

2022 Tax Return(s)

Prepared for HEALTHY COMMUNITIES FOUNDATION
CLIENT CODE: 1838520.000:V1

Account Number 756359
Release Number 2022.05000

Prepared by PKF O'CONNOR DAVIES ADVISORY, LLC
20 COMMERCE DRIVE #301
CRANFORD, NJ
07016

908-272-6200

Processing Date: 11/13/2023
Time: 13:40:01

**Special
Instructions**

Messages

Return Information

CAUTION

- Form 990-PF. Page 5, Part VI-B, line 1b. One or more of the questions regarding self-dealing on line 1a have been answered as "Yes." The corresponding question on line 1b has defaulted to an answer of "No." If the question on line 1b should be answered as "Yes", make an entry on the Form 990-PF worksheet, Statements Regarding Activities for Which Form 4720 May be Required section to indicate that NOT all of the acts described on line 1a qualified as excepted acts as described in Regulations section 53.4941(d)-3 or appear in Notices published in the Internal Revenue Bulletin relating to disaster assistance. This may also require filing Form 4720 and subject the foundation to initial excise taxes. This should be reviewed accordingly. (26258)
- State PPP. Federal provisions exclude Paycheck Protection Program (PPP) loans from income and allow a deduction for certain expenses paid with those proceeds. Certain states have not conformed or may have partially conformed or delayed conformity to the federal rules. Program changes to address these payments and differences in treatment will be available on a future release. At this time, the program does not automatically adjust income or deductions for affected states. Currently, the preparer should determine the nature of the adjustment and how it should be reflected on the tax return. Federal and state level input/overrides are available to adjust any affected lines on the tax return. (28926)
- Form 990-T, Page 1, Item C. No entry has been made on the Form 990-T worksheet, General Information section, Book value of assets at EOY field. The amount from Form 990-PF, Page 2, line 16B has been used. If necessary, an entry on the Form 990-T worksheet, General Information section, Book value of assets at EOY field, may be used to override this amount. (20039)
- Electronic Filing. Per IRS business rule R0000-230, IRS regulations require any entity with an EIN to update the Responsible party information within 60 days of any change by filing Form 8822-B. The program will default to No for all returns. For an entity that has had an update or change to the responsible party information, please select an option on Form 8822-B - Change of address or responsible party - business worksheet, General section, The IRS has the current responsible party information field. (29412)

Return Information

- Illinois Form AG990-IL, Page 2. The name of one of the signing officers or trustees is missing. Generally, Form AG990-IL must be signed by two different officers or by two trustees. This should be reviewed and corrected as necessary. Form AG990-IL will be considered incomplete if required signatures are missing. Refer to the official instructions for Form AG990-IL for additional information. Use the Illinois Form AG990-IL worksheet > General Information section to enter the name of the second officer/trustee, if applicable. (23306)

INFORMATIONAL

- Form 990-T. Page 2, Part IV, line 1. The question regarding a financial account in a foreign country has defaulted to an answer of "No". This should be reviewed to determine if this is the correct response. If instead this question should be answered as "Yes", make an entry on the Basic Data worksheet, Foreign Interest Information section and recalculate the return. (31009)
- Electronic Filing. The ERO signature has been printed on Form 8879-TE for Form 990-PF. If this is not desired it may be suppressed by making the appropriate entry on the Electronic Filing worksheet, Electronic Return Originator - Overrides section. (37915)
- Electronic Filing. The ERO signature has been printed on Form 8879-TE for Form 990-PF. If this is not desired it may be suppressed by making the appropriate entry on the Electronic Filing worksheet, Electronic Return Originator - Overrides section. (37915)
- Form 8868 Extension Information. Form 990-PF is allowed one 6-month extension. The extension for Form 990-PF is automatic and must be requested by filing Form 8868 on or before May 15, 2023. Form 990-T is being prepared as a corporation and is also allowed one automatic 6-month extension. The extension for Form 990-T must be requested by filing Form 8868 on or before May 15, 2023. (34478)
- Form 990-T. Charitable contributions have exceeded the allowable limit and consequently have been limited to 10% of the unrelated business taxable income. (30172)
- Electronic Filing. Form 8868 has been prepared for Form 990-T for electronic filing. The filing due date (05/15/23) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (30269)

