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
LINE CO.	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		.001	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- 00	100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	The state of the s	5c		
	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).			THE S
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b.		
c				
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			707
e	AND A SECOND CONTROL OF THE PROPERTY OF THE PR	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		
-	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	40		N.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	24		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Will be the state of the state	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		150	10
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ME.	100	
11	Section 501(c)(12) organizations. Enter:	100	100	1
а	Gross income from members or shareholders	700		
	Gross income from other sources (Do not net amounts due or paid to other sources against	10	138	W.
	amounts due or received from them.)	400	Hu g	100
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.	F,A	100	- 10
b	Enter the amount of reserves the organization is required to maintain by the states in which the	170	15/16	-
	organization is licensed to issue qualified health plans			1
c	Enter the amount of reserves on hand	-01		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	100	1	
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.	10		

Form 990 (2019) CHC: CREATING HEALTHIER COMMUNITIES 13-5167225 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a 24		1.35	
	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			192	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
770	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6		x
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		-
14		7a		x
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a		
D		71.		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		-
8			x	
а	The governing body?	8a	x	_
b	Each committee with authority to act on behalf of the governing body?	8b	A	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
000	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		W.
		Tomas of	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	х	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ľ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.		122	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	YIT	1.1	
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		400	
	exempt status with respect to such arrangements?	16b		
Sec	tion 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, RS, 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request    Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	MOLLY GRAVHOLT - 703-528-1007			
	1199 N. FAIRFAX STREET, SUITE 600, ALEXANDRIA, VA 22314			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
  See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CYNTHIA ROLFE	2.00					Г				
CHAIR		X		Х				0.	0.	0.
(2) KEVIN CLAYTON	2.00									
VICE CHAIR		X		Х				0.	0.	0.
(3) LINDA G. BLOUNT	2.00									
VICE CHAIR		X		X				0.	0.	0.
(4) ADAM ROTHSCHILD	2.00									
SECRETARY		X		Х				0.	0.	0.
(5) DR. CHARU RAHEJA	2.00									
TREASURER		X		X				0.	0,	0,
(6) ABU M. ARIF	2.00							570		
DIRECTOR		Х						0.	0.	0.
(7) WALT CHESLEY	2,00									
DIRECTOR		Х				_		0.	0.	0.
(8) ALEX CUNNINGHAM	2.00							12		927
DIRECTOR		X	_	_	_	-		0.	0.	0,
(9) ANGIE DAHL	2.00									200
DIRECTOR		Х	-	-	_	-	_	0.	0.	0.
(10) PETER DUDLEY DIRECTOR	2,00	x						0.	0.	
(11) ERIN GOLLHOFER	2,00	A			-	-		0.	0,	0.
DIRECTOR	2.00	x						0.	0.	0.
(12) XIAOTENG HUANG	2.00	_				-		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(13) ERIC T. JONES	2.00	-						•	•	
DIRECTOR		x						0.	0.	0.
(14) DR. STEPHEN KEITH, MD	2,00	-							-	
DIRECTOR		x						0.	0.	0.
(15) DR. SANDRA B. NICHOLS, MD	2,00							-		
DIRECTOR		x						0.	0.	0.
(16) JILLIAN NIESLEY	2.00									
DIRECTOR		x						0.	0.	0.
(17) CHARLEEDA REDMAN	2,00									
DIRECTOR		x						0.	0.	0.

Form 990 (2019)

932007 01-20-20

TOTTI OUU (ZOTO)	EATING HEALTHIER	100	300000	200	722				13-616722	5	Р	age 8
Part VII Section A. Officers, Directors (A) Name and title	s, Trustees, Key Em (B) Average hours per	(do	not c	Posi heck	c) ition		one	(D)  Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	1000	(F) timate	
	week (list any hours for related organizations below line)	tee or director		nd a di	irecto	Highest compensated of a	tee)	from the organization (W-2/1099-MISC)		comp fro orga	other pensa om th anizat I relat nizati	ation e tion ted
(18) TIFFANY REEVES	2.00											
DIRECTOR		X						0.	0.			0.
(19) ROMANA ROLNIAK	2.00											-
DIRECTOR		X	-		_		_	0.	0.		_	0.
(20) BETH RUSERT	2.00	x						0.	0.			0.
DIRECTOR (21) KAREN SPRUILL	2,00	A	$\vdash$	Н				0.	0,			٠.
DIRECTOR	2.00	x						0.	0.			0.
(22) JOHN M. STANOCH	2,00	*			=							
DIRECTOR		x						0.	0.			0.
(23) TELEANGE THOMAS	2,00		$\vdash$	П								
DIRECTOR		x						0.	0.			0.
(24) WAMWARI WAICHUNGO	2.00											
DIRECTOR		x						0.	0.			0.
(25) THOMAS BOGNANNO	40.00											
PRESIDENT & CEO		x		х	Ш			324,608.	0.		28,	651.
(26) MOLLY GRAVHOLT	40.00							No. of the contract of the con				
COO & CFO				X				233,300.	0.			885.
1b Subtotal							>	557,908.	0.			536.
c Total from continuation sheets to F	Part VII, Section A						>	339,416.	0.			797.
d Total (add lines 1b and 1c)							<b></b>	897,324.	0.		71,	333.
2 Total number of individuals (including compensation from the organization		ose	liste	d ab	ove	) who	o rec	ceived more than \$100,00	00 of reportable			4
3 Did the organization list any former	officer director truste	ee. k	ev e	mpk	ove	e. or	hiak	nest compensated employ	vee on	rel (	Yes	No
line 1a? If "Yes," complete Schedule										3		x
4 For any individual listed on line 1a, is									220 000			
and related organizations greater tha			S-18-01						STATE OF THE STATE	4	х	
5 Did any person listed on line 1a received rendered to the organization? If "Yes	ive or accrue compen	sati	on fr	om a	any	unre	late	d organization or individua	al for services	5		x
rendered to the organization: // "Yes	COMPLETE SCHEOUIS	41	JI SL	IGIT L	EIS	JII.		************************		-	_	(515)

Section B. Independent Contractors

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
SPARKS PERSONNEL SERVICES, INC.		
P.O. BOX 37256, BALTIMORE, MD 21297	TEMPORARY STAFFING	209,422
BRBS WORLD, LLC.		
11851 SPIRAL PASS, CINCINNATE, OH 45249	CONSULTING	115,084
RED RIVER - CWPS		
P.O. BOX 786622, PHILADELPHIA, PA 19178	COMPUTER MAINTENANCE	112,806
Total number of independent contractors (including but not limited	Las these listed should use a second second these	

Form 990 CHC: CREATING	G HEALTHIER	CO	MMU	NIT	IES				13-61672	225
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) SHELLEY HAYES	40.00							4.64 000		
HIEF DEVELOPMENT OFFICER 28) AMANDA PONZAR	40.00				H	X		161,308.	0.	16,56
CHIEF COMMUNICATIONS OFFICER	40.00					х		178,108.	0.	11,23
		-								
otal to Part VII, Section A, line 1c						ene (en )		339,416.		27,79

Form 990 (2019) CHC: CREATI

			Check if Schedule O cont	ains a re	sponse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
10	1	а	Federated campaigns		la	21,356,817.				
員			Membership dues		lb					
and Other Similar Amounts			Fundraising events		lc					
A			Related organizations		ld					ELEOVA
릠		e	Government grants (contributi		le			I STATE OF THE PARTY OF THE PAR	Section 19 St	The state of the s
S		f	All other contributions, gifts, gran							
ber			similar amounts not included above		If	411,377.				September 1
ă		a	Noncash contributions included in lines	10000	lg \$					
		-	Total. Add lines 1a-1f	-		<b>b</b>	21,768,194.			
						Business Code		ALCOHOLD TO BE	English to the	
	2	а	APPLICATION FEES			561000	453,919.	453,919.		
Revenue	-	b	MANAGEMENT FEES			561000	249,845.	249,845.		
an a			GENERAL PROMOTIONS			561000	21,900.	21,900.		
Ver		4								
Be										
			All other program service reve	nuo						
		a	The second secon				725,664.		111-111-11	
+	3		Investment income (including				.25,002.			
	3		other similar amounts)				71,735.			71,735
П	4		Income from investment of tax	······································	bond r	manada P				,
-1	5			AND TO THE ROLL OF THE PARTY.		Secretary and the second second				
П	9		Royalties	6) 1	Real	(ii) Personal				
- 1	•	_	Grace rante		TOTAL	(ii) i diddina				
-	0		Gross rents 6a Less: rental expenses 6b	1		1		- 175 161		The state of the
- 1				<del></del>		1			The same of the sa	
- 1			The state of the s							
			Net rental income or (loss)	(i) Sec	urities	(ii) Other				
- 1	1	а	Gross amount from sales of		unues	(ii) Other		Leading acres		
-1			assets other than inventory 7a						V STRIBBLING	
.		D	Less: cost or other basis			2,101.				
Ž			and sales expenses 7b Gain or (loss) 7c			<2,101.>		NU DATE		2
2			, ,				<2,101.>			<2,101.
١			Net gain or (loss)			P	<2,101.>			<2,101.5
Omer Revenue	8	а	Gross income from fundraising ev			1				
۱ د			including \$		of	1 1			The second	THE R
- 1			contributions reported on line							
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from fund							
	9	a	Gross income from gaming act						0.01	STATE OF
			Part IV, line 19						mall and the	THE TOTAL
			Less: direct expenses						The second second	
1			Net income or (loss) from gami		ities	<b>P</b>				
- 1	10	а	Gross sales of inventory, less r						131	
			and allowances							
П			Less: cost of goods sold		TATAL DESCRIPTION	×			Paralle Name	
+	_	С	Net income or (loss) from sales	of inve	ntory					
	404					Business Code				
Revenue	11									
eni		b								
Sev		C								
			All other revenue							
			Total. Add lines 11a-11d				2000 11 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10		1000	12 2 10 10 10
	10		Total revenue. See instructions			▶	22,563,492.	725,664.	0.	69,6

# Form 990 (2019) CHC: CREATING HEALT 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).

Do.	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,466,094.	15,466,094.		
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,	618,610.	508,852.	72,473.	37,285
	trustees, and key employees	010,010.	300,032.	14,215.	37,203
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	- 1			
7	Other salaries and wages	2,848,715.	2,343,278.	333,740.	171,697
8	Pension plan accruals and contributions (include	2,520,1200	=,,,,,,,,,		-7-1
o	section 401(k) and 403(b) employer contributions)	185,060.	152,225.	21,681.	11,154
9	Other employee benefits	267,551.	220,080.	31,345.	16,126
10	Payroll taxes	247,578.	203,652.	29,004.	14,922
11	Fees for services (nonemployees):				
	Management				
	Legal	104,696.	88,992.	15,704.	
	Accounting	112,273.	95,432.	16,841.	
	Lobbying				
	Professional fundraising services, See Part IV, line 17			The land of the la	
f	Investment management fees	9,198.		9,198.	
	Other, (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	515,603.	438,263.	77,340.	
12	Advertising and promotion	98,166.	80,496.	11,780.	5,890
13	Office expenses	421,302.	361,703.	39,644.	19,955
14	Information technology				
15	Royalties				
16	Occupancy	286,742.	227,984.	47,237.	11,521
17	Travel	111,579.	91,782.	13,073.	6,724
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,378.	12,189.	12,189.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,326.	19,187.	2,733.	1,406
23	Insurance	51,128.	42,056.	5,990.	3,082
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND FEES	204,056.	167,851.	23,906.	12,299
b	TRAINING	13,623.	11,206.	1,596.	821
c	/ <del>( )                                     </del>				
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	21,609,678.	20,531,322.	765,474.	312,882
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)				

Form 990 (2019)

13-6167225

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 8,949,099. 10,412,473. 2 2 Savings and temporary cash investments 10,476,576. 13,324,461. Pledges and grants receivable, net 3 3 226,008. 597,247. Accounts receivable, net 4 4 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 71,080. 99,044. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 112,977. basis, Complete Part VI of Schedule D 10a 76,355. 38,729. 36,622. Less: accumulated depreciation 10b 10c 1,996,183. 2,058,100. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 258,435. 55,480. Other assets. See Part IV, line 11 15 15 22,475,123. Total assets. Add lines 1 through 15 (must equal line 33) 26,124,414. 16 16 2,805,933. 2,281,282. Accounts payable and accrued expenses 17 17 14,787,475. 10,745,360. Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 35,719. of Schedule D 25 17,629,127. 13,026,642. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 8,495,287. 9,448,481. 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 9,448,481. 8,495,287. Total net assets or fund balances 32 26,124,414. 22,475,123. Total liabilities and net assets/fund balances 33

	990 (2019) CHC: CREATING HEALTHIER COMMUNITIES	13-6167	225	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	Т			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	,563,	492.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	609	678.
3	Revenue less expenses. Subtract line 2 from line 1	3		953	814.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,495	287.
5	Net unrealized gains (losses) on investments	5		<6	20.>
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 0)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	0	118	181
Day	column (B))	10	9	,440,	481.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O	84.7		53.4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a	8	MEN	
	separate basis, consolidated basis, or both:			130	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa		1103		
	consolidated basis, or both:	18			1
	Separate basis X Consolidated basis Both consolidated and separate basis			197	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	- 10	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			NY
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?	5001	За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2019)

#### SCHEDULE A

Department of the Treasury

Total

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number CHC: CREATING HEALTHIER COMMUNITIES 13-6167225 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). iv) is the organization listed (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary in your governing docume (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2019 CHC: CREATING HEALTHIER COMMUNITIES 13-616722 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,497,186.	33,135,957.	27,020,688.	21,322,342.	21,768,194.	138,744,367.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	35,497,186.	33,135,957.	27,020,688.	21,322,342.	21,768,194.	138,744,367.
	The portion of total contributions	Server State (State)					
	by each person (other than a					STATE STATE OF	
	governmental unit or publicly					Builtiniossere i	
	supported organization) included	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		or all raints		the said their	
	on line 1 that exceeds 2% of the			The Lates of the Lates		union bodie	
	amount shown on line 11,	200		Street of Persons		alleria e pica	
	column (f)						
6	Public support. Subtract line 5 from line 4.						138,744,367.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🔊 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	35,497,186.	33,135,957.	27,020,688.	21,322,342.	21,768,194.	138,744,367.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	204424	190 KV - 8050 60	n-excussion-		NATURE DE SANTE	2460.74283 PSD-551.740
	and income from similar sources	58,658.	77,122.	88,612.	74,501.	71,735.	370,628.
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.)				Z-1000		120 111 005
	Total support. Add lines 7 through 10						139,114,995.
	Gross receipts from related activities,	A Section of the second section of the section of the second section of the sect				12	4,741,926.
	First five years. If the Form 990 is for						
Sec	organization, check this box and stop ction C. Computation of Public	c Support Per	centane				
Total Steel						14	99.73 %
	Public support percentage for 2019 (li	100	258			15	99.78 %
	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
100	stop here. The organization qualifies	-					
	33 1/3% support test - 2018. If the o						
•	and stop here. The organization quali	The state of the s					STATE OF THE STATE
17-	10% -facts-and-circumstances test						
116	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t			and the second s	Charles and Commence	A75.	
L	10% -facts-and-circumstances test	9.7	17	7: 32.7	272		
•	more, and if the organization meets th						
	organization meets the "facts-and-circ					tantan.	<b>▶</b> □
18				and the second second second second second			
	T. A.						or 990-E7) 2019

Page 3

Schedule A (Form 990 or 990-EZ) 2019 CHC: CREATING HEALTHIER COMMUNITIES

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 bus-				1		
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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.)					To Parent	
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 2010	15/25.0	10/2011	10/2010	10/2010	117 10141
Oa 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						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)					_	
3 Total support. (Add lines 9, 10c, 11, and 12.)	h a	61A Abi-	1 formation and E811- And		- F01/-\/0\i	*!
4 First five years. If the Form 990 is for the						tion,
ection C. Computation of Public	Support Per	centage				
			al (6)		Tael	
5 Public support percentage for 2019 (line		UI II 45			15	
6 Public support percentage from 2018 S					16	
ection D. Computation of Investi		The state of the s			II	
7 Investment income percentage for 201					17	
8 Investment income percentage from 20					18	
9a 33 1/3% support tests - 2019. If the o	AND REAL PROPERTY OF THE PARTY					is not
more than 33 1/3%, check this box and		Andrew Same	and the second second second second			
b 33 1/3% support tests - 2018. If the o	-			2	5/	
line 18 is not more than 33 1/3%, check	this box and st	op here. The organ	nization qualifies a	s a publicly supp	orted organization	<b>D</b>
O Private foundation. If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

-	Yes	No
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1	1-1-1	
2		
За	100	
3b		
3c	199	
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4a		
4b		
	1	
4c		
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5b 5c		
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9a		
9b	le de	n.
9c	1- 13	
10a	Ini	
10b		

	dule A (Form 990 or 990-EZ) 2019 CHC: CREATING HEALTHIER COMMUNITIES	13-6167225	P	age 5
Pa	rt IV   Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		AS.	100
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			100
0297	below, the governing body of a supported organization?	11a	-	_
	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. tion B. Type I Supporting Organizations	116		
360	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	= 27-		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	and the control of th			
	controlled the organization's activities. If the organization had more than one supported organization,	-		1
	describe how the powers to appoint and/or remove 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			2
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1000	100	
	or management of the supporting organization was vested in the same persons that controlled or managed	JET 184	Well	
	the supported organization(s).	1111		
Sec	tion 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	100000	- 27	-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	and the		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000	10.5	16.
	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	4 = -1		
	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	$\perp$	
3	By reason of the relationship described in (2), 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			18
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		100	N.
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		15	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 3		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		125
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	111111		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			d,
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
2	activities but for the organization's involvement.  Perent of Supported Organizations, Answer (a) and (b) below.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	and any organization of the policies, programs, and delivines of each			

	other Type III non-functionally integrated supporting organizations must co			(B) Current Yea
Sect	ion A - Adjusted Net Income		(A) Prior 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	ut Cally	A liver metricular	
	instructions for short tax year or assets held for part of year):		THE PERSON NAMED IN	Truck it and server
а	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	150 150		A. b. prophysically b
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	THE DESIGNATION OF THE PARTY OF	
2	Enter 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	TO THE RESIDENCE	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	and V	A TOP AT LOT AND	
	emergency temporary reduction (see instructions).	6	Water of the second	

Schedule A (Form 990 or 990-EZ) 2019

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions	CIIA/2004	Doug # Micros Challes # Halles	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	10/25		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets	307		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
1	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			THE PERSON NAMED IN
5001	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
ALTERNATION IN	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
3818	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			Name of the last
	Excess from 2018			
	Excess from 2019			
-				

Schedule A	(Form 990 or 990-EZ) 2019 CHC: CREATING HEALTHIER COMMUNITIES	13-6167225	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additing (See instructions.)	1 and 2; Part IV, Section V. Section B. line 1e; Pa	n C.
0			
-			
14			

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

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

OMB No. 1545-0047

Employer identification number

2019

CH	IC: CREATING HEALTHIER COMMUNITIES	13-6167225			
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
755 (5	is covered by the General Rule or a Special Rule.  (2)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contrib	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, II, and III.				
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the <b>General Rule</b> applies to this organization because it lee, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Foother filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
LLIA For Donovineric Badriet	Non Act Nation and the instructions for Form 900 DOD E7 or 900 DE	D (Enrm 000, 000, E7, or 000, DE) (0010)			

Name of organization

Employer identification number

CHC: CREATING HEALTHIER COMMUNITIES 13-6167225

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 756,738.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHC: CREATING HEALTHIER COMMUNITIES

13-6167225

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	-
(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
		\$	3
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 	_

Name of or	ganization		Employer identification num		
CHC: CRE	ATING HEALTHIER COMMUNITIES		13-6167225		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional sp	hrough (e) and the following line er critable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations or less for the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gi	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee		
(a) No.	(h) Dumana of with	(a) Han of rife	(all Description of how wife in hold		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gi	gift		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No	-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(a) Transfer of a	nife .		
	(e) Transfer of gif		Relationship of transferor to transferee		
	( <del></del>				

### **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 Open to Public Inspection

Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number 13-6167225

	organization answered "Yes" on Form 990, Part IV, line	(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 w	riting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's ex	D	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	3777	
	impermissible private benefit?		Yes No
Pa		anization answered "Yes" on Form 99	0, 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	on 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 qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	1		CV-55 PLOGOTA II
C	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	ter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year >		
4	Number of states where property subject to conservation ease	ment is located	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	of
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	vation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	***************************************	Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.	1974	
Pai	t III Organizations Maintaining Collections of A		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	ial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB ASC		Nez Si
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Sche	date by controlled to	ING HEALTHIER CO					167225		ge Z
Par	t III Organizations Maintaining C	collections of Art	t, Historical Tr	easures, or Ot	ther S	imilar Ass	ets (contin	ued)	
3	Using the organization's acquisition, access	on, and other records	s, check any of the	following that mal	ke signi	ficant use of i	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	e		5 / 5					
c	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	how they further	the organization's	exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit of	- Allender II - III A COLLEGE AND A COLLEGE		and the second s	A. 200		797-2.M95		
•	to be sold to raise funds rather than to be m		an armanga man Masilidan di kaca				Yes		No
Par	t IV Escrow and Custodial Arran						The state of the s		140
1 01	reported an amount on Form 990, Pa		ete ii trie organizat	ion answered Tes	Unito	111 330, 1 arc	iv, inte o, or		
_						al and			_
1a	Is the organization an agent, trustee, custod		[2] 이렇게 집에는 요그렇게 하면 뭐다니?						
	on Form 990, Part X?				10100010101		Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			гт			
							Amount	<u> </u>	_
	Beginning balance					1c		_	
d	Additions during the year					1d			
е	Distributions during the year			***************	*******	1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account l	liability?	***********	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
Par	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on F	orm 990, Part IV, I	line 10.				
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three years ba	ck (e) Four	years b	ack
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
4	Grants or scholarships								
	Other expenditures for facilities								
					- 1				
2	and programs				_				_
	Administrative expenses			1	_		+-		_
g	End of year balance			, n				_	_
2	Provide the estimated percentage of the cur			(a)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
C	Term endowment >	_%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered f	or the o	rganization	-		
	by:							Yes	No
	(i) Unrelated organizations				*********		3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	rt VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Pa	rt X, line	10.			
	Description of property	(a) Cost or o	Commence Will Service or rest	and the second second		mulated	(d) Bool	value	
	bosonpaon of property	basis (investr		s (other)		ciation	()		
1-	Land	5707-00-00-00-00-00-00-00-00-00-00-00-00-		1.0000000000000000000000000000000000000	10.7	CONTRACTOR OF THE PROPERTY OF			
	Land								_
	Buildings								_
	Leasehold improvements		_	112 077	_	76 355		36,6	22
	Equipment			112,977.		76,355.		30,0	46.
	Other	HILL TO				-		20.0	0.0
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X. column (B), line	10c.)	*****			36,6	22.

Schedu	NO D (FORTH COO) ZOTO	ALTHIER COMMUNITIES		13-6167225	Page
Part					
	Complete if the organization answered "Yes"				to the State State of the state
	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
	ancial derivatives				
	sely held equity interests				
(3) Oth	ner				
(A)					
(B)					
(C)					
(D)					
(E)_					
(F)					
(G)					
(H)	Cal (b) must a unit Farm 000 Day V and (B) line 10 \ b				A - U.S.
	Col. (b) must equal Form 990, Part X, col. (B) line 12.) VIII Investments - Program Related.				
rait		on Form 000 Dort N/ line 1	Ita Sas Form 000 Dart V line 12		
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market	value
741	(a) Description of investment	(b) Dook value	(c) meaned or raidation. Seet of or	io oi jour mariot	70000
(1)		· · · · · · · · · · · · · · · · · · ·			
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)		The state of the s		100
Part	IX Other Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
		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.)	<b>)</b>	•	
Part	X Other Liabilities.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5,	
1	(a) Description of liability	77		(b) Book v	/alue
(1)	Federal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

(8)

Pai	rt XI Reconciliation of Revenue per Audited Financial S		Revenue per He	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	7		6 104 242
1	Total revenue, gains, and other support per audited financial statements			1	6,184,242.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 E	C20		
а	Net unrealized gains (losses) on investments		<620.>	10000	
b					
C			1 000 505		
d	, , , , , , , , , , , , , , , , , , , ,	2d	<1,009,695.>	10	4 040 345
e				2e	<1,010,315.>
3	Subtract line 2e from line 1			3	7,194,557.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	0.400		
а		10110101010101010101010101010101010101	9,198.		
b			15,359,737.		45 464 445
C	Add lines 4a and 4b			4c	15,368,935.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	22,563,492.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		Expenses per H	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV				6 043 FF7
1	Total expenses and losses per audited financial statements			1	6,243,557.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11		116	
а					
b					
C	New Property Control of the Control		20.20	-	
d	Appropriate Approp		2,814.		27224
e				2e	2,814.
3	Subtract line 2e from line 1			3	6,240,743.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	1210-1116/2	-	
а	The contraction of the contracti		9,198.	100	
b			15,359,737.		25/36/17/26/25/17/26/2019
C	Add lines 4a and 4b			4c	15,368,935.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	21,609,678.
	rt XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	nation.		
_					
חס גם	n v rrnp 2.				
PAR.	F X, LINE 2:				
שמח	ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN T	PAY POSTTIONS			
IIIE	ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY ORCENTAIN I	TAX TOSTITONS			
RASI	ED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNIT	TION OF THE TAX			
DADI	BU OR A MORE BIRDET THAN NOT THANBOOD TO THE ABCOUNT	TON OF THE TAX			
POST	ITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF	THE POSITION			
. 00.	TITORD DELING DODINING DADED ON THE IDOMESTIC MARKED OF	IND TODITION			
UNDE	ER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY, IF A TAY	K POSITION OR			
POS	ITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE PO	OSITIONS THE			
					<u> </u>
UNRI	ECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIV	VE PROBABILITY			
ASSI	ESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR	R ALL UNCERTAIN			
TAX	POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS TAX STAT	rus as a			
TAX	-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOW	WEVER, THE			
ORG	ANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT	T RESULT IN AN			

Schedule D (Form 990) 2019 CHC: CREATING HEALTHIER COMMU	13-6167225	Page 5	
Part XIII   Supplemental Information (continued)			
EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATION'S	FEDERAL AND		
STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR TH	REE YEARS		
FOLLOWING THE DATE FILED.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
CONSOLIDATED GROUP/ELIMINATION ADJUSTMENT	-1,009,695.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
	47 266 222		
AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES	15,361,838.		
LOSS ON ASSET DISPOSITION	-2,101.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	15,359,737.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
CONSOLIDATED GROUP/ELIMINATION ADJUSTMENT	2,814.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES	15,361,838.		
LOSS ON ASSET DISPOSITION	-2,101.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	15,359,737.		

#### SCHEDULE I (Form 990)

Department of the Treasury

# 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.

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

Name of the organization

2019

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

CHC: CREATING HEALTHIER COMMUNITIES							13-6167225	
Part I General Information on Grants an	d Assistance							
Does the organization maintain records to criteria used to award the grants or assist	ance?	*********			[기계 전기 : [기계 기계 전기 전기 전기 전기 전기 기계			
2 Describe in Part IV the organization's pro-	cedures for monit	toring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to D					anization answered "	Yes" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$		T			(f) Method of	1		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
A KID AGAIN, OHIO, COLUMBUS 777 G DEARBORN PARK LN COLUMBUS, OH 43085	31-1440073	501(C)(3)	11,905.	0.			RESEARCH/PUBLIC EDUCATION	
ABCD: AFTER BREAST CANCER DIAGNOSIS - 5775 N GLEN PARK STE 201 - GLENDALE, WI 53209	39-1967028	501(C)(3)	7,513.	0.			RESEARCH/PUBLIC EDUCATION	
AIDS RESEARCH FOUNDATION (AMFAR) 120 WALL ST 13TH FL NEW YORK, NY 10005	13-3163817	501(C)(3)	58,035.	0.			RESEARCH/PUBLIC EDUCATION	
ALLY'S HOUSE 308 W MAIN ST MOORE, OK 73160	20-0726554	501(C)(3)	13,283.	0.			RESEARCH/PUBLIC EDUCATION	
ALS ASSOCIATION 1275 K ST NW STE 250 WASHINGTON, DC 20005	13-3271855	501(C)(3)	73,720.	0.			RESEARCH/PUBLIC EDUCATION	
ALS ASSOCIATION, ARIZONA, ARIZONA CHAPTER, PHOENIX - 360 E. CORONADO RD., STE 140 - PHOENIX, AZ 85004	86-0727136	501(C)(3)	6,675.	0.			RESEARCH/PUBLIC EDUCATION	
2 Enter total number of section 501(c)(3) an	d government or	ganizations listed in th	e line 1 table				240.	
3 Enter total number of other organizations		두 없는 이번 이번 살고 하나 하나 하나 하나 나는 것이 없는 것이다.					AND	