Return Information

- **Electronic Filing.** Form 8868 has been prepared for Form 990-PF for electronic filing. The filing due date (05/15/23) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (36358)
- **Electronic Filing Extension.** Form 8868 for Form 990-PF has been selected for electronic filing. If the automatic debit feature is desired to pay the balance due with the electronically filed Form 8868, make the appropriate entries on the Basic Data worksheet, Direct Deposit/Electronic Funds Withdrawal section. Be sure that the appropriate entries have been made in the Return/Extension Filing Option field and the Direct Debit field. (31023)
- **Electronic Filing.** The signing officer's social security number has not been entered. Nothing is required to be entered. If nothing is entered, "999009999" will be sent in the electronic file. If the signing partner or member is foreign and does not have a SSN/ITIN, please enter "888008888". The signing officer's ID can be entered on the Electronic Filing worksheet; Electronic Signatures section; Signing Officer's ID field. (36255)
- **Electronic Filing Extension.** Form 8868 for Form 990-T has been selected for electronic filing. Since there is no payment due with the electronically filed Form 8868, Form 8879-TE is not required for signature authorization. The printing of Form 8879-TE, for Form 8868 will be suppressed. (36370)
- **Electronic Filing.** The following EFIN 135628 is being used to electronically file Form 990-PF. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
- **Electronic Filing Extension.** Form 8868 for Form 990-T has been selected for electronic filing. If a printed copy of the extension is generated and electronic processing is completed, do not mail the printed copy of the extension to the IRS. (37219)
- **Electronic Filing.** The option to be notified if Form 8879 has not been received within a certain time frame has been selected in this return. You will receive an email reminder in 7 day(s) at CPETERMANN@PKFOD.COM if the "Signature Form-Received" column on the ELF status has not been filled out. (37611)

Return Information

- **Electronic Filing.** The name control indicated in the electronic filing for this return is HEAL. If this information isn't correct, an override is available on the General; Electronic Filing; Other option; Business name control - override field. Publication 4163 can be used to understand the rules regarding what the name control should be. Businesses or authorized representatives may contact the IRS Business Specialty Line at 1-800-829-4933 for assistance. (39455)
- **Electronic Filing Extension.** Form 8868 for Form 990-PF has been selected for electronic filing. Since the automatic debit feature is not being used to pay the balance due with the electronically filed Form 8868, Form 8879-TE is not required for signature authorization. The printing of Form 8879-TE for Form 8868 has been suppressed. Be sure that the balance due with Form 8868 is paid on or before the due date. (39479)
- **Electronic Filing Extension.** Form 8868 for Form 990-PF has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. (39484)
- **Electronic Filing.** Form 990-PF has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-TE must be retained by the electronic return originator for three years. Please note that Form 990-T is also present and must be exported separately. (39495)
- **Schedule A (990-T), Part II, Line 18.** Business interest expenses has been reported on federal Schedule A. This may require filing Form 8990 if the organization does not meet the gross receipts test. If Form 8990 is required use the Form 8990 worksheet as necessary. Refer to the instructions for Form 8990 for specific information regarding the business interest expense limitations. (38732)
- **Illinois. Form AG990-IL.** Line H of the AG990-IL is calculated using the following:

The maximum of (990 Page 10 line 25b - (990 Page 10 line 1a + 990 page 10 line 2a + 990 Page 10 line 3a) + 990 Page 9 line 9b + 990 page 9 line 10b.
(39234)

Form	Description	Amount\Text
990-PF Pg 1	jmccarthy - 11/09/23 06:45 PM	283,733.00
IL-990-T	tmiranda - 11/10/23 04:14 PM	268,237.00
IL-990-T	tmiranda - 11/10/23 04:07 PM	268,237.00

Worksheet: Form 990-PF Return of Private Foundation

Section: Operating and Administrative Expenses

Total contributions - O/R.....4,971,685
 Char purp contributions - O/R.....7,776,310

Section: Other Income Producing Activities

Sale of assets UBI - O/R.....89,548
 Sale of assets excluded income.....194,185

Section: Minimum Investment Return and Qualifying Distributions

Avg monthly FMV securities.....125,746,001
 Avg monthly cash bal - O/R.....2,791,851

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....16,083

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....24,561

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....-356,000

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....5,241

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....211,430

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....5,946

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....-472,406

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....-74,994

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....-171,495

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....160

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....67,949

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....31,762

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....8,738

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....108,068

Section: Capital Gains and Losses on Investment Property

Accountant gain (loss) - O/R.....-20

Worksheet: Extensions (Form 8868)

Section: Form 8868 General Information

Tax liability override.....180,000

Section: Form 8868 General Information

Tax liability override.....4,303

JMCCARTHY - 11/10/23 15:44 PM WORKSHEET FORM 990-PF RETURN OF

2,886,981.00
-1,367.00
2,885,614.00

JMCCARTHY - 11/10/23 15:44 PM WORKSHEET FORM 990-PF RETURN OF

283,733.00
-89,548.00
194,185.00

TMIRANDA - 11/15/22 13:21 PM WORKSHEET FORM 990-PF RETURN OF P

0.00 145,900.00
0.00 5,000.00
0.00 150,900.00

TMIRANDA - 11/15/22 13:21 PM WORKSHEET FORM 990-PF RETURN OF P

0.00 6,995,000.00
0.00 -5,000.00
0.00 6,990,000.00

JMCCARTHY - 11/10/22 12:32 PM WORKSHEET FORM 990-PF RETURN OF

LESS UBIT 272,549.00 98,511.00
-185,247.00 -17,366.00
87,302.00 81,145.00

JMCCARTHY - 11/03/22 13:34 PM WORKSHEET FORM 990-PF RETURN OF

2,896,496.00 3,042,707.00
-9,515.00 -159.00
2,886,981.00 3,042,548.00

List

2022 Return Summary

HEALTHY COMMUNITIES FOUNDATION

36-4324067

FORM 990-PF:

TOTAL REVENUE	3,452,778.
TOTAL EXPENSES	8,528,018.
EXCESS <DEFICIT>	-5,075,240.
BEGINNING NET ASSETS	135,451,657.
CHANGES IN NET ASSETS	-17,465,427.
ENDING NET ASSETS (PART III)	112,910,990.
NET INVESTMENT INCOME	2,027,283.
TAX ON INVESTMENT INCOME	28,179.
TOTAL CREDITS AND PAYMENTS	-180,000.
UNDERPAYMENT PENALTY	90.
OVERPAYMENT	151,731.
OVERPAYMENT APPLIED TO ESTIMATE	151,731.
TOTAL DUE <REFUND>	0.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	117,349,306.
ENDING TOTAL LIABILITIES	4,438,316.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PART II)	112,910,990.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
NET ASSETS DIFFERENCE BETWEEN PART II AND PART III	0.

FORM 990-T:

TAXABLE INCOME	218,493.
TAX	45,884.
CREDITS	0.
TOTAL TAX AFTER NONREFUNDABLE CREDITS	45,884.
OTHER CREDITS AND PAYMENTS	-4,303.
TOTAL DUE <REFUND>	41,581.

2022 Return Summary

HEALTHY COMMUNITIES FOUNDATION

36-4324067

ILLINOIS FORM AG990-IL:

TOTAL REVENUE	3,452,778.
TOTAL EXPENSES	8,528,018.
ANNUAL REPORT FILING FEES	15.

ILLINOIS FORM IL-990-T:

TAXABLE INCOME	268,237.
TOTAL TAX	25,483.
PAYMENTS	5,460.
BALANCE DUE	20,023.

2022 Return Summary

HEALTHY COMMUNITIES FOUNDATION

36-4324067

	FEDERAL	FEDERAL
FORM NAME	990-PF	990-T
E-FILE REQUESTED	YES	YES
DUE DATE	05/15/23	05/15/23
EXTENDED DUE DATE	11/15/23	11/15/23
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	11/13/23	11/13/23
TIME CALCULATED	13:37:03	13:37:03
RELEASE VERSION	2022.05000	2022.05000
DATE EXPORTED		
TIME EXPORTED		
EXPORT VERSION		

** NOT AVAILABLE FOR E-FILE

2022 Return Summary

HEALTHY COMMUNITIES FOUNDATION

36-4324067

	990-PF EXTN	990-T EXTN
FORM NAME	8868	8868
E-FILE REQUESTED	YES	YES
DUE DATE	05/15/23	05/15/23
EXTENDED DUE DATE	11/15/23	11/15/23
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	11/13/23	11/13/23
TIME CALCULATED	13:37:03	13:37:03
RELEASE VERSION	2022.05000	2022.05000
DATE EXPORTED	05/11/23	05/11/23
TIME EXPORTED	12:33:44	12:31:18
EXPORT VERSION	2022.05000	2022.05000

** NOT AVAILABLE FOR E-FILE

2022 Return Summary

HEALTHY COMMUNITIES FOUNDATION

36-4324067

	ILLINOIS	ILLINOIS
FORM NAME	FORM AG990-IL	FORM IL-990-T
E-FILE REQUESTED	NO **	NO **
DUE DATE	06/30/23	05/15/23
EXTENDED DUE DATE		
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	11/13/23	11/13/23
TIME CALCULATED	13:37:03	13:37:03
RELEASE VERSION	2022.05000	2022.05000
DATE EXPORTED		
TIME EXPORTED		
EXPORT VERSION		

** NOT AVAILABLE FOR E-FILE



NOVEMBER 13, 2023

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606

HEALTHY COMMUNITIES FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURNS AND 2023 ESTIMATED TAX WORKSHEETS, AS FOLLOWS...

2022 FORM 990-PF

2023 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-PF

2022 FORM 990-T

2023 FEDERAL ESTIMATED TAX WORKSHEET – FORM 990-T

2022 ILLINOIS FORM IL-990-T

2023 ILLINOIS ESTIMATED TAX INSTALLMENTS - FORM IL-990-T

2022 ILLINOIS FORM AG990-IL

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CHRISTOPHER PETERMANN

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
20 COMMERCE DRIVE #301
CRANFORD, NJ 07016

AMOUNT DUE OR REFUND:

AN OVERPAYMENT OF \$151,731. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$6,277,405. THIS MAY BE APPLIED TO TAX YEAR 2023 AND SUBSEQUENT YEARS.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
20 COMMERCE DRIVE #301
CRANFORD, NJ 07016

AMOUNT DUE OR REFUND:

BALANCE DUE OF \$41,581

MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS

2023 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
20 COMMERCE DRIVE #301
CRANFORD, NJ 07016