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

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (d) Amount of (f) Method of (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (e) Amount of if applicable valuation non-cash assistance cash grant or assistance organization or government non-cash (book, FMV. assistance appraisal, other) ALS ASSOCIATION, CALIFORNIA, GOLDEN WEST CHAPTER AGOURA HILLS - 28632 ROADSIDE DR., STE 173 -95-4163338 501(C)(3) AGOURA HILLS, CA 91301 5,345 0. RESEARCH/PUBLIC EDUCATION ALS ASSOCIATION, COLORADO, ROCKY MOUNTAIN CHAPTER, WESTMINSTER -10855 DOVER ST., STE 500 -84-1337868 501(C)(3) WESTMINSTER, CO 80021 6,919 0. RESEARCH/PUBLIC EDUCATION ALS ASSOCIATION, MINNESOTA, MINNESOTA/ND/SD CHAPTER, MINNEAPOLIS - 1919 UNIVERSITY AVE., W. STE 175 - SAINT PAUL, MN 41-1756085 501(C)(3) 31,160 0. RESEARCH/PUBLIC EDUCATION ALS ASSOCIATION, NEW YORK, GREATER NEW YORK CHAPTER, NEW YORK - 42 BROADWAY STE 1724 - NEW YORK, NY 13-3616680 501(C)(3) 6,556 0. RESEARCH/PUBLIC EDUCATION 10004 ALS ASSOCIATION, NORTH CAROLINA, NORTH CAROLINA CHAPTER, RALEIGH -4 N BLOUNT ST., 2ND FL, STE 200 -56-1609591 501(C)(3) 10,992 0. RESEARCH/PUBLIC EDUCATION RALEIGH, NC 27601 ALS ASSOCIATION, PENNSYLVANIA, GREATER PHILADELPHIA CHAPTER, AMBLER - 321 NORRISTOWN RD., STE 23-2387205 501(C)(3) 19,390 0. 260 - AMBLER PA 19002 RESEARCH/PUBLIC EDUCATION ALS ASSOCIATION WISCONSIN WISCONSIN CHAPTER, WAUWATOSA -3333 N. MAYFAIR RD., STE 104 -39-1600965 501(C)(3) 17,806 0. RESEARCH/PUBLIC EDUCATION WAUWATOSA, WI 53222 ALZHEIMER'S & DEMENTIA ALLIANCE OF WISCONSIN - 3330 UNIVERSITY AVE. 0. STE 300 - MADISON, WI 53705 39-1679333 501(C)(3) 34,905 RESEARCH/PUBLIC EDUCATION ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE., STE 1700 0. 13-3039601 501(C)(3) 718,410. RESEARCH/PUBLIC EDUCATION CHICAGO, IL 60601

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S NEW JERSEY 425 EAGLE ROCK AVE., STE 203 ROSELAND, NJ 07068	22-2603592	501(C)(3)	6,739.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S TEXAS 7719 WOOD HOLLOW DR., STE 157 AUSTIN, TX 78731	74-2286105	501(C)(3)	5,051.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY 250 WILLIAMS ST., NW. ATLANTA, GA 30303	13-1788491	501(c)(3)	1,125,479.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE STE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	395,714.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	368,154.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE STE 300 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	57,164.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LIVER FOUNDATION 39 BROADWAY STE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	38,783.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LUNG ASSOCIATION 55 W WACKER DR STE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	124,366.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	7,986.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA AUTISM UNITED 5025 E WASHINGTON ST STE 212 PHOENIX, AZ 85034	16-1738730	501(C)(3)	12,268.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRITIS FOUNDATION 1355 PEACHTREE ST 6TH FL ATLANTA, GA 30309	58-1341679	501(C)(3)	120,840.	0.			RESEARCH/PUBLIC EDUCATION
ASPCA - AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 E 92ND STREET - NEW YORK, NY 10128-6804	13-1623829	501(C)(3)	96,891.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN - 3720 N 124TH ST STE 0 - WAUWATOSA, WI 53222	39-1708201	501(C)(3)	12,181.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS 1 EAST 33RD ST 4TH FL NEW YORK, NY 10016	20-2329938	501(c)(3)	238,434.	0.			RESEARCH/PUBLIC EDUCATION
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	56,193.	0.			RESEARCH/PUBLIC EDUCATION
BREAST CANCER RECOVERY FOUNDATION, WISCONSIN - 6131 NESBITT RD STE 300 - FITCHBURG, WI 53719	39-1894850	501(C)(3)	5,971.	0,			RESEARCH/PUBLIC EDUCATION
BROADSCOPE 6102 W LAYTON AVE GREENFIELD, WI 53220	39-1143353	501(c)(3)	10,518.	0.			RESEARCH/PUBLIC EDUCATION
CAMP BOGGY CREEK, FLORIDA, EUSTIS 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	59-3012889	501(C)(3)	6,360.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP HOBE							
P.O. BOX 520755						1	
SALT LAKE CITY, UT 84152	57-1149391	501(C)(3)	5,331.	0.			RESEARCH/PUBLIC EDUCATION
CANCER RESEARCH INSTITUTE							
29 BROADWAY 4TH FL							
NEW YORK, NY 10006	13-1837442	501(C)(3)	132,801.	0.			RESEARCH/PUBLIC EDUCATION
CARINGBRIDGE							
2750 BLUE WATER RD.							
EAGAN, MN 55121	42-1529394	501(C)(3)	27,083.	0.			RESEARCH/PUBLIC EDUCATION
CARINGKIND, THE HEART OF							
ALZHEIMER'S CAREGIVING (FKA THE							
ALZHEIMER ASSOC.) - 360 LEXINGTON							
AVE 4TH FL - NEW YORK, NY 10017	13-3277408	501(C)(3)	13,051.	0.			RESEARCH/PUBLIC EDUCATION
CEREBRAL PALSY FOUNDATION							
3 COLUMBUS CIRCLE 15TH FLOOR							
NEW YORK, NY 10019	13-6093337	501(C)(3)	17,393.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER ASSOCIATION							
1200 NW NAITO PKWY STE 140 PORTLAND, OR 97209	93-1181662	501/01/31	9,194.	0.			RESEARCH/PUBLIC EDUCATION
FORTBAND, OR 91209	93-1101002	501(0)(3)	9,194.	0.			RESERVENT OBBITC BEOCKTION
CHILDREN'S CANCER NETWORK				1			
6150 W CHANDLER BLVD STE 1							
CHANDLER, AZ 85226	20-2129902	501(C)(3)	13,740.	0,			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER RESEARCH FUND							
MINNESOTA - 7301 OHMS LN STE 355 -							
MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	36,512.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEART FOUNDATION							
5 REVERE DR., STE 200							
NORTHBROOK, IL 60062	36-4077528	501(C)(3)	11,815.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL FOUNDATION - OKLAHOMA - 901 N LINCOLN BLVD., STE 305 - OKLAHOMA CITY, OK 73104	73-1200262	501(C)(3)	13,419.	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)	5,388.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S TUMOR FOUNDATION 370 LEXINGTON AVE., STE 2100 NEW YORK, NY 10017	13-2298956	501(C)(3)	20,045.	0.			RESEARCH/PUBLIC EDUCATION
CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3435919	501(C)(3)	49,531.	0,			RESEARCH/PUBLIC EDUCATION
COOLEY'S ANEMIA FOUNDATION 330 SEVENTH AVE STE 200 NEW YORK, NY 10001	11-1971539	501(C)(3)	13,250.	0.			RESEARCH/PUBLIC EDUCATION
CRAIG HOSPITAL 3425 S CLARKSON ST ENGLEWOOD, CO 80113	84-0404233	501(C)(3)	7,365.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, MINNESOTA, MINNESOTA/DAKOTAS CHAPT - 2277 HWY 36 W. STE 170 - ROSEVILLE, MN	13-6193105	501(C)(3)	27,928.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, WISCONSIN CHAPTER - 17100 W. BLUEMOUND RD., STE 101 - BROOKFIELD, WI 53005	13-6193105	501(c)(3)	16,615.	ō,			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE., STE 1100N BETHESDA, MD 20814	13-1930701	501(C)(3)	191,952.	0.			RESEARCH/PUBLIC EDUCATION

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DAWS - DANBURY ANIMAL WELFARE SOCIETY, INC 147 GRASSY PLAIN ST - BETHEL, CT 06801	06-0945388	501(C)(3)	6,251.	0,			RESEARCH/PUBLIC EDUCATION
DEPRESSION AND BIFOLAR SUPPORT ALLIANCE - 55 E JACKSON BLVD STE 490 - CHICAGO, IL 60604	36-3379124	501(C)(3)	13,199.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO - 510 E NORTH BROADWAY 4TH FL - COLUMBUS, OH 43214	31-1126185	501(C)(3)	9,576.	0,			RESEARCH/PUBLIC EDUCATION
EASTER SEALS 141 W. JACKSON BLVD. 1400A CHICAGO, IL 60604	36-2171729	501(C)(3)	8,970.	0.			RESEARCH/PUBLIC EDUCATION
ENDOMETRIOSIS ASSOCIATION, INC. 8585 N 76TH PL MILWAUKEE, WI 53223	39-1414754	501(C)(3)	13,271.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PL., STE 230 LANDOVER, MD 20785	52-0856660	501(C)(3)	52,997.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF MINNESOTA 1600 UNIVERSITY AVE., STE 300 SAINT PAUL, MN 55104	41-0874541	501(C)(3)	23,159.	0.			RESEARCH/PUBLIC EDUCATION
FAITH'S LODGE 505 HWY 169 N, STE 245 PLYMOUTH, MN 55441	20-4967588	501(C)(3)	26,305.	0.			RESEARCH/PUBLIC EDUCATION
FIRST ASSEMBLY OF GOD 133 JUNCTION RD BROOKFIELD, CT 06804	06-0872941	501(C)(3)	12,262.	0.			RESEARCH/FUBLIC EDUCATION

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FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	19,803.	0.			RESEARCH/PUBLIC EDUCATION
FRASER 2400 W 64TH ST RICHFIELD, MN 55423	41-0781858	501(C)(3)	30,058.	0.			RESEARCH/PUBLIC EDUCATION
FREEDOM SERVICE DOGS, INC. 7193 S. DILLON CT. ENGLEWOOD, CO 80112	84-1068936	501(C)(3)	25,469.	0.			RESEARCH/PUBLIC EDUCATION
GLOBAL IMPACT 1199 N. FAIRFAX ST., STE 300 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	18,599.	0.			RESEARCH/PUBLIC EDUCATION
GREAT LAKES HEMOPHILIA FOUNDATION, WISCONSIN - 638 N. 18TH ST., STE 108 - MILWAUKEE, WI 53233	23-7367636	501(C)(3)	7,265.	0.			RESEARCH/PUBLIC EDUCATION
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD CENTER CITY, MN 55012	41-0682405	501(C)(3)	16,874.	0,			RESEARCH/PUBLIC EDUCATION
HOSPICE ORGANIZATION OF OHIO 2233 N BANK DR COLUMBUS, OH 43220	31-0966673	501(C)(3)	14,392.	0,			RESEARCH/PUBLIC EDUCATION
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVE STE 902 - NEW YORK, NY 10018	13-3349872	501(C)(3)	44,553.	0,			RESEARCH/PUBLIC EDUCATION
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN SALT LAKE CITY, UT 84108	87-0541293	501(C)(3)	43,839.	0.			RESEARCH/PUBLIC EDUCATION

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Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF INTERNATIONAL							
200 VEASY ST 28TH FL							
NEW YORK, NY 10281	23-1907729	501(C)(3)	70,542.	0.			RESEARCH/PUBLIC EDUCATION
KIDS IN NEED OF DENTISTRY (KIND) 2465 S DOWNING ST STE 210		#Genical 4-44P-4-002N-0017i	790 7950 7090				
DENVER, CO 80210	84-6038681	501(C)(3)	5,308.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	420,226.	0.			RESEARCH/PUBLIC EDUCATION
-							
LIFE NAVIGATORS							
7203 W CENTER ST							
WAUWATOSA, WI 53210	39-0978146	501(C)(3)	13,904.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA							
2121 K. ST., NW., STE 200							II.
WASHINGTON, DC 20037	43-1131436	501(C)(3)	74,112.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, NORTH			, , , , , , , , , , , , , , , , , , , ,				
CAROLINA, NORTH CAROLINA CHAPTER -							
4530 PARK RD., STE 302 -							
CHARLOTTE, NC 28209	56-1487119	501(C)(3)	6,149.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, OHIO,							
GREATER OHIO CHAPTER - 12930							1
CHIPPEWA RD., STE 6 - BRECKSVILLE,							
OH 44141	34-1229407	501(C)(3)	5,548.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA,							
PENNSYLVANIA, PHILADELPHIA							
TRI-STATE CHAPTER - 101 GREENWOOD							
AVE., STE 200 - JENKINTOWN, PA	23-7080555	501(C)(3)	7,915.	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)	5,037.	0.			RESEARCH/PUBLIC EDUCATION

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MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER), WISCONSIN - 10000 W INNOVATION DR STE 135 - MILWAUKEE, WI 53226	39-1270290	501(C)(3)	18,579.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF COLORADO 7951 E MAPLEWOOD AVE STE 126 GREENWOOD VILLAGE, CO 80111	74-2273004	501(C)(3)	22,777.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND - 133 FEDERAL ST 2ND FL - BOSTON, MA 02110	22-2867371	501(C)(3)	8,074.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 W PLANK CT STE 200 - WAUWATOSA, WI 53226	39-1543541	501(C)(3)	52,881.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION, VIRGINIA 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	7,284.	0,			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	150,911.	0.			RESEARCH/PUBLIC EDUCATION
MEMORIAL BLOOD CENTERS, MINNESOTA 737 PELHAM BLVD SAINT PAUL, MN 55414	41-0693869	501(C)(3)	23,968.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA (FORMERLY NATIONAL MENTAL HEALTH ASSOCIATION) - 500 MONTGOMERY ST STE 820 - ALEXANDRIA, VA 22314	13-1614906	501(C)(3)	31,370.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA OF COLORADO 1120 LINCOLN ST., STE 1606 DENVER, CO 80223	84-0446365	501(C)(3)	8,012.	0.			RESEARCH/PUBLIC EDUCATION

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MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501(C)(3)	7,767.	0.			RESEARCH/PUBLIC EDUCATION
MINNEAPOLIS HEART INSTITUTE FOUNDATION, MINNESOTA - 920 E 28TH ST STE 100 - MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	28,200.	0.			RESEARCH/PUBLIC EDUCATION
MINNESOTA BRAIN INJURY ALLIANCE 2277 HIGHWAY 36 W STE 200 ROSEVILLE, MN 55113	36-3418174	501(C)(3)	24,182.	0.			RESEARCH/PUBLIC EDUCATION
MINNESOTA OVARIAN CANCER ALLIANCE 4604 CHICAGO AVE MINNEAPOLIS, MN 55407	41-1960449	501(C)(3)	26,649.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 161 N. CLARK ST., STE 3550 CHICAGO, IL 60601	13-1665552	501(C)(3)	113,199.	0.			RESEARCH/PUBLIC EDUCATION
MYASTHENIA GRAVIS FOUNDATION OF AMERICA - 290 TURNPIKE RD STE 5-315 - WESTBOROUGH, MA 01581	13-5672224	501(C)(3)	6,266.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) - 3803 N FAIRFAX DR STE 100 - ARLINGTON, VA 22203	43-1201653	501(C)(3)	80,675.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), MINNESOTA - 1919 UNIVERSITY AVE., W STE 400 - SAINT PAUL, MN 55104	41-1317030	501(C)(3)	39,882.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), OHIO, FRANKLIN COUNTY - 1225 DUBLIN RD., STE 110 - COLUMBUS, OH 43215	31-1197905	501(C)(3)	12,173.	0.			RESEARCH/PUBLIC EDUCATION

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NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), OKLAHOMA - 3812 N. SANTA FE, STE 305 - OKLAHOMA CITY, OK 73118	73-1248588	501(C)(3)	11,636.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA STE 1204 NEW YORK, NY 10001	13-5641857	501(C)(3)	8,272.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION - 1731 KING ST STE 100 - ALEXANDRIA, VA 22314	54-1096334	501(C)(3)	9,485.	ō.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(c)(3)	101,039.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION, WISCONSIN - 10909 W. GREENFIELD AVE., STE 201 - WEST ALLIS, WI 53214	39-1133761	501(c)(3)	10,363.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVE 3RD FL - NEW YORK, NY 10017	13-5661935	501(C)(3)	288,202.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL OVARIAN CANCER COALITION 3800 MAPLE AVE., STE 435 DALLAS, TX 75219	65-0628064	501(c)(3)	16,381.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	10,015.	0.			RESEARCH/PUBLIC EDUCATION
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(c)(3)	135,214.	0.			RESEARCH/PUBLIC EDUCATION

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PARKINSON ASSOCIATION OF THE ROCKIES - 1325 S COLORADO BLVD STE 204B - DENVER, CO 80222	74-2212593	501(C)(3)	5,629.	0.			RESEARCH/PUBLIC EDUCATION
PET PARTNERS 345 118TH AVE SE STE 200 BELLEVUE, WA 98005	91-1158281	501(C)(3)	20,942.	0.			RESEARCH/PUBLIC EDUCATION
PHOENIX CHILDREN'S HOSPITAL  FOUNDATION - 2929 E CAMELBACK RD  STE 122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	78,698.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD MAR MONTE, INC., CALIFORNIA, SACRAMENTO - 1605 THE ALAMEDA - SAN JOSE, CA 95126	94-1583439	501(C)(3)	39,675.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	251,443.	0.			RESEARCH/PUBLIC EDUCATION
PREGNANCY DECISION HEALTH CENTERS, OHIO - 665 E DUBLIN GRANVILLE RD STE 120 - COLUMBUS, OH 43229	31-1002913	501(C)(3)	8,320.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL ILLINOIS - 610 N SEVENTH ST - SPRINGFIELD, IL 62707	37-1145155	501(C)(3)	7,485.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF DENVER - 1300 E 21ST AVE - DENVER, CO 80205	84-0728926	501(C)(3)	12,073.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 WATERTOWN PLANK RD - WAUWATOSA, WI 53226	39-1433107	501(C)(3)	28,109.	0.			RESEARCH/PUBLIC EDUCATION

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant valuation organization or government if applicable cash grant non-cash non-cash assistance or assistance assistance (book, FMV, appraisal, other) RONALD MCDONALD HOUSE CHARITIES OF MINNESOTA, UPPER MIDWEST - 818 FULTON ST SE - MINNEAPOLIS, MN 0 41-1313107 501(C)(3) 42,480 RESEARCH/PUBLIC EDUCATION RONALD MCDONALD HOUSE CHARITIES OF OKLAHOMA CITY, INC. - 13439 BROADWAY EXT - OKLAHOMA CITY, OK 73114 73-1103242 501(C)(3) 10,699 0 . RESEARCH/PUBLIC EDUCATION RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA - 4560 FOUNTAIN AVE - LOS ANGELES, CA 90029 95-3167869 501(C)(3) 13,043 0 RESEARCH/PUBLIC EDUCATION RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA, INC. - 935 EAST SOUTH TEMPLE - SALT LAKE 74-2386043 501(C)(3) 15,551 0. RESEARCH/PUBLIC EDUCATION CITY UT 84102 RYAN HOUSE 110 W MUHAMMAD ALI WAY 20-1852393 501(C)(3) 9.985 0 PHOENIX, AZ 85013 RESEARCH/PUBLIC EDUCATION SAVE SUICIDE AWARENESS VOICES OF EDUCATION - 7900 XERXES AVE. S. STE 810 - BLOOMINGTON, MN 55431 41-1702239 501(C)(3) 29,568. 0 . RESEARCH/PUBLIC EDUCATION SICKLE CELL DISEASE ASSOCIATION OF AMERICA - 7240 PARKWAY DR., STE 23-7175985 501(C)(3) 61,289 0 180 - HANOVER, MD 21076 RESEARCH/PUBLIC EDUCATION SMILE TRAIN 633 3RD AVE., 9TH FL 0 13-3661416 501(C)(3) 103,316 NEW YORK, NY 10017 RESEARCH/PUBLIC EDUCATION SPECIAL OLYMPICS COLORADO 384 INVERNESS PKWY STE 100 ENGLEWOOD, CO 80112 84-0713739 501(C)(3) 7.314. 0. RESEARCH/PUBLIC EDUCATION

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SPECIAL OLYMPICS CONNECTICUT 2666 STATE ST STE 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	5,462.	0.			RESEARCH/PUBLIC EDUCATION
SPINA BIFIDA ASSOCIATION OF AMERICA - 1600 WILSON BLVD STE 800 - ARLINGTON, VA 22209	58-1342181	501(C)(3)	13,409.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	4,485,285.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN 5005 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	147,165.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, GEORGIA, GREATER ATLANTA AFFILIATE - 3525 PIEDMONT RD. 5 215 - ALTANTA, GA 30305	58-1959763	501(C)(3)	8,662.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, ILLINOIS, CHICAGO AREA AFFILIATE - 213 W. INSTITUTE PL., STE 302 - CHICAGO, IL 60610	36-4111723	501(C)(3)	5,178.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, MINNESOTA 960 SOUTHDALE CTR. EDINA, MN 55435	41-1924790	501(C)(3)	28,590.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NEW YORK, GREATER NEW YORK CITY AFFILIATE - 246 W. 38TH ST., STE 503 - NEW YORK, NY 10018	91-2049420	501(C)(3)	6,168.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OHIO, COLUMBUS AFFILIATE - 929 EASTWIND DR., STE 211 - WESTERVILLE, OH 43081	75-2844651	501(C)(3)	11,645.	0.			RESEARCH/PUBLIC EDUCATION

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Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant non-cash assistance (book, FMV, appraisal, other) SUSAN G. KOMEN, PENNSYLVANIA, PHILADELPHIA - 125 S. 9TH ST., STE RESEARCH/PUBLIC EDUCATION 202 - PHILADELPHIA, PA 19107 75-2949264 501(C)(3) 11,656. 0. SUSAN G. KOMEN, TEXAS, NORTH AND WEST TEXAS AFFILIATE - P.O. BOX 261730 - PLANO, TX 75026 75-2356437 501(C)(3) 12,367 0. RESEARCH/PUBLIC EDUCATION SUSAN G. KOMEN, TEXAS, SAN ANTONIO AFFILIATE - 85 NE LOOP 410, STE 74-2856696 501(C)(3) 18,905 0 407 - SAN ANTONIO, TX 78216 RESEARCH/PUBLIC EDUCATION SUSAN G. KOMEN, WASHINGTON, PUGET SOUND CHAPTER - 112 5TH AVE., N -91-1624040 501(C)(3) SEATTLE, WA 98109 11,210 0. RESEARCH/PUBLIC EDUCATION TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN ST -DALLAS, TX 75219 75-0818178 501(C)(3) 38,493 0. RESEARCH/PUBLIC EDUCATION THE PAINTED TURTLE 1300 4TH ST., STE 300 95-4612481 501(C)(3) SANTA MONICA, CA 90401 7,098 0. RESEARCH/PUBLIC EDUCATION TOURETTE ASSOCIATION OF AMERICA 42 40 BELL BLVD 23-7191992 501(C)(3) 7.456 0 RESEARCH/PUBLIC EDUCATION BAYSIDE, NY 11361 UNITED CEREBRAL PALSY OF GREATER DANE COUNTY - 2801 COHO ST STE 300 39-1034054 501(C)(3) 0. - MADISON, WI 53713 7,792 RESEARCH/PUBLIC EDUCATION UNITED WAY OF RHODE ISLAND 50 VALLEY STREET 05-0276059 501(C)(3) 14,037. 0. RESEARCH/PUBLIC EDUCATION PROVIDENCE, RI 02909

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UNITED WAY OF WESTERN CONNECTICUT 301 MAIN ST., STE 2-5 DANBURY, CT 06810	06-0646577	501(C)(3)	7,494.	0.			RESEARCH/PUBLIC EDUCATION
WISCONSIN PARKINSON ASSOCIATION 16655 W. BLUEMOUND RD., STE 330 BROOKFIELD, WI 53005	39-1492810	501(C)(3)	11,265.	0.			RESEARCH/PUBLIC EDUCATION
WISCONSIN WOMEN'S HEALTH FOUNDATION - 2503 TODD DRIVE - MADISON, WI 53713	39-1900678	501(C)(3)	5,112.	0.			RESEARCH/PUBLIC EDUCATION
ZERO - THE END OF PROSTATE CANCER 515 KING ST STE 420 ALEXANDRIA, VA 22314	59-3400922	501(C)(3)	29,472.	0.			RESEARCH/PUBLIC EDUCATION
ALLIANCE FOR CANCER GENE THERAPY, INC 96 CUMMINGS POINT RD STAMFORD, CT 06902	06-1619523	501(C)(3)	11,535.	0.			RESEARCH/PUBLIC EDUCATION
AMERICA'S CHARITIES P.O. BOX 75083 BALTIMORE, MD 21275	54-1517707	501(C)(3)	16,722.	0.			RESEARCH/PUBLIC EDUCATION
ANGEL FOUNDATION 1155 CENTRE POINTE DR., STE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501(C)(3)	26,025.	0.		11	RESEARCH/PUBLIC EDUCATION
AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF ST., STE 102 SAINT PAUL, MN 55114	41-1718029	501(C)(3)	23,131.	0.			RESEARCH/PUBLIC EDUCATION
BLACK WOMEN'S HEALTH IMPERATIVE 384 NORTHYARDS BLVD, NW ALTANTA, GA 30313	58-1557556	501(C)(3)	23,700.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAN DO CANINES 9440 SCIENCE CENTER DR. NEW HOPE, MN 55428	41-1594165	501(C)(3)	40,370.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEALTH FUND 215 W. 125TH ST., STE 301 NEW YORK, NY 10027	13-3468427	501(C)(3)	21,408.	0.			RESEARCH/PUBLIC EDUCATION
COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE., NW, STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	42,120.	0.			RESEARCH/PUBLIC EDUCATION
GILDA'S CLUB TWIN CITIES 10560 WAYZATA BLVD. MINNETONKA, MN 55305	20-4265823	501(C)(3)	23,560.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE ALLIANCE 10220 PRAIRIE RIDGE BLVD. PLEASANT PRAIRIE, WI 53158	39-1822945	501(C)(3)	6,933.	0.			RESEARCH/PUBLIC EDUCATION
JUSTUS HEALTH 2577 TERRITORIAL ROAD SAINT PAUL, MN 55114	41-1524746	501(C)(3)	22,592.	0.	Ш		RESEARCH/PUBLIC EDUCATION
NEIGHBOR TO NATION 1199 N FAIRFAX ST., STE 600 ALEXANDRIA, VA 22314	54-1879282	501(C)(3)	16,378.	0.			RESEARCH/PUBLIC EDUCATION
SHRINER'S HOSPITAL FOR CHILDREN - UT - 1275 E. FAIRFAX RD SALT LAKE CITY, UT 84103	36-2193608	501(C)(3)	16,400.	0.			RESEARCH/PUBLIC EDUCATION
SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER - 300 N. 18TH ST. - PHOENIX, AZ 85006	31-1496646	501(C)(3)	5,992.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - GRAND CENTRAL STATION P.O. BOX 4777 - NEW YORK, NY 10163	13-4141945	501(C)(3)	28,362.	0,			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION 733 THIRD AVE. STE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	77,347.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, CALIFORNIA, NORTHERN CALIFORNIA - 5 THIRD ST., STE 815 - SAN FRANCISCO, CA 94103	13-6193105	501(C)(3)	6,059.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, OHIO, CENTRAL OHIO CHAPTER - 6797 N HIGH ST., STE 119 - WORTHINGTON, OH 43085	13-6193105	501(C)(3)	5,628.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOC. OF WISCONSIN, INC 11709 W CLEVELAND AVE., STE 2 - WEST ALLIS, WI 53227	39-1681338	501(C)(3)	10,175.	0.			RESEARCH/PUBLIC EDUCATION
FLORIDA BREAST CANCER FOUNDATION 11900 BISCAYNE BLVD., STE 288 MIAMI, FL 33181	01-0694045	501(C)(3)	7,751.	0.			RESEARCH/PUBLIC EDUCATION
HAROLD HAMM DIABETES CENTER 100 TIMBERDELL RD NORMAN, OK 73019	73-6091755	501(C)(3)	10,104.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE & PALLIATIVE CARE NETWORK OF MD, INC 20 INTERNATIONAL CIRCLE, STE 230 - HUNT VALLEY, MD 21030	52-1364551	501(C)(3)	8,324.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, LOCAL PAYEE ACCOUNT - 200 VEASY ST 28TH FL - NEW YORK, NY 10281	23-1907729	501(C)(3)	270,218.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUPUS FOUNDATION OF OKLAHOMA, OKLAHOMA CITY - 3017 N STILES AVE., STE 203 - OKLAHOMA CITY, OK 73105	23-7438732	501(C)(3)	7,373.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE - 600 HILL AVE STE 201 - NASHVILLE, TN 37210	62-1833327	501(C)(3)	6,550.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, OREGON 4701 SE 24TH ST. STE E PORTLAND, OR 97202	93-0875209	501(C)(3)	6,948.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, WASHINGTON, GREATER SEATTLE 802 NW 70TH ST SEATTLE, WA 98117	91-1043712	501(C)(3)	8,134,	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LN., STE 1105 - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	22,586.	0,			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, STE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	24,200.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD, MARYLAND 330 N HOWARD ST. BALTIMORE, MD 21201	52-0607930	501(C)(3)	7,360.	0,			RESEARCH/PUBLIC EDUCATION
SAMARITAN'S PURSE 801 BAMBOO RD. P.O. BOX 300 BOONE, NC 28607	58-1437002	501(C)(3)	102,226.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, CALIFORNIA, SAN FRANCISCO BAY - 1469 PACIFIC AVE - SAN FRANCISCO, CA 94109	94-3047626	501(C)(3)	5,849.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				u3313141100	appraisal, other)		
SUSAN G. KOMEN, OREGON, OREGON &							
SW WASHINGTON - 1500 SW 1ST AVE							
STE 270 - PORTLAND, OR 97201	93-1068897	501(C)(3)	7,507.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, VIRGINIA, CENTRAL							
& EASTERN VIRGINIA, RICHMOND - 611							
N COURTHOUSE RD., STE 110 -			09 096				
RICHMOND, VA 23236	75-2844659	501(C)(3)	10,406.	0.			RESEARCH/PUBLIC EDUCATION
A CHILD'S HOPE FUND							
425 W ALLEN AVE STE 11							
SAN DIMAS, CA 91773	95-3976258	501(C)(3)	5,599.	0.			RESEARCH/PUBLIC EDUCATION
ALISA ANN RUCH BURN FOUNDATION,							
CALIFORNIA, PASADENA - 50 N HILL		e-teavay versions	8 0838				
AVE STE 305 - PASADENA, CA 91106	23-7162017	501(C)(3)	6,493.	0.			RESEARCH/PUBLIC EDUCATION
NIC NGGO MENNG MENNG GHADER							
ALS ASSOC, TEXAS, TEXAS CHAPTER, PLANO - 5830 GRANITE PKWY STE							
100-320 - PLANO, TX 75024	74-2678974	501(C)(3)	11,631.	0.			RESEARCH/PUBLIC EDUCATION
220,000							
AMERICAN BIBLE SOCIETY							
101 N INDEPENDENCE MALL E 8TH FL		SELECTION CONTRACTOR					
PHILADELPHIA, PA 19106	13-1623885	501(C)(3)	7,768.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN FOUNDATION FOR SUICIDE					1		
PREVENTION - 199 WATER ST 11TH FL							
- NEW YORK, NY 10038	13-3393329	501(C)(3)	31,727.	0.			RESEARCH/PUBLIC EDUCATION
,							
ARCHBISHOP RIORDAN HIGH SCHOOL							
175 FRIDA KAHLO WAY							
SAN FRANCISCO, CA 94112	94-1156677	501(C)(3)	5,045.	0.			RESEARCH/PUBLIC EDUCATION
DDP1CM CANODD BECCADOU DOUNDAMION							
BREAST CANCER RESEARCH FOUNDATION, INC 28 W 44TH ST STE 609 - NEW							
YORK, NY 10036	13-3727250	501(C)(3)	45,250.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CANCER ASSISTANCE FUND 500 N BROADWAY STE 1850 SAINT LOUIS, MO 63102	37-1227890	501(C)(3)	5,923.	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)	9,909,	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEALTH CARE FOUNDATION 2525 CHICAGO AVE S MINNEAPOLIS, MN 55404	41-1814223	501(C)(3)	23,597.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HUNGER RELIEF FUND 2360 PROFESSIONAL DR STE 200 SANTA ROSA, CA 95403	51-0168428	501(c)(3)	10,843.	0.			RESEARCH/PUBLIC EDUCATION
CHRISTIAN MILITARY FELLOWSHIP P.O. BOX 1207 ENGLEWOOD, CO 80150	84-0780545	501(C)(3)	7,135.	0.			RESEARCH/PUBLIC EDUCATION
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	5,079.	0,			RESEARCH/PUBLIC EDUCATION
COVENANT HOUSE INTERNATIONAL 461 EIGHTH AVE NEW YORK, NY 10001	13-2725416	501(C)(3)	24,918.	0,			RESEARCH/PUBLIC EDUCATION
CRESCENT COVE 3440 BELTLINE BLVD STE 207 SAINT LOUIS PARK, MN 55416	27-1035515	501(C)(3)	7,540.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, NORTH CAROLINA, CAROLINAS CHAPTER - 1100 S MINT ST STE 204 - CHARLOTTE, NC 28203	13-6193105	501(C)(3)	5,732.	0.			RESEARCH/PUBLIC EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROHN'S & COLITIS FOUNDATION, WASHINGTON, NORTHWEST CHAPTER - 9 LAKE BELLEVUE DR STE 203 -							
BELLEVUE, WA 98005	13-6193105	501(C)(3)	9,585.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF PENNSYLVANIA, EASTERN PA - 919 WALNUT ST STE 700 - PHILADELPHIA,							
PA 19107	23-1882279	501(C)(3)	7,345.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF TEXAS, CENTRAL & SOUTH, SAN ANTONIO CHAPTER - 8601 VILLAGE DR STE 220	75 0415770	501/01/01	10.742				
- SAN ANTONIO, TX 78217	76-0415338	BUI(C)(3)	12,743.	0.	S.		RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION, WASHINGTON 2311 N 45TH ST STE 134 SEATTLE, WA 98103	52-0856660	501(c)(3)	7,250.	0.			RESEARCH/PUBLIC EDUCATION
EVERY KID DESERVES 1199 N FAIRFAX ST., STE 600							
ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	5,020.	0.			RESEARCH/PUBLIC EDUCATION
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	21,943.	0.			RESEARCH/PUBLIC EDUCATION
FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501(C)(3)	7,003.	0.			RESEARCH/PUBLIC EDUCATION
HEMOPHILIA FOUNDATION OF MINNESOTA/DAKOTAS - 750 S PLAZA DR STE 207 - MENDOTA HEIGHTS, MN			No. of the Contract of the Con				
55120	41-6032276	DU1(C)(3)	15,861.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA RESEARCH FOUNDATION, INC. 191 WAUKEGAN STE 105 NORTHFIELD, IL 60093	36-6102182	501(C)(3)	9,054.	0.			RESEARCH/PUBLIC EDUCATION