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	\$	45,920
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMT ALREADY PAID ON 2023 ESTIMATE	\$	0
BALANCE DUE	\$	45,920

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 11,480	MAY 15, 2023
NO 2	\$ 11,480	JUNE 15, 2023
NO 3	\$ 11,480	SEPTEMBER 15, 2023
NO 4	\$ 11,480	DECEMBER 15, 2023

MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer HEALTHY COMMUNITIES FOUNDATION EIN or SSN 36-4324067

Name and title of officer or person subject to tax MARIA PESQUEIRA PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize PKF O'CONNOR DAVIES ADVISORY, LLC to enter my PIN 12345. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13562812345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PKF O'CONNOR DAVIES ADVISORY, LLC Date 11/13/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2022)

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	28,179.
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	28,179.
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	28,179.

		(a)	(b)	(c)	(d)	
11	Installment due dates	11	05/15/23	06/15/23	09/15/23	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	7,045.	7,045.	7,045.	7,044.
13	2022 Overpayment	13				
14	Payment due (Subtract line 13 from line 12)	14				

Form **990-W**

ESTIMATED TAX	28,179.
OVERPAYMENT APPLIED	151,731.
AMOUNT DUE	0.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. HEALTHY COMMUNITIES FOUNDATION	Taxpayer identification number (TIN) 36-4324067
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 19 RIVERSIDE ROAD, NO. 6	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RIVERSIDE, IL 60546-2606	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

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

ELVA GONZALEZ

- The books are in the care of ▶ **19 RIVERSIDE ROAD, SUITE 6 - RIVERSIDE, IL 60546-2606**

Telephone No. ▶ **708-443-4516** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	180,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	150,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	30,000.

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year **2022** or tax year beginning , and ending

Name of foundation HEALTHY COMMUNITIES FOUNDATION		A Employer identification number 36-4324067
Number and street (or P.O. box number if mail is not delivered to street address) 19 RIVERSIDE ROAD, NO. 6	Room/suite	B Telephone number 708-443-5674
City or town, state or province, country, and ZIP or foreign postal code RIVERSIDE, IL 60546-2606		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 117,349,306.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	9,515.	9,515.		STATEMENT 1
	4 Dividends and interest from securities	2,886,981.	3,033,865.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	283,733.			
	b Gross sales price for all assets on line 6a	35,535,441.			
	7 Capital gain net income (from Part IV, line 2)		166,560.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	272,549.	-82,517.		STATEMENT 3	
12 Total. Add lines 1 through 11	3,452,778.	3,127,423.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	275,844.	41,377.		234,467.
	14 Other employee salaries and wages	1,062,974.	29,138.		1,022,114.
	15 Pension plans, employee benefits	358,401.	18,877.		308,054.
	16a Legal fees STMT 4	4,288.	0.		3,738.
	b Accounting fees STMT 5	42,450.	0.		39,950.
	c Other professional fees STMT 6	934,832.	149,604.		83,504.
	17 Interest	74,189.	68,848.		0.
	18 Taxes STMT 7	257,637.	107,732.		0.
	19 Depreciation and depletion	109,135.	0.		
	20 Occupancy	77,465.	0.		75,509.
	21 Travel, conferences, and meetings	168,321.	0.		164,534.
	22 Printing and publications				
	23 Other expenses STMT 8	190,797.	684,564.		188,799.
	24 Total operating and administrative expenses. Add lines 13 through 23	3,556,333.	1,100,140.		2,120,669.
	25 Contributions, gifts, grants paid	4,971,685.			7,776,310.
26 Total expenses and disbursements. Add lines 24 and 25	8,528,018.	1,100,140.		9,896,979.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-5,075,240.				
b Net investment income (if negative, enter -0-)		2,027,283.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		7,144.	539,316.	539,316.	
	2	Savings and temporary cash investments		3,430,794.	1,459,937.	1,459,937.	
	3	Accounts receivable					
		Less: allowance for doubtful accounts		1,300.			
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			21,604.	16,335.	16,335.
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 9		138,575,210.	114,874,210.	114,874,210.	
14	Land, buildings, and equipment: basis	657,675.					
	Less: accumulated depreciation	STMT 10	280,652.	486,158.	377,023.	377,023.	
15	Other assets (describe STATEMENT 11)			193,242.	82,485.	82,485.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			142,715,452.	117,349,306.	117,349,306.	
Liabilities	17	Accounts payable and accrued expenses		150,900.	116,437.		
	18	Grants payable		6,990,000.	4,185,375.		
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe PENSION PAYABLE)			122,895.	136,504.	
23	Total liabilities (add lines 17 through 22)			7,263,795.	4,438,316.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions		135,451,657.	112,910,990.		
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds					
29	Total net assets or fund balances			135,451,657.	112,910,990.		
30	Total liabilities and net assets/fund balances			142,715,452.	117,349,306.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	135,451,657.
2	Enter amount from Part I, line 27a	2	-5,075,240.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	130,376,417.
5	Decreases not included in line 2 (itemize) UNREALIZED LOSS ON INVESTMENTS	5	17,465,427.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	112,910,990.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENTS

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			
35,535,441.		34,773,904.	166,560.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			
			166,560.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	166,560.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	28,179.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	28,179.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	28,179.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	150,000.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	30,000.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	180,000.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	90.
9	Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	151,731.
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax 151,731. Refunded	11	0.