Page 1 Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (f) Method of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation or assistance organization or government if applicable cash grant non-cash non-cash assistance assistance (book, FMV, appraisal, other) MAZON: A JEWISH RESPONSE TO HUNGER 10850 WILSHIRE BLVD STE 400 22-2624532 501(C)(3) 5,670 0. RESEARCH/PUBLIC EDUCATION LOS ANGELES, CA 90024 MAZZONI CENTER 1348 BAINBRIDGE ST 23-2176338 501(C)(3) 0. PHILADELPHIA, PA 19147 6.597 RESEARCH/PUBLIC EDUCATION MERCY SHIPS P.O. BOX 2020 26-2414132 501(C)(3) 8,173 0. RESEARCH/PUBLIC EDUCATION LINDALE, TX 75771 MINNESOTA NETWORK OF HOSPICE AND PALLIATIVE CARE - 1265 GREY FOX RD 41-1414694 501(C)(3) 22,163 0. RESEARCH/PUBLIC EDUCATION - ARDEN HILLS , MN 55112 MINNESOTA STROKE ASSOCIATION 2277 HWY 36 W STE 200 27-1261232 501(C)(3) 21,685 0. RESEARCH/PUBLIC EDUCATION ROSEVILLE, MN 55113 MISSION RESOLVE FOUNDATION 1510 SE 17TH ST STE 301 FORT LAUDERDALE, FL 33316 84-2481021 501(C)(3) 209,585 0. RESEARCH/PUBLIC EDUCATION NAMI, TEXAS, AUSTIN (STATE HQ) 4110 GUADALUPE ST BLDG 781 RM 428 74-2380175 501(C)(3) 8,404 0 RESEARCH/PUBLIC EDUCATION AUSTIN, TX 78751 NAMI, WISCONSIN 4233 W. BELTLINE HWY MADISON, WI 53711 39-1397227 501(C)(3) 0. 7,362 RESEARCH/PUBLIC EDUCATION NATIONAL ATAXIA FOUNATION 600 HWY 169 S STE 1725 MINNEAPOLIS, MN 55426 41-0832903 501(C)(3) 6,334. 0. RESEARCH/PUBLIC EDUCATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(3) 2	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NAZARENE COMPASSIONATE MINISTRIES							
17001 PRAIRIE STAR PKY STE 100							
LENEXA, KS 66220	43-1550318	501(C)(3)	5,364.	0.			RESEARCH/PUBLIC EDUCATION
ONE HEARTLAND							
2101 HENNEPIN AVE S STE 200							
MINNEAPOLIS, MN 55405	39-1763115	501(C)(3)	21,389.	0.			RESEARCH/PUBLIC EDUCATION
PARALYZED VETERANS OF AMERICA							
801 18TH ST NW							
WASHINGTON, DC 20006	13-1946868	501(C)(3)	18,323.	0.			RESEARCH/PUBLIC EDUCATION
PARKINSON'S FOUNDATION							
200 SE 1ST ST STE 800							li i
MIAMI, FL 33131	13-1866796	501(C)(3)	29,982.	0.			RESEARCH/PUBLIC EDUCATION
PRISON FELLOWSHIP MINISTRIES							
44180 RIVESIDE PKWY							
LANSDOWNE, VA 20176	62-0988294	501(C)(3)	5,363.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF							
NEW ENGLAND - 45 GAY ST -							
PROVIDENCE, RI 02905	22-2760752	501(C)(3)	5,277.	0.			RESEARCH/PUBLIC EDUCATION
SAN FRANCISCO FIREFIGHERS TOY							
PROGRAM - 1139 MISSION ST - SAN							
FRANCISCO, CA 94103	94-2598851	501(C)(3)	5,095.	0.			RESEARCH/PUBLIC EDUCATION
SECOND WIND FUND, INC.							
899 LOGAN ST STE 208							
DENVER, CO 80203	73-1701536	501(C)(3)	8,255.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSN OF							
AMERICA, PA, PHILADELPHIA/DELAWARE							
VALLEY CHAP - 5300 WYNNEFIELD AVE		mark tologo ou Altaborio	FA 62792 93	, and			
2ND FL - PHILADELPHIA, PA 19131	22-2436381	501(C)(3)	7,113,	0.			RESEARCH/PUBLIC EDUCATION

Page 1 Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant (a) Name and address of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) SPECIAL OLYMPICS FLORIDA, FLORIDA, CLERMONT - 1915 DON WICKHAMDR -23-7181560 501(C)(3) 5,673 0. RESEARCH/PUBLIC EDUCATION CLERMONT, FL 34711 SPECIAL OLYMPICS OKLAHOMA 6835 S CANTON AVE TULSA, OK 74136 23-7174120 501(C)(3) 9,640 0. RESEARCH/PUBLIC EDUCATION SUSAN G. KOMEN, CALIFORNIA, INLAND EMPIRE AFFILIATE - 7177 BROCKTON 33-0802964 501(C)(3) 6,061 0. RESEARCH/PUBLIC EDUCATION AVE STE 108 - RIVERSIDE, CA 92506 SUSAN G. KOMEN, COLORADO, DENVER METROPOLITAN AFFILIATE - 50 S STEELE ST STE 100 - DENVER, CO 84-1199858 501(C)(3) RESEARCH/PUBLIC EDUCATION 80209 5,034 0. SUSAN G. KOMEN, NORTH CAROLINA, NC TRIANGLE TO THE COAST - 600 AIRPORT BLVD STE 100 -MORRISVILLE, NC 27560 75-2845066 501(C)(3) 6.427 0. RESEARCH/PUBLIC EDUCATION SUSAN G. KOMEN, OKLAHOMA, TULSA AFFILIATE - 101 PARK AVE STE 325 73-1372249 501(C)(3) 5,831 0 RESEARCH/PUBLIC EDUCATION OKLAHOMA CITY, OK 73102 SUSAN G. KOMEN, WISCONSIN, MILWAUKEE - 2025 W OKLAHOMA AVE STE 116 - MILWAUKEE, WI 53215 75-2844639 501(C)(3) 9.701 0 RESEARCH/PUBLIC EDUCATION THE UNITED SOMMELIERS FOUNDATION 3953 LUCERO ST 85-0523166 501(C)(3) 0 . NAPA, CA 94558 31,426 RESEARCH/PUBLIC EDUCATION THE V FOUNDATION 14600 WESTON PKWY 13-3705951 501(C)(3) 7,503. 0. RESEARCH/PUBLIC EDUCATION CARY, NC 27513

TOBY KEITH FOUNDATION 818 NE 8TH ST OKLAHOMA CITY, OK 73104  TORREY PINES INSTITUTE FOR MOLECULAR STUDIES - 11350 SW VILLAGE PKWY - PORT SAINT LUCIE, FL 34987  TUBMAN 4432 CHICAGO AVAE S MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489 NORTH CHARLESTON, SC 29415  NAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416  WEST VALLEY CHILD CRISIS	15,899. 6,393. 8,700.	0.		RESEARCH/PUBLIC EDUCATION RESEARCH/PUBLIC EDUCATION
818 NE 8TH ST OKLAHOMA CITY, OK 73104  TORREY PINES INSTITUTE FOR MOLECULAR STUDIES - 11350 SW VILLAGE PKWY - PORT SAINT LUCIE, FL 34987  TUBMAN 4432 CHICAGO AVAE S MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489 NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	6,393. 8,700.	0.		RESEARCH/PUBLIC EDUCATION RESEARCH/PUBLIC EDUCATION
OKLAHOMA CITY, OK 73104  TORREY PINES INSTITUTE FOR  MOLECULAR STUDIES - 11350 SW  VILLAGE PKWY - PORT SAINT LUCIE, FL 34987  TUBMAN  4432 CHICAGO AVAE S  MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS  1815 SE BISON RD  BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489  NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  20-4089800 501(C)(3)  41-1240048 501(C)(3)	6,393. 8,700.	0.		RESEARCH/PUBLIC EDUCATION
TORREY PINES INSTITUTE FOR  MOLECULAR STUDIES - 11350 SW  VILLAGE PRWY - PORT SAINT LUCIE, FL 34987  TUBMAN  4432 CHICAGO AVAE S  MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS  1815 SE BISON RD  BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489  NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	6,393. 8,700.	0.		RESEARCH/PUBLIC EDUCATION RESEARCH/PUBLIC EDUCATION
MOLECULAR STUDIES - 11350 SW  VILLAGE PKWY - PORT SAINT LUCIE,  FL 34987  TUBMAN  4432 CHICAGO AVAE S  MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS  1815 SE BISON RD  BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL  P.O. BOX 71489  NORTH CHARLESTON, SC 29415  MAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	8,700.	0.		RESEARCH/PUBLIC EDUCATION
VILLAGE PKWY - PORT SAINT LUCIE, FL 34987  TUBMAN  4432 CHICAGO AVAE S MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489 NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	8,700.	0.		RESEARCH/PUBLIC EDUCATION
TUBMAN  4432 CHICAGO AVAE S  MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS  1815 SE BISON RD  BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL  P.O. BOX 71489  NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  33-0319501 501(C)(3)  41-1240048 501(C)(3)  73-1395057 501(C)(3)	8,700.	0.		RESEARCH/PUBLIC EDUCATION
4432 CHICAGO AVAE S MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489 NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	SESS INVESTOR			
4432 CHICAGO AVAE S MINNEAPOLIS, MN 55407  VOICE OF THE MARTYRS 1815 SE BISON RD BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489 NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	SESS INVESTOR			RESEARCH/PUBLIC EDUCATION RESEARCH/PUBLIC EDUCATION
MINNEAPOLIS, MN 55407  41-1240048 501(C)(3)  VOICE OF THE MARTYRS  1815 SE BISON RD  BARTLESVILLE, OK 74006  73-1395057 501(C)(3)  WATER MISSIONS INTERNATIONAL  P.O. BOX 71489  NORTH CHARLESTON, SC 29415  57-1116978 501(C)(3)  WAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	SESS INVESTOR			
VOICE OF THE MARTYRS  1815 SE BISON RD  BARTLESVILLE, OK 74006  WATER MISSIONS INTERNATIONAL P.O. BOX 71489  NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	SESS INVESTOR			
1815 SE BISON RD  BARTLESVILLE, OK 74006  73-1395057 501(C)(3)  WATER MISSIONS INTERNATIONAL P.O. BOX 71489  NORTH CHARLESTON, SC 29415  57-1116978 501(C)(3)  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	18,522.	0.		RESEARCH/PUBLIC EDUCATION
1815 SE BISON RD  BARTLESVILLE, OK 74006  73-1395057 501(C)(3)  WATER MISSIONS INTERNATIONAL P.O. BOX 71489  NORTH CHARLESTON, SC 29415  57-1116978 501(C)(3)  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	18,522,	0.		RESEARCH/PUBLIC EDUCATION
### BARTLESVILLE, OK 74006 73-1395057 501(C)(3)  WATER MISSIONS INTERNATIONAL P.O. BOX 71489  NORTH CHARLESTON, SC 29415 57-1116978 501(C)(3)  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416 41-0873104 501(C)(3)	18,522,	0.		RESEARCH/PUBLIC EDUCATION
WATER MISSIONS INTERNATIONAL P.O. BOX 71489 NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)	,			
P.O. BOX 71489  NORTH CHARLESTON, SC 29415  WAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416  41-0873104 501(C)(3)			1	
NORTH CHARLESTON, SC 29415 57-1116978 501(C)(3)  WAYSIDE RECOVERY CENTER  3705 PARK CENTER BLVD  SAINT LOUIS PARK, MN 55416 41-0873104 501(C)(3)				
WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416 41-0873104 501(C)(3)				
3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416 41-0873104 501(C)(3)	8,497.	0.		RESEARCH/PUBLIC EDUCATION
3705 PARK CENTER BLVD SAINT LOUIS PARK, MN 55416 41-0873104 501(C)(3)				
SAINT LOUIS PARK, MN 55416 41-0873104 501(C)(3)				
	7 163			BROWN AND TO BRUGATION
WEST VALLEY CHILD CRISIS	7,163.	0.		RESEARCH/PUBLIC EDUCATION
ADVICED / VIOLE CONCENTENT GERVITCHE				
CENTER/HOPE COMMUNITY SERVICES -				
18001 N 79TH AVE C-56 - GLENDALE, AZ 85308 86-0589516 501(C)(3)	6,003.	0.		RESEARCH/PUBLIC EDUCATION
WESTERN STATES CANCER RESEARCH	0,003.	0.		ABBARCH/FOBBIC BDOCKITOR
PROGRAM NCORP - 1325 S COLORADO				
BLVD BLDG B STE 400 - DENVER, CO				
80222 84-1090476 501(C)(3)	6,987.	0.		RESEARCH/PUBLIC EDUCATION
WIGHTS & WORD				
WISHES & MORE 961 HILLWIND RD NE				
MINNEAPOLIS, MN 55432 20-1766318 501(C)(3)	7,419.	0.	1	RESEARCH/PUBLIC EDUCATION

(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
	recipients	cash grant	cash assistance	(book, 1 MV, appraisal, other)	
			1		
Part IV Supplemental Information. Provide the inform	nation required in Part I, line	e 2; Part III, colum	n (b); and any other ac	l dditional information.	
ART I, LINE 2:					
HE ORGANIZATION RECEIVES PLEDGE REPORTS FRO	OM RACH WORKPLACE GT	VING			
and offerent and the state of t	on their works then of	YING			
AMPAIGN DETAILING THE DONOR DESIGNATION TO	MEMBER HEALTH CHARI	TIES.			
COMMUNITY HEALTH CHARITIES DISTRIBUTES CAMPA	AIGN FUNDS TO MEMBER	HEALTH			
CHARITIES IN PROPORTION TO THE DONOR DESIGNATION DE	ATIONS RECEIVED. AS	ALL			
CONATIONS WERE TO 501(C)(3) CHARITIES, NO F	URTHER MONITORING IS	NECESSARY.			
		The second secon			

### **SCHEDULE J** (Form 990)

**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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number 13-6167225

-	CHC: CREATING HEALTHIER COMMUNITIES 13-616	7225		
Pa	art 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,		1	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	11111		
	First-class or charter travel Housing allowance or residence for personal use		100	17
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	1381	Fil	3
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1
	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,			1
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2		
		1		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	187		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1000		
	establish compensation of the CEO/Executive Director, but explain in Part III.	0.0		1
	Compensation committee X Written employment contract	14.3	100	
	Independent compensation consultant  X Compensation survey or study	. 11 3		Н
	X Form 990 of other organizations X Approval by the board or compensation committee	133		
		18 =	line.	10
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			
7	organization or a related organization:		BLT	13
្ន	A STATE OF THE STA	4a	-	x
	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?		_	×
	Participate in, or receive payment from, an equity-based compensation arrangement?		_	×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	11 165 to any of lines 44.0, list the persons and provide the applicable amounts for each item in Fart in.		15	
	Only position E04(a)(2), E04(a)(4), and E04(a)(90) associations must be made time. E.O.			
=	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	517.7		
3	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1 = =		
2	contingent on the revenues of:	-		×
	The organization?	5a		x x
D	Any related organization?	5b		_^
200	If "Yes" on line 5a or 5b, describe in Part III.		H.F.	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		190	M
	contingent on the net earnings of:		III.	
	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	10.0		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	0.13		
	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			
	D. 111 - 121	0.000	1	1

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) THOMAS BOGNANNO	(i)	324,308.	0.	300.	18,200.	10,451.	353,259,	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MOLLY GRAVHOLT	(i)	225,000.	8,000.	300.	14,625.	260.	248,185.	0.
COO & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHELLEY HAYES	(i)	161,008.	0.	300.	10,466.	6,099.	177,873.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0,	0.	0.	0,	0.
(4) AMANDA PONZAR	(i)	168,808.	9,000.	300.	10,972.	260.	189,340.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0,	0.	0.	0,	0.	0.
	(i)							
	(ii)							
A <del></del>	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
H	(i)							
	(ii)							
X	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
No.	(i)							
	(ii)							

#### SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHC: CREATING HEALTHIER COMMUNITIES

Employer identification number 13-6167225

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHC: CREATING HEALTHIER COMMUNITIES (FORMERLY KNOWN AS COMMUNITY HEALTH
CHARITIES) EXISTS TO EMPOWER PEOPLE TO TAKE ACTION TO IMPROVE HEALTH
AND WELLBEING.
<del></del>
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHC: CREATING HEALTHIER COMMUNITIES (FORMERLY KNOWN AS COMMUNITY HEALTH
CHARITIES/THE "ORGANIZATION") IS A NATIONAL NONPROFIT THAT BUILDS
STRONGER, HEALTHIER COMMUNITIES AND EMPOWERS PEOPLE TO TAKE ACTION TO
IMPROVE HEALTH AND WELLBEING. THE ORGANIZATION DOES THIS BY RAISING
FUNDS AND AWARENESS TO SUPPORT HEALTH EDUCATION, PREVENTION, AND
TREATMENT; BY REPRESENTING AND BUILDING CAPACITY FOR NONPROFIT CHARITY
PARTNERS AND DRIVING SUPPORTERS TO THEIR CAUSE; BY ENGAGING FEDERAL
EMPLOYEES IN THE COMBINED FEDERAL CAMPAIGN; AND BY ENGAGING PUBLIC
SECTOR AND PRIVATE SECTOR ORGANIZATIONS AND THEIR EMPLOYEES IN
WORKPLACE GIVING CAMPAIGNS, CUSTOM GIVING OPPORTUNITIES, VOLUNTEERING,
AND STRATEGIC PARTNERSHIPS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE AS PART OF THE FINANCIAL
STATEMENT APPROVAL PROCESS. THEREAFTER, A COPY OF THE FORM 990 IS PROVIDED
TO THE BOARD VIA EMAIL.
FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization CHC: CREATING HEALTHIER COMMUNITIES	Employer identification number 13-6167225
THE BOARD IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. CONFLICTS OF	
INTEREST STATEMENTS ARE SIGNED ANNUALLY BY EACH BOARD MEMBER. IN ADDITION,	
BOARD MEMBERS HAVE THE OBLIGATION TO UPDATE THE CONFLICT OF INTEREST	
STATEMENTS IF CIRCUMSTANCES CHANGE DURING THE YEAR. IN THE EVENT OF A	
CONFLICT, THE INDIVIDUAL INVOLVED WILL RECUSE THEMSELVES FROM ANY VOTE ON	
THE MATTER,	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARY AND PERFORMANCE EVALUATIONS ARE DETERMINED BY THE EXECUTIVE	
COMMITTEE ANNUALLY FOR THE CEO. THE COMMITTEE REVIEWS CURRENT SALARY AND	
COMPARES WITH OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND MISSION.	
FORM 990, 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, FA, RI, SC, TN	
UT,VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON	
REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S OWN	
WEBSITE.	
W.	- u

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

501(C)(3)

501(C)(3)

501(C)(3)

LINE 7

LINE 7

LINE 7

COMMUNITIES

COMMUNITIES

COMMUNITIES

HEALTHIER

HEALTHIER

CHC: CREATING

CHC: CREATING

CHC: CREATING HEALTHIER COMMUNITIES 13-6167225 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (b) (a) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No CHC: CREATING NEIGHBOR TO NATION - 54-1879282 1199 N. FAIRFAX ST. SUITE 600 HEALTHIER VIRGINIA 501(C)(3) LINE 7 COMMUNITIES ALEXANDRIA, VA 22314 WORKPLACE FUND DRIVES X HUMAN SERVICE CHARITIES OF AMERICA, INC. -CHC: CREATING HEALTHIER 94-3240353, 1199 N. FAIRFAX ST. SUITE 600,

CALIFORNIA

CALIFORNIA

VIRGINIA

WORKPLACE FUND DRIVES

CHRISTIAN CHARITIES IN

GIVING OPPORTUNITIES

FINANCIAL SUPPORT FOR

FACILITATING INCLUSION OF

BUILDING AWARENESS OF AND

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

FAIRFAX ST. SUITE 600, ALEXANDRIA, VA 22314 MEMBER HEALTH AGENCIES

Schedule R (Form 990) 2019

X

X

X

ALEXANDRIA, VA 22314

ALEXANDRIA VA 22314

CHRISTIAN SERVICE CHARITIES INC. -

(FKA CHC\_LOCAL) - 85-0258784, 1199 N.

94-3193374, 1199 N. FAIRFAX ST. SUITE 600

CHC: CREATING HEALTHIER COMMUNITIES LOCAL

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) (c) Primary activity (state or foreign country)	Legal domicile (state or	(d) Direct controlling entity		(f) Share of total income	end-of-year	(h) Disproportionate allocations?		(i)  Code V-UBI amount in box 20 of Schedule	(j) General or managing	(k) Percentag ownership
			sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No		
										Ш	
	1						-			-	-

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	(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	Section 5 12(b)(13) controlled entity?	
		country)							No
X									

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		х			
							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			
0	Loans or loan guarantees by related organization(s)				1e		x			
f	Dividends from related organization(s)				1f		x			
							х			
h	Purchase of assets from related organization(s)			•••••	1h		х			
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
L	Lease of facilities equipment or other assets from related organization(s)				1k		x			
						x				
	Auring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV7 levelpt of (i) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity lift, grant, or capital contribution for related organization(s)  altift, grant, or capital contribution form related organization(s)  coans or loan guarantees to or for related organization(s)  coans or loan guarantees by related organization(s)  coans of loan guarantees by related organization(s)  coans of loan guarantees by related organization(s)  coans of loan guarantees by related organization guarantees by related organization(s)  coans of loan guarantees by related			+	х					
						+	x			
						-	x			
0	Snaring of paid employees with related organization(s)			***************************************	10		- A			
р	Reimbursement paid to related organization(s) for expenses				1p		x			
q							x			
						-	x			
						_	_ A			
2	If the answer to any of the above is "Yes," see the instructions for information on w	no must complete th	nis line, including covered r	elationships and transaction thresholds.						
	(a) Name of related organization	Name of related organization Transaction Amount involved Method of determining amount								
(1)	CHC: CREATING HEALTHIER COMMUNITIES, LOCAL (FKA CHC, LOCAL)	L	230,352.	COST						
(2)	CHRISTIAN SERVICE CHARITIES, INC.	c	756,738.	COST						
(3)	HUMAN SERVICE CHARITIES OF AMERICA, INC.	С	95,508.	COST						
(4)	NEIGHBOR TO NATION	С	408,351.	COST						
(5)										
161										

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

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

(a)  Name, address, and EIN  of entity	(b) Primary activity	(c)	 (e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproptional allocation	nor- ns?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner Yes N	(k) Percentage ownership
							1			
							1			
							1			
										1

Schedule R	(Form 990) 2019	CHC: CREATING HEALTHIER COMMUNITIES	13-6167225	Page 5
Part VII	(Form 990) 2019 Supplemental Info	ormation		
		rmation for responses to questions on Schedule R. See instructions.		
	Provide additional infor	miation for responses to questions on schedule H. See instructions.		_

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

➤ File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automa	atic 6-Month Extension of Time. Only su	bmit origina	al (no copies needed).			
NAME OF THE OWNERS	ations required to file an income tax return other that Form 7004 to request an extension of time to file inc		144.70 DE 1810 DUES - DESCRIPTO DE LO PROPERTO DE CONTROL DE CONTROL DE CONTROL DE CONTROL DE CONTROL DE CONTR	ips, REMICs	, and trusts	
Type or	Name of exempt organization or other filer, see in:	Taxpayer identification number (TIN)				
print	72: 5-4	2 0				
File by the	CHC: CREATING HEALTHIER COMMUNITIES	465 TEST STREET, STREE	encont a		13-6167	225
due date for filing your return, See	Number, street, and room or suite no. If a P.O. bo 1199 N. FAIRFAX STREET, SUITE 600					
instructions.	City, town or post office, state, and ZIP code. For ALEXANDRIA, VA 22314	a foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for	r (file a separat	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual	)		09
Form 990	-PF	04	Form 5227			10
Form 990	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					
Form 990	-T (trust other than above)	06	Form 8870			12
Teleph  If the c	one No.   703-528-1007  reganization does not have an office or place of busines for a Group Return, enter the organization's four diagrams. If it is for part of the group, check this box	ness in the Uni	Fax No.  ited States, check this boxmption Number (GEN)	. If this is fo	the whole gr	oup, check this
1 I rethe	quest an automatic 6-month extension of time until organization named above. The extension is for the calendar year or tax year beginningJUL 1, 2019	MAY 1 organization's	7, 2021 , to	emitorio II andro o Toor Galado (1911)	npt organizatio	
2 If th	e tax year entered in line 1 is for less than 12 month  Change in accounting period	s, check reaso	on: Initial return	Final retur	ń	
	is application is for Forms 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions.	720, or 6069, e	enter the tentative tax, less	3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6	069, enter any	refundable credits and			
est	mated tax payments made. Include any prior year ov	erpayment all	lowed as a credit.	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include you	r payment with	h this form, if required, by			
usir	ng EFTPS (Electronic Federal Tax Payment System).	See instructio	ns.	3c	\$	0.
Caution:	If you are going to make an electronic funds withdra	wal (direct del	oit) with this Form 8868, see Form	8453-EO an	d Form 8879-	EO for payment

.HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

MAIL TO: DEPARTMENT OF THE TREASURY

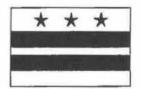
INTERNAL REVENUE SERVICE CENTER

OGDEN, UT 84201-0045

instructions.

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



## CERTIFICATE

THIS IS TO CERTIFY that the attached is a true and correct copy of the documents for this entity as shown by the records of this office.

CHC: CREATING HEALTHIER COMMUNITIES

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 11/11/2020 6:57 AM

CONSUMER AND RANGE TO PROPERTY OF COLUMN TO

Muriel Bowser Mayor

Tracking #: YLEJsRRT

Business and Professional Licensing Administration

JOSEF G. GASIMOV Superintendent of Corporations,

Josef Gi Giasimov

Corporations Division

## GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



## CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this CERTIFICATE OF AMENDMENT is hereby issued to:

CHC: CREATING HEALTHIER COMMUNITIES

Effective Date: 10/7/2020

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 10/15/2020 10:26 AM



Muriel Bowser Mayor

Tracking #: 5SmP6mBv

Business and Professional Licensing Administration

JOSEF G. GASIMOV

Superintendent of Corporations,
Corporations Division

Josef Gi Giasimov



## DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS District of Columbia Government Corporations Division

## Articles of Amendment of Domestic Nonprofit Corporation Form DNP-2, Version 3, April 2013

Under the provisions of the Title 29 of D.C. Code (Business Organizations Act), the domestic filing entity listed below hereby applies for a Certificate of Amendment and for that purpose submits the statement below.