Part VI-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c	Did the foundation file Form 1120-POL for this year?		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
	If "Yes," attach a detailed description of the activities.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
4b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
	If "Yes," attach the statement required by General Instruction T.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>IL</u>		
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
	Website address <u>HCFDN.ORG</u>		
14	The books are in care of <u>ELVA GONZALEZ</u> Telephone no. <u>708-443-4516</u> Located at <u>19 RIVERSIDE ROAD, SUITE 6, RIVERSIDE, IL</u> ZIP+4 <u>60546-2606</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year		N/A
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation 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?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		275,844.	4,302.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ELVA GONZALEZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	CHIEF FINANCIAL OFFICER 40.00	194,250.	27,750.	0.
NORA GARCIA - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	DIRECTOR OF PROGRAMS 40.00	157,500.	22,500.	0.
CHRISTINE M RAMIREZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	SR. PROGRAM MGR OF HEALING 40.00	126,000.	18,000.	0.
JACQUELINE A RODRIGUEZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL	COMMUNICATIONS DIRECTOR 40.00	114,450.	16,350.	0.
JULIAN LAZALDE - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	PROGRAM MGR OF POLICY & ADVOCACY 40.00	99,698.	7,121.	0.
Total number of other employees paid over \$50,000				0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000; (b) Type of service; (c) Compensation. Row 1: FIDUCIENT ADVISORS - 500 W. MADISON STREET, SUITE 1700, CHICAGO, IL 60661; INVESTMENT ADVISORY FEES; 118,192.

Total number of others receiving over \$50,000 for professional services 0

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity; Expenses. Row 1: 1 N/A

Part VIII-B Summary of Program-Related Investments

Table with 2 columns: Description of investment; Amount. Row 1: 1 N/A

Total. Add lines 1 through 3 0.

Part IX		Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	125,746,001.
b	Average of monthly cash balances	1b	2,791,851.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	128,537,852.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	128,537,852.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,928,068.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	126,609,784.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	6,330,489.

Part X		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here <input type="checkbox"/> and do not complete this part.)	
1	Minimum investment return from Part IX, line 6	1	6,330,489.
2a	Tax on investment income for 2022 from Part V, line 5	2a	28,179.
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	45,884.
c	Add lines 2a and 2b	2c	74,063.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,256,426.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,256,426.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	6,256,426.

Part XI		Qualifying Distributions (see instructions)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	9,896,979.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	9,896,979.

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				6,256,426.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021	2,636,852.			
f Total of lines 3a through e	2,636,852.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 9,896,979.				
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				6,256,426.
e Remaining amount distributed out of corpus	3,640,553.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	6,277,405.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,277,405.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	6,277,405.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021	2,636,852.			
e Excess from 2022	3,640,553.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2022, (b) 2021, (c) 2020, (d) 2019, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 14

SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
A BLESSING HAND 3238 W. 64TH STREET CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	1,500.
ACCESS COMMUNITY HEALTH NETWORK 600 W. FULTON CHICAGO, IL 60661	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
ADLER UNIVERSITY 17 N DEARBORN ST, 15TH FLOOR CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	26,000.
AGING CARE CONNECTIONS 111 W. HARRIS AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
ALIVIO MEDICAL CENTER 966 W 21ST ST CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	240,000.
Total	SEE CONTINUATION SHEET(S)			3a 7,776,310.
b Approved for future payment				
AGING CARE CONNECTIONS 111 W. HARRIS AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT - COMMUNITY HEALTH CARE WORKERS	28,923.
ALIVIO MEDICAL CENTER 966 W 21ST ST CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
ALIVIO MEDICAL CENTER 966 W 21ST ST CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	56,642.
Total	SEE CONTINUATION SHEET(S)			3b 4,185,375.

HEALTHY COMMUNITIES FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES			
b ALLIED INVENTORS FUND, LLC			
c ARGAMERGING MARKETS EQUITY FUND			
d CAPITAL TODAY CHINA GROWTH FUND, LP			
e KINGSWOOD CAPITAL OPPORTUNITIES FUND I-A, LP			
f LITTLEJOHN FUND VI, LP			
g LUMINATE CAPITAL PARTNERS II, LP			
h METROPOLITAN REAL ESTATE PARTNERS IV-A, LP			
i PANGAEA TWO, LP			
j PIMCO BRAVO FUND ONSHORE FEEDER I, LP			
k Q-BLK PRIVATE CAPITAL II PARALLEL, LP			
l RESOURCE LAND VALUE IV, LLC			
m SEEDING & STRATEGIC CAPITAL FUND II, LP			
n TRUEBRIDGE CAPITAL PARTNERS FUND VI (CAYMAN), LP			
o WELLINGTON TRUST CTF SMALL CAP OPPS PORTFOLIO			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 35,535,441.		34,773,904.	761,537.
b			16,083.
c			24,561.
d			-356,000.
e			5,241.
f			211,430.
g			5,946.
h			-472,406.
i			-74,994.
j			-171,495.
k			160.
l			67,949.
m			31,762.
n			8,738.
o			108,068.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			761,537.
b			16,083.
c			24,561.
d			-356,000.
e			5,241.
f			211,430.
g			5,946.
h			-472,406.
i			-74,994.
j			-171,495.
k			160.
l			67,949.
m			31,762.
n			8,738.
o			108,068.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	

HEALTHY COMMUNITIES FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VISTRIA FUND IV (FT), LP			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			-20.
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-20.
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	166,560.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S. 79TH AVE JUSTICE, IL 60458	N/A	PC	GENERAL OPERATING SUPPORT	35,000.
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON STREET, SUITE 228 HILLSIDE, IL 60162	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
ARAB AMERICAN FAMILY SERVICES 7000 W. 111TH ST.SUITE 300 WORTH, IL 60482	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
AUSTIN COMING TOGETHER 5049 W HARRISON ST CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
BEDS PLUS CARE, INC. 9601 OGDEN AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
BEYOND HUNGER 848 LAKE STREET OAK PARK, IL 60305	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
BLACK UNITED FUND OF ILLINOIS INC. 1809 E. 71ST STREET 200 CHICAGO, IL 60649	N/A	PC	GENERAL OPERATING SUPPORT	35,000.
Total from continuation sheets				7,433,810.