2. The text of each amendment adopted.
he FIRST Article was amended to read:
FIRST: The name of the corporation is: CHC; CREATING HEALTHIER COMMUNITIES.
<ol> <li>If the amendment provides for an exchange, reclassification, or cancellation of memberships, provisions for implementing the amendment.</li> </ol>
4. The date of each amendment's adoption. 9/3/2020 12:00:00 AM
5. Amendment has been adopted in the following manner.  The amendment was duly approved by the incorporators or by the board of directors, as the case may be, and that shareholder approval was not required.
If you sign this form you agree that anyone who makes a false statement can be punished by criminal penalties

Date 10/15/2020 10:26:17 AM

10/15/2020 10:26:17 AM

Mail all forms and rquired payment to:
Department of Consumer and Regulatory Affairs
Corporations Division
PO Box 92300
Washington, DC 20090
Phone: (202) 442-4400

Bognanno G. Thomas

Molly Gravholt

Name of the Governor or Authorized Person

1. Corporation Name.

CHC: CREATING HEALTHIER COMMUNITIES

Corporate Online Services Information:
Many corporate illings are available by using corponline Service.
So to Corponline site at https://corp.dcra.dc.gov.create a profile access the online services main page and proceed. Online lifers must pay by using a credit card.

Signature

**ESIGNED** 



CINCINNATI OH 45999-0038

In reply refer to: 0248254921 Dec. 19, 2016 LTR 4167C 0 13-6167225 000000 00

00018992

BODC: TE

COMMUNITY HEALTH CHARITIES
PARENT ORGANIZATION
% MOLLY GRAVHOLT
1199 N FAIRFAX ST STE 600
ALEXANDRIA VA 22314



022968

Employer identification number: 13-6167225 Group exemption number: 3071

Dear Taxpayer:

This is in response to your request dated Dec. 08, 2016, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in August 1985, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248254921 Dec. 19, 2016 LTR 4167C 0 13-6167225 000000 00 00018993

COMMUNITY HEALTH CHARITIES
PARENT ORGANIZATION
% MOLLY GRAVHOLT
1199 N FAIRFAX ST STE 600
ALEXANDRIA VA 22314

Sincerely yours,

Kim A. Billups, Operations Manager Accounts Management Operations 1

Account Name	Brochure	Federal EIN Main Phone	Website	County
Alisa Ann Ruch Burn Foundation, California, Fresno	B00215	237162017 559-621-4016	http://aarbf.org/About-Us/About-Us.htm	Fresno County
Alisa Ann Ruch Burn Foundation, California, Pasadena	B00216	237162017 818-848-0223	https://www.aarbf.org/	Los Angeles County
Alisa Ann Ruch Burn Foundation, California, San Francisco	B00217	237162017 415-495-7223	http://www.aarbf.org/index.htm	Contra Costa County
ALS Association, California, Golden West Chapter, Agoura Hills	B00154	954163338 818-865-8067	http://www.alsagoldenwest.org	Los Angeles County
ALS Association, California, Golden West Chapter, Fresno	B00155	954163338 209-586-8323	http://www.alsagoldenwest.org	Fresno County
ALS Association, California, Golden West Chapter, Oakland	B00229	954163338 510-251-2572	http://www.alsagoldenwest.org	Alameda County
ALS Association, California, Golden West Chapter, Royal Oaks	B00230	954163338 818-865-8067	http://www.alsagoldenwest.org	<b>Monterey County</b>
ALS Association, California, Greater Sacramento Chapter, Sacramento	B00232	680159292 916-979-9265	www.alssac.org	Sacramento County
Alzheimer's Association, California, California Central Chapter	B00295	133039601 805-892-4259	http://www.alz.org	Santa Barbara Count
Alzheimer's Association, California, California Southland Chapter	B07432	133039601 323-309-8821	http://www.alz.org	Los Angeles County
Alzheimer's Association, California, Northern California and Northern Nevada	B00302	133039601 408-372-9900	http://www.alz.org	Santa Cruz County
Alzheimer's Association, California, Orange County Chapter	B07444	133039601 949-426-8544	http://www.alz.org	Orange County
Alzheimer's Association, California, San Diego Imperial Chapter	B00305	133039601 619-678-8322	http://www.alz.org	San Diego County
Alzheimer's Greater Los Angeles	B00311	953718119 323-930-6228	https://www.alzheimersla.org	Los Angeles County
Alzheimer's Greater Los Angeles, Rancho Mirage	B00312	953718119 323-938-3379	http://www.alzgla.org	Riverside County
American Cancer Society, California, West Region, Los Angeles Market	B15063	131788491 310-348-0357	http://www.cancer.org	Los Angeles County
American Cancer Society, California, West Region, Sacramento Market	B15066	131788491 916-561-2900	http://www.cancer.org	Sacramento County
American Cancer Society, California, West Region, San Francisco Market	B15062	131788491 510-893-7900	http://www.cancer.org	Alameda County
American Cancer Society, California, West Region, San Jose Market	B15067	131788491 408-688-0114	https://www.cancer.org	Santa Clara County
American Diabetes Association, California, Los Angeles	B00640	131623888 323-966-2890	http://www.diabetes.org	Los Angeles County
American Diabetes Association, California, Oakland	B00641	131623888 510-654-4499	http://www.diabetes.org	Alameda County
American Heart Association, California, Western States Affiliate, Fresno	B00732	135613797 559-435-5246	http://www.heart.org	Fresno County
American Heart Association, California, Western States Affiliate, La Jolla	B00733	135613797 858-410-3850	http://www.heart.org	San Diego County
American Heart Association, California, Western States Affiliate, Los Angeles	B00734	135613797 213-291-7000	http://www.heart.org	Los Angeles County
American Heart Association, California, Western States Affiliate, Sacramento	B00735	135613797 916-446-6505	http://www.heart.org	Sacramento County
American Lung Association of California, Chico	B00936	131632524 530-345-5864	http://www.lung.org/california	Butte County
American Lung Association of California, Fresno	B00864	131632524 559-772-3307	http://www.lung.org/california	Fresno County
American Lung Association of California, Greater Los Angeles	B00873	131632524 714-835-5864	http://www.lung.org/california	Los Angeles County
American Lung Association of California, Oakland	B00874	131632524 510-638-5864	http://www.lung.org/california	Alameda County
American Lung Association of California, Sacramento	B00862	131632524 916-554-5864	http://www.lung.org/california	Sacramento County
American Lung Association of California, San Bernardino	B07642	131632524 310-735-9492	http://www.lung.org/california	San Bernardino Cou
American Lung Association of California, San Diego	B00875	131632524 619-297-3901	http://www.lung.org/california	San Diego County
American Lung Association of California, Tustin	B00867	131632524 510-638-5864	http://www.lung.org/california	Orange County

Angel Flight West	B00965	953956297 310-390-2958	http://www.angelflightwest.org	Los Angeles County
Arthritis Foundation, California, Great West Region, Carmel	B01025	581341679 916-368-5599	http://www.arthritis.org	Monterey County
Arthritis Foundation, California, Great West Region, San Francisco	B01026	581341679 206-547-2707	http://www.arthritis.org	San Francisco Coun
Arthritis Foundation, California, Pacific Region, Los Angeles	B01028	581341679 323-954-5750	http://www.arthritis.org/california	Los Angeles County
Arthritis Foundation, California, Pacific Region, Sacramento	B01030	581341679 916-368-5599	http://www.arthritis.org	Sacramento County
Arthritis Foundation, California, Pacific Region, San Diego	B01031	581341679 858-492-1090	http://www.arthritis.org	San Diego County
Autism Speaks, California	B01147	202329938 323-549-0500	http://www.autismspeaks.org	Los Angeles County
Burn Institute	B01356	237260718 858-541-2277	http://www.burninstitute.org	San Diego County
California Hospice and Palliative Care Association	B01376	942900226 916-925-3770	www.calhospice.org	Sacramento County
Children's Food Fund / World Emergency Relief	B01535	954014743 909-593-7140	https://www.WER-US.org	Los Angeles County
City of Hope	B00098	953435919 626-218-0278	http://www.cityofhope.org	Los Angeles County
Conard House, Inc.	B18669	941489356 415-346-6380	https://www.conardhouse.org	San Francisco Count
Crohn's & Colitis Foundation, California, Greater Los Angeles Chapter	B01723	136193105 310-478-4500	http://www.crohnscolitisfoundation.org	Los Angeles County
Crohn's & Colitis Foundation, California, Greater San Diego and Desert Area Chap	te B01724	136193105 619-497-1300	http://www.crohnscolitisfoundation.org	San Diego County
Crohn's & Colitis Foundation, California, Northern California Chapter	B01725	136193105 415-356-2232	http://www.crohnscolitisfoundation.org	San Francisco Coun
Crohn's & Colitis Foundation, California, Orange County Chapter	B01726	136193105 310-478-4500	http://www.crohnscolitisfoundation.org	Orange County
Cystic Fibrosis Foundation, California, Northern California Chapter, San Francisco	B01787	131930701 415-989-6500	http://www.cff.org/NCA	San Francisco Coun
Cystic Fibrosis Foundation, California, Sacramento Chapter, Sacramento	B01788	131930701 916-349-1243	http://www.cff.org/Sacramento	Sacramento County
Cystic Fibrosis Foundation, California, San Diego and Imperial Counties Chapter, S	ar B01789	131930701 858-452-2873	http://www.cff.org/SanDiego	San Diego County
Cystic Fibrosis Foundation, California, Southern California Chapter, Santa Ana	B01790	131930701 714-938-1393	http://www.cff.org/SCA	Orange County
Cystic Fibrosis Foundation, California, Southern California Los Angeles Chapter, Lo	s B01786	131930701 323-939-0758	http://www.cff.org	Los Angeles County
Cystic Fibrosis Research, Inc.	B01847	510169988 650-665-7586	https://www.cfri.org	Santa Clara County
Easterseals, California, So Cal	B01971	943068149 714-834-1111	https://www.easterseals.com/southernc	a Orange County
Easterseals, California, So Cal Bakersfield	B01967	943068149 714-834-1111	https://www.easterseals.com/southernc	a Kern County
Easterseals, California, So Cal Escondido	B01969	943068149 714-834-1111	https://www.easterseals.com/southernce	a San Diego County
Epilepsy Foundation of Northern California	B02078	946128891 510-922-8687	http://www.epilepsynorcal.org	Alameda County
Epilepsy Foundation, California, Long Beach	B17829	520856660 800-332-1000	https://www.epilepsy.com/	Los Angeles County
Gardner Family Health Network	B15048	941743078 408-200-2291	https://gardnerhealthservices.org/	Santa Clara County
Glaucoma Research Foundation	B02328	942495035 415-986-3162	http://www.glaucoma.org	San Francisco Coun
Hands at Work in Africa (USA)	B19374	261213083 650-731-2626	https://www.handsatwork.org/	Contra Costa Count
Hospice Giving Foundation	B02494	942404634 831-333-9023	http://www.hospicegiving.org	Monterey County
JDRF International, California, Los Angeles Chapter	B02666	231907729 213-233-9901	http://www.jdrf.org	Los Angeles County
JDRF International, California, Northern California Inland Chapter	B02667	231907729 916-920-0790	http://www.jdrf.org	Sacramento County
JDRF International, California, Orange County Chapter	B02669	231907729 949-553-0363	http://www.jdrf.org	Orange County

DRF International, California, San Diego Chapter	B02670	231907729 858-597-0240	http://www.jdrf.org	San Diego County
Cids for the Kingdom	B02821	680421846 707-829-5504	https://www.kidsforthekingdom.org	Sonoma County
eukemia & Lymphoma Society, California, California Southland Chapter	B02889	135644916 310-342-5800	http://www.lls.org	Los Angeles Coun
eukemia & Lymphoma Society, California, Central California Chapter	B02891	135644916 559-435-1482	http://www.lls.org/cca	Fresno County
eukemia & Lymphoma Society, California, Central California, Bakersfield Chapter	B02890	135644916 661-845-2710	http://www.lls.org/cca	Kern County
eukemia & Lymphoma Society, California, Greater Bay Area Chapter	B02893	135644916 415-625-1100	http://www.lls.org/gba	San Francisco Cou
eukemia & Lymphoma Society, California, Greater Sacramento Area Chapter	B15091	135644916 916-929-4720	https://www.lls.org	Sacramento Cour
eukemia & Lymphoma Society, California, Orange County Inland Empire Chapter	B15100	135644916 714-481-5600	http://www.lls.org/orange-county-inland-	Orange County
eukemia & Lymphoma Society, California, San Diego & Hawaii Chapter	B02895	135644916 858-427-6848	https://www.lls.org/san-diego-hawaii	San Diego County
March of Dimes, California, Fresno	B03102	131846366 559-244-5777	http://www.marchofdimes.org/california	Fresno County
March of Dimes, California, Los Angeles	B03105	131846366 818-539-2195	http://www.marchofdimes.org	Los Angeles Coun
March of Dimes, California, Orange County	B03107	131846366 949-263-1100	http://www.marchofdimes.org	Orange County
March of Dimes, California, Riverside	B03106	131846366 951-341-0903	http://www.marchofdimes.org	<b>Riverside County</b>
March of Dimes, California, Sacramento	B03104	131846366 916-922-1913	www.marchofdimes.org	Sacramento Cour
March of Dimes, California, San Francisco	B03101	131846366 415-788-2202	http://www.marchofdimes.org	San Francisco Cou
March of Dimes, California, San Jose	B03109	131846366 408-260-7629	http://www.marchofdimes.org	Santa Clara Coun
MAZON: A Jewish Response to Hunger	B03242	222624532 310-442-0020	http://mazon.org	Los Angeles Coun
Muscular Dystrophy Association, California, Fresno	B03390	131665552 559-453-9822	http://www.mda.org	Fresno County
Muscular Dystrophy Association, California, LA Region, Alameda	B07414	131665552 415-673-7500	http://www.mda.org	Alameda County
Muscular Dystrophy Association, California, LA Region, Culver City	B07412	131665552 310-398-4738	http://www.mda.org	Los Angeles Coun
Muscular Dystrophy Association, California, LA Region, San Diego	B07413	131665552 858-492-1282	http://www.mda.org	San Diego County
Muscular Dystrophy Association, California, Sacramento	B03391	131665552 916-921-9518	http://www.mda.org	Sacramento Cour
National Kidney Foundation, California, West, Northern California/Pacific Northwes	B03613	131673104 415-543-3303	http://www.kidney.org	San Francisco Cou
National Kidney Foundation, California, West, Southern California and Nevada	B03614	131673104 415-543-3303	http://www.kidney.org	Los Angeles Cour
National Multiple Sclerosis Society, California, Northern CA, Sacramento	B16648	135661935 916-922-4583	https://www.nationalmssociety.org/Chap	Sacramento Cour
National Multiple Sclerosis Society, California, Pacific South Coast, San Diego	B03666	135661935 800-344-4867	http://www.nationalmssociety.org	San Diego County
National Multiple Sclerosis Society, California, Pacific South Coast, Santa Ana	B03667	135661935 800-344-4867	http://www.nationalmssociety.org	Orange County
National Multiple Sclerosis Society, California, Southern CA-Nevada, Los Angeles	B03671	135661935 800-344-4867	http://www.nationalmssociety.org	Los Angeles Cour
New Horizons Serving Individuals with Special Needs	B03794	951862084 818-894-9301	http://www.newhorizons-sfv.org	Los Angeles Cour
Open Medicine Foundation	B10047	264712664 650-242-8669	http://www.omf.ngo	Los Angeles Coun
Opportunity Junction	B03896	680459131 925-776-1133	https://www.OpportunityJunction.org	Contra Costa Cou
Pancreatic Cancer Action Network	B00127	330841281 310-725-0025	http://www.pancan.org	Los Angeles Coun
Planned Parenthood Mar Monte, Inc., California, Coast Regional Office, Seaside	B04014	941583439 831-783-6319	http://www.ppmarmonte.org	Monterey County
Planned Parenthood Mar Monte, Inc., California, Fresno Regional Office, Fresno	B04015	941583439 559-446-1515	http://www.ppmarmonte.org	Fresno County