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BORDERLESS MAGAZINE NFP 3432 W. DIVERSEY AVE. CHICAGO, IL 60647	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE. CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
BUILD, INC. 5100 W. HARRISON STREET CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
CASA CENTRAL SOCIAL SERVICES CORPORATION 1343 N. CALIFORNIA AVE. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	55,000.
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION, INC. 100 W PLAINFIELD RD, STE 100 COUNTRYSIDE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
CHICAGO CARES, INC. 641 W. LAKE STREET CHICAGO, IL 60661	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT AMPT	60,000.
CHICAGO CARES, INC. 641 W. LAKE STREET CHICAGO, IL 60661	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	50,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHICAGO CARES, INC. 641 W. LAKE STREET CHICAGO, IL 60661	N/A	PC	CAPACITY BUILDING INITIATIVE GRANT	75,000.
CHICAGO COMMUNITY AND WORKERS RIGHTS 2801 S. HAMLIN AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
CHICAGO WORKERS COLLABORATIVE 1914 S. ASHLAND AVE. CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
CITY BUREAU NFP 3619 S. STATE STREET CHICAGO, IL 60609	N/A	PC	GENERAL OPERATING SUPPORT	40,000.
COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP 1701 S 1ST AVE., SUITE 407 MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	150,000.
DEVICES FOR THE DISABLED 2743 W. 36TH PLACE CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	45,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EL VALOR CORPORATION 1850 W. 21ST ST. CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
ENLACE CHICAGO 2756 S. HARDING AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	205,000.
EQUAL HOPE 300 SOUTH ASHLAND AVENUE OAK PARK, IL 60607	N/A	PC	GENERAL OPERATING SUPPORT	175,500.
ERIE FAMILY HEALTH FOUNDATION, INC. 1701 W. SUPERIOR ST., THIRD FLOOR CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR ST. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
ESPERANZA HEALTH CENTER 2001 S CALIFORNIA AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
EVERTHRIVE ILLINOIS 1006 S MICHIGAN AVE, SUITE 200 CHICAGO, IL 60605	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILY FOCUS 310 SOUTH PEORIA, SUITE 301 CHICAGO, IL 60607	N/A	PC	GENERAL OPERATING SUPPORT	90,000.
FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO 5341 W CERMAK ROAD CICERO, IL 60804	N/A	PC	GENERAL OPERATING SUPPORT	130,000.
FOREFRONT CHARITY 200 W. MADISON ST., 2ND FLOOR CHICAGO, IL 60606	N/A	PC	GENERAL OPERATING SUPPORT-COLLABORATIVE GRANT	130,000.
FRIENDS OF THE PARKS 67 E. MADISON ST., SUITE 1817 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,500.
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE CHICAGO, IL 60647	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HOUSING FORWARD 1851 SOUTH 9TH AVENUE MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
HOUSING HELPERS, INC. 602 N 3RD AVE MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	53,000.
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS 228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604	N/A	PC	GENERAL OPERATING SUPPORT-HEALTH ADVOCATES ACADEMY	125,000.
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS 228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604	N/A	PC	GENERAL OPERATING SUPPORT	150,000.
ILLINOIS COMMUNITY HEALTH WORKER ASSOCIATION 9038 S. UNIVERSITY AVE. CHICAGO, IL 60619	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	125,000.
ILLINOIS PARTNERS FOR HUMAN SERVICE 33 WEST GRAND AVENUE, SUITE 300 CHICAGO, IL 60654	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	129,000.
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE CHICAGO, IL 60608	N/A	PC	CAPACITY BUILDING INITIATIVE GRANT	100,000.
LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT IL UNIDOS	250,000.
LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE, SUITE 900 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	80,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LITTLE VILLAGE ENVIRONMENTAL JUSTICE ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	504.
LOYOLA UNIVERSITY CHICAGO: SBHC 820 N MICHIGAN AVE CHICAGO, IL 60611	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
MACNEAL HOSPITAL - LOYOLA MEDICINE 3249 OAK PARK AVENUE BERWYN, IL 60402	N/A	PC	GENERAL OPERATING SUPPORT	40,000.
MAPSCORPS 5307 S. HYDE PARK BLVD. 2FL CHICAGO, IL 60615	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
MICHAEL REESE HEALTH TRUST 150 N. WACKER DRIVE CHICAGO, IL 60606	N/A	PC	HEALTH FIRST FUND COLLABORATIVE GRANT	125,000.
MOBILE CARE CHICAGO 239 W. ROOT STREET CHICAGO, IL 60609	N/A	PC	GENERAL OPERATING SUPPORT	80,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	201,706.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE GRANT	165,000.
NAMI METRO SUBURBAN PO BOX 977 OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	130,000.
NAMI METRO SUBURBAN PO BOX 977 OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT - TEEN LIVING ROOM	100,000.
NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	N/A	PC	GENERAL OPERATING SUPPORT	80,000.
OAK PARK RIVER FOREST COMMUNITY FOUNDATION 1049 LAKE STREET, SUITE 204 OAK PARK, IL 60301	N/A	PC	GENERAL OPERATING SUPPORT-CHGO LATINOS IN PHILANTHROPY	10,000.
OAK PARK RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE STREET OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
PCC COMMUNITY WELLNESS CENTER 14 LAKE STREET OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
PUERTO RICAN AGENDA OF CHICAGO 1650 W. NORTH AVE. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	1,500.
QUINN CENTER OF ST. EULALIA 1845 SOUTH 9TH AVENUE MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
RESILIENCE PARTNERS NFP 4455 SOUTH KING DRIVE SUITE 101 (B) CHICAGO, IL 60653	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
SARAH'S INN 1547 CIRCLE AVENUE FOREST PARK, IL 60130	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603	N/A	PC	GENERAL OPERATING SUPPORT	80,000.
SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SISTERHOUSE 25 WASHINGTON BOULEVARD OAK PARK, IL 60304	N/A	PC	GENERAL OPERATING SUPPORT	45,000.
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS ROAD, SUITE 201 CALABASAS, CA 91302	N/A	PC	GENERAL OPERATING SUPPORT	5,000.
SOUTHWEST COLLECTIVE 4444 S. PULASKI ROAD 2ND FLOOR CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
SOUTHWEST ORGANIZING PROJECT 2558 W. 63RD ST. CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
TALLER DE JOSE 2831 W 24TH BLVD. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	45,000.
TELPOCHCALLI COMMUNITY EDUCATION PROJECT 2824 W. 24TH BLVD. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	11,100.
THE ANSWER INC. 7600 W. ROOSEVELT ROAD FOREST PARK, IL 60130	N/A	PC	GENERAL OPERATING SUPPORT	35,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE FIREHOUSE DREAM 511 SAINT CHARLES RD MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	45,000.
THE LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE 6112 W. CERMAK RD. CICERO, IL 60804	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
THE NEHEMIAH COMMUNITY PROJECT 717 VERSAILLES PKWY OSWEGO, IL 60564	N/A	PC	GENERAL OPERATING SUPPORT	10,000.
THE PORT MINISTRIES 5013 S. HERMITAGE AVE. CHICAGO, IL 60609	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
THE WAREHOUSE PROJECT AND GALLERY 7704 W. 62ND PLACE SUMMIT, IL 60501	N/A	PC	GENERAL OPERATING SUPPORT	10,000.
UCAN 3605 W FILLMORE STREET CHICAGO, IL 60624	N/A	PC	GENERAL OPERATING SUPPORT	95,000.
URBAN GROWERS COLLECTIVE 1200 W 35TH ST #118 CHICAGO, IL 60609	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WAY BACK INN, INC. 104 OAK ST. MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
WEST COOK YMCA 255 S. MARION ST. OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
YEMBA INC 230 MADISON ST. OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
YOGACARE 1808 W. CHICAGO AVE, #2R CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	35,000.
YOUTH CROSSROADS, INC. 6501 STANLEY AVENUE BERWYN, IL 60402	N/A	PC	GENERAL OPERATING SUPPORT	130,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ARAB AMERICAN FAMILY SERVICES 7000 W. 111TH ST.SUITE 300 WORTH, IL 60482	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
AUSTIN COMING TOGETHER 5049 W HARRISON ST CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
BEDS PLUS CARE, INC. 9601 OGDEN AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	38,006.
BEDS PLUS CARE, INC. 9601 OGDEN AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
BLACK UNITED FUND OF ILLINOIS INC. 1809 E. 71ST STREET 200 CHICAGO, IL 60649	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE. CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
BUILD, INC. 5100 W. HARRISON STREET CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	201,000.
Total from continuation sheets				3,899,810.