Planned Parenthood Mar Monte, Inc., California, Sacramento Regional Office, Sa	cra B04016	941583439 916-325-1732	http://www.ppmarmonte.org	Sacramento County
Planned Parenthood Mar Monte, Inc., California, San Jose Regional Office, San Jo	ose B04017	941583439 408-795-3600	http://www.ppmarmonte.org	Santa Clara County
Ronald McDonald House Charities of Southern California	B04177	953167869 323-666-6400	http://www.rmhcsc.org	Los Angeles County
Self Help For The Elderly	B04309	941750717 415-677-7600	https://www.selfhelpelderly.org	San Francisco Count
St. Jude Children's Research Hospital, California (serving Northern California)	B04519	351044585 415-590-5350	http://www.stjude.org	San Francisco Count
St. Jude Children's Research Hospital, California (serving Southern California & H	aw B04520	351044585 714-643-7000	http://www.stjude.org	Orange County
Susan G. Komen, California, Inland Empire Affiliate	B04625	330802964 951-676-7465	http://www.komenie.org	Riverside County
Susan G. Komen, California, Los Angeles County Affiliate	B04626	954582064 310-575-3011	https://komenlacounty.org	Los Angeles County
Susan G. Komen, California, Orange County Affiliate	B04627	330487943 949-957-9157	http://www.komenoc.org	Orange County
Susan G. Komen, California, Sacramento Valley Affiliate	B04628	943169358 916-231-3148	http://www.komennccalifornia.org/	Sacramento County
Susan G. Komen, California, San Diego Chapter	B04629	330638911 858-573-2760	https://www.komensandiego.org	San Diego County
Susan G. Komen, California, San Francisco Bay	B09969	943047626 415-397-8812	http://www.komensf.org	San Francisco Count
The Painted Turtle	B04794	954612481 310-451-1353	http://www.thepaintedturtle.org	Los Angeles County
United Cerebral Palsy of Los Angeles & Ventura Counties	B04919	951648203 818-782-2211	https://www.ucpla.org	Los Angeles County

Account Name	Brochure Code	Federal EIN
A Child's Feeding Fund	B00550	453839595
Adopt America Network	B16613	341396924
AIDS Research Foundation (amfAR)	B00065	133163817
Alliance Defending Freedom	B10110	541660459
Alliance for Cancer Gene Therapy, Inc.	B07302	061619523
ALS Association	B00079	133271855
Alzheimer's Association	B00080	133039601
Amen Foundation	B16635	521837798
American Bible Society	B00446	131623885
American Cancer Society	B00081	131788491
American Council of the Blind	B16614	580914436
American Diabetes Association	B00082	131623888
American Family Association	B00722	640607275
American Foundation for Suicide Prevention	B00723	133393329
American Heart Association	B00084	135613797
American Kidney Fund	B00085	237124261
American Liver Foundation	B00086	362883000
American Lung Association	B00087	131632524
American Parkinson Disease Association	B00088	131962771
Arbor Day Foundation	B07703	237169265
Arthritis Foundation	B00089	581341679
Autism Speaks	B00090	202329938
Baptist World Alliance	B16611	530204667
Be The Match Foundation	B00091	411704734
Black Women's Health Imperative	B01258	581557556
Blessings International	B16612	731130590
Breast Cancer Research Foundation, Inc.	B01321	133727250
Bridgeport Caribe Youth Leaders	B17822	200421577
Cadence International	B16615	846027655
Campus Crusade for Christ's Great Commission Foundation	B16636	952814920
Cancer Research Institute	B00092	131837442
Care Net	B01435	541382723
Cerebral Palsy Foundation	B00094	136093337
CHC: Creating Healthier Communities	B00024	136167225
Childcare Worldwide	B01520	953619910
Children's Cancer Assistance Fund	B16617	371227890
Children's Food Fund / World Emergency Relief	B01535	954014743
Children's Heart Foundation	B00096	364077528
Children's Hospital Foundation	B18391	521640402
Children's Tumor Foundation	B00097	132298956
Christian Military Fellowship	B16620	840780545
Christian Relief Fund	B16621	510183054
Christian World Outreach	B16622	841445744
Citygate Network	B16609	550479715
Colorectal Cancer Alliance	B00099	860947831
Convoy of Hope	B01691	680051386

Cooley's Anemia Foundation	B00100	111971539
Covenant House International	B01711	132725416
Crista Ministries	B16623	916012289
Crohn's & Colitis Foundation	B00101	136193105
Cystic Fibrosis Foundation	B00102	131930701
Cystic Fibrosis Research, Inc.	B01847	510169988
Dementia Society of America	B18670	463401769
Depression and Bipolar Support Alliance	B00103	363379124
Doctors Without Borders/Médecins Sans Frontières USA	B11080	133433452
Endometriosis Association, Inc.	B00105	391414754
Engineering Ministries International	B16624	742213629
Epilepsy Foundation	B00106	520856660
Family Research Council	B16625	521792772
Fisher House Foundation	B02184	113158401
Five Talents USA	B16626	541940918
Focus on the Family	B02197	953188150
Food for The Hungry	B02206	952680390
Gateway for Cancer Research	B16655	731386920
	B16988	201507669
Hagar USA Inc.		
Hands at Work in Africa (USA)	B19374	261213083
Home School Legal Defense Association	B02474	521354365
Huntington's Disease Society of America	B00108	133349872
JAARS TRACTION OF THE PROPERTY	B16628	560818833
JDRF International	B00109	231907729
Kay Yow Cancer Fund	B18596	261789695
Keep A Child Alive	B02804	731682844
Kids for the Kingdom	B02821	680421846
Kinship United	B16991	364395095
Leukemia & Lymphoma Society	B00110	135644916
Lupus Foundation of America	B00111	431131436
March of Dimes	B00112	131846366
MAZON: A Jewish Response to Hunger	B03242	222624532
Mental Health America (formerly National Mental Health Association)	B00113	131614906
Mercy Ships	B03286	262414132
Military Community Youth Ministries	B16630	742238462
Mission Aviation Fellowship	B08440	951920983
Muscular Dystrophy Association	B00114	131665552
Myasthenia Gravis Foundation of America	B00115	135672224
NAMI	B00116	431201653
National Foundation for Cancer Research	B11142	042531031
National Hemophilia Foundation	B00119	135641857
National Kidney Foundation	B00121	131673104
National Multiple Sclerosis Society	B00122	135661935
National Psoriasis Foundation	B00125	930571472
Nazarene Compassionate Ministries	B16632	431550318
Nomi Network	B18264	800290896
Officers' Christian Fellowship	B16638	381415401

Operation Restored Warrior Project (New Horizons Foundation)	B03893	841123082
Pancreatic Cancer Action Network	B00127	330841281
Parkinson's Foundation	B00128	131866796
Partnership to End Addiction	B16564	521736502
Pet Partners	B03979	911158281
Prison Fellowship Ministries	B04069	620988294
Public Radio International	B04095	411425271
Samaritan's Purse	B04242	581437002
SBP	B17259	262189665
Sickle Cell Disease Association of America	B00132	237175985
Smile Train	B00133	133661416
Society of Saint Andrew	B16639	541285793
Spina Bifida Association of America	B00135	581342181
St. Jude Children's Research Hospital	B00136	620646012
Susan G. Komen	B00137	751835298
The Michael J. Fox Foundation for Parkinson's Research	B07196	134141945
The Navigators	B16637	846007896
The V Foundation	B04807	133705951
Trans World Radio	B16640	221690564
Trinity HOPE	B18947	202216228
Unbound	B01584	431243999
United Breast Cancer Foundation	B16641	113571208
Voice of the Martyrs	B16642	731395057
Water Missions International	B05016	571116978
White Bison	B16643	841117880
ZERO - The End of Prostate Cancer	B00139	593400922

Main Phone	Website	County
602-326-5944	http://achildsfeedingfund.org	
419-726-5100	https://www.adoptamericanetwork.org	Maricopa County Lucas County
800-392-6327	https://www.auoptamericanetwork.org	New York County
800-835-5233	http://www.adflegal.org/	•
		Maricopa County
203-358-5055	http://www.acgtfoundation.org	Fairfield County
202-407-8580	http://www.alsa.org	Arlington County
800-272-3900	http://www.alz.org	Cook County
202-832-5168	http://www.amenfoundation.org	District of Columbia
212-408-1200	https://www.americanbible.org	Philadelphia County
800-227-2345	www.cancer.org	Fulton County
612-332-3242	https://www.acb.org	Alexandria City
800-342-2383	http://www.diabetes.org	Arlington County
662-844-5036	http://www.afa.net	Lee County
212-363-3500	www.afsp.org	New York County
800-242-8721	http://www.heart.org	Dallas County
800-638-8299	http://www.kidneyfund.org	Montgomery County
646-737-9415	http://www.liverfoundation.org	New York County
212-315-8700	http://www.lung.org	Cook County
800-223-2732	http://www.apdaparkinson.org	<b>Richmond County</b>
888-448-7337	https://www.arborday.org	
800-283-7800	http://www.arthritis.org	Fulton County
888-777-6227	http://www.autismspeaks.org	New York County
703-790-8980	http://www.baptistworld.org	Falls Church City
763-406-8670	http://www.bethematch.org	Hennepin County
678-613-6729	http://www.bwhi.org	Fulton County
918-250-8101	https://www.blessing.org	Tulsa County
646-497-2600	https://www.bcrf.org	New York County
203-913-0073	https://www.bcyl.org	Fairfield County
970-231-0110	https://cadence.org	Arapahoe County
407-541-5102	http://www.crumilitary.org	Orange County
800-992-2623	http://www.cancerresearch.org	New York County
703-554-8734	https://www.care-net.org	Loudoun County
212-520-1686	https://www.yourcpf.org	New York County
800-654-0845	http://www.chcimpact.org	Alexandria City
360-647-2283	https://www.childcareworldwide.org	Whatcom County
314-241-1600	http://www.thenccs.org	Saint Louis City
909-593-7140	https://www.WER-US.org	Los Angeles County
847-634-6474	http://www.ChildrensHeartFoundation.org	Cook County
301-565-8500	https://childrensnational.org/	Montgomery County
212-344-6633	http://www.ctf.org	New York County
303-761-1959	http://www.cmfhq.org	Arapahoe County
800-858-4038	https://christianrelieffund.org	Randall County
303-723-0333	https://cwomissions.org/	Douglas County
719-266-8300	http://www.citygatenetwork.org	El Paso County
202-628-0123	http://www.calliance.org	District of Columbia
417-823-8998	http://www.convoyofhope.org	Greene County
411-023-0330	nttp.//www.convoyonlope.org	Greene County

http://www.cooleysanemia.org	New York County
http://www.covenanthouse.org	New York County
https://worldconcern.org	King County
http://www.crohnscolitisfoundation.org	New York County
http://www.cff.org	Montgomery County
https://www.cfri.org	Santa Clara County
https://www.dementiasociety.org	Bucks County
http://www.DBSAlliance.org	Cook County
https://www.doctorswithoutborders.org	New York County
https://EndometriosisAssn.org	Milwaukee County
https://emiworld.org	El Paso County
https://www.epilepsy.com	Prince George's County
https://www.frc.org	District of Columbia
https://www.fisherhouse.org	Montgomery County
https://fivetalents.org	Fairfax County
https://www.FocusOnTheFamily.com	El Paso County
https://www.fh.org	Maricopa County
https://www.gatewaycr.org	Cook County
https://hagarusa.org/	Mecklenburg County
https://www.handsatwork.org/	Contra Costa County
www.hslda.org	Loudoun County
http://www.hdsa.org	New York County
https://www.jaars.org	Union County
	New York County
	Wake County
	New York County
	Sonoma County
	Cook County
	Westchester County
	District of Columbia
	Arlington County
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	Canyon County
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	New York County
	New York County
	New York County
	Washington County
	Johnson County
	New York County
nttp://www.ocfusa.org	Arapahoe County
	http://www.covenanthouse.org https://worldconcern.org http://www.crohnscolitisfoundation.org http://www.cff.org https://www.cfri.org https://www.dementiasociety.org https://www.DBSAlliance.org https://www.doctorswithoutborders.org https://EndometriosisAssn.org https://EndometriosisAssn.org https://emiworld.org https://www.epilepsy.com https://www.frc.org https://www.fisherhouse.org https://fivetalents.org https://fivetalents.org https://www.FocusOnTheFamily.com https://www.fh.org https://www.gatewaycr.org https://www.handsatwork.org/ www.hslda.org http://www.hdsa.org

719-260-1213	http://www.operationrestoredwarrior.org	El Paso County
310-725-0025	http://www.pancan.org	Los Angeles County
305-537-9906	https://www.parkinson.org	Miami Dade County
212-841-5200	https://www.drugfree.org	New York County
425-679-5503	http://www.petpartners.org	King County
800-206-9764	http://www.prisonfellowship.org	Loudoun County
612-338-5000	https://www.pri.org	Hennepin County
828-262-1980	http://www.samaritanspurse.org	Watauga County
504-277-6831	https://sbpusa.org/	Orleans Parish
410-528-1555	https://www.sicklecelldisease.org	Anne Arundel County
800-932-9541	https://www.smiletrain.org	New York County
434-299-5956	https://endhunger.org	Bedford County
202-944-3285	http://www.spinabifidaassociation.org	Arlington County
800-822-6344	http://www.stjude.org	Shelby County
877-465-6636	https://www.komen.org	Dallas County
800-708-7644	http://www.michaeljfox.org	New York County
719-598-1212	https://www.navigators.org/	El Paso County
919-380-9505	https://www.v.org	Wake County
919-460-3700	https://www.twr.org	Wake County
502-494-4580	http://trinityhope.org	Wilson County
913-384-6500	http://www.unbound.org	Wyandotte County
877-822-4287	http://www.ubcf.org	Suffolk County
877-337-0458	https://www.persecution.com	Washington County
843-769-7395	https://www.watermission.org	Charleston County
719-548-1000	http://www.whitebison.org	El Paso County
202-463-9455	http://www.zerocancer.org	Alexandria City