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHICAGO CARES, INC. 641 W. LAKE STREET CHICAGO, IL 60661	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	50,000.
COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP 1701 S 1ST AVE., SUITE 407 MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
DION'S CHICAGO DREAM 180 N. WINDMERE CIRCLE MATTSON, IL 60443	N/A	PC	GENERAL OPERATING SUPPORT	10,000.
ENLACE CHICAGO 2756 S. HARDING AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
EQUAL HOPE 300 SOUTH ASHLAND AVENUE OAK PARK, IL 60607	N/A	PC	GENERAL OPERATING SUPPORT	175,500.
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR ST. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
ESPERANZA HEALTH CENTER 2001 S CALIFORNIA AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON STREET, SUITE 602 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	72,000.
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE CHICAGO, IL 60647	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	48,000.
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS 228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604	N/A	PC	GENERAL OPERATING SUPPORT	151,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	126,000.
LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE IL EXELLERATOR FUND	100,000.
LITTLE VILLAGE ENVIRONMENTAL JUSTICE ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	504.
MIDWAY MINISTRIES 4857 S. LOTUS AVE CHICAGO, IL 60638	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	61,800.
NAMI METRO SUBURBAN PO BOX 977 OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	500.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	N/A	PC	GENERAL OPERATING SUPPORT	500.
PEACE DEVELOPMENT FUND 2335 N. ORCHARD ST. CHICAGO, IL 60614	N/A	PC	GENERAL OPERATING SUPPORT	10,000.
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
RUSH UNIVERSITY MEDICAL CENTER (WEST SIDE UNITED) 1700 W. VAN BUREN STREET 265 CHICAGO, IL 60612	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
SOUTHWEST ORGANIZING PROJECT 2558 W. 63RD ST. CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 840 S. WOOD ST., M/C 787, ROOM 101 CHICAGO, IL 60612	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	15,000.
THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE., NO. 2200 CHICAGO, IL 60601	N/A	PC	IL IMMIGRATION FUNDER COLLABORATIVE	250,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE 6112 W. CERMAK RD. CICERO, IL 60804	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
UCAN 3605 W FILLMORE STREET CHICAGO, IL 60624	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
UNIVERSITY OF CHICAGO 111 W. WASHINGTON ST. #1023 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE INCLUSIVE ECONOMY LAB	100,000.
VOSE RIVER CHARITABLE FUND 7501 WISCONSIN AVE STE 1310E BETHESDA, MD 20814	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT BUILD HEALTH	190,000.
Total from continuation sheets				

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name HEALTHY COMMUNITIES FOUNDATION	Employer identification number 36-4324067
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	28,179.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	28,179.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	255,019.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	28,179.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	7,045.	7,045.	7,044.	
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	15,000.			135,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		7,955.	910.	
13 Add lines 11 and 12	13		7,955.	910.	
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	15,000.	7,955.	910.	
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			6,134.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	7,955.	910.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			90.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1 Enter taxable income for the following periods.					
a Tax year beginning in 2019	1a				
b Tax year beginning in 2020	1b				
c Tax year beginning in 2021	1c				
2 Enter taxable income for each period for the tax year beginning in 2022. See the instructions for the treatment of extraordinary items	2				
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2019	3a				
b Tax year beginning in 2020	3b				
c Tax year beginning in 2021	3c				
4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return	10				
11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19				

Part II ^{**} Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	879,470.	1,138,137.	1,572,629.	885,055.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	5,276,820.	4,552,548.	3,145,258.	1,180,070.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b	5,276,820.	4,552,548.	3,145,258.	1,180,070.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	73,348.	63,280.	43,719.	16,403.
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26	73,348.	63,280.	43,719.	16,403.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	73,348.	63,280.	43,719.	16,403.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	18,337.	31,640.	32,789.	16,403.

Part III Required Installments

		1st	2nd	3rd	4th
		installment	installment	installment	installment
	Note: Complete lines 32 through 38 of one column before completing the next column.				
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	18,337.	31,640.	32,789.	16,403.
33	Add the amounts in all preceding columns of line 32. See instructions		7,045.	14,090.	21,134.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	18,337.	24,595.	18,699.	0.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	7,045.	7,045.	7,044.	7,045.
36	Subtract line 38 of the preceding column from line 37 of the preceding column				
37	Add lines 35 and 36	7,045.	7,045.	7,044.	7,045.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	7,045.	7,045.	7,044.	0.

Form 2220 (2022)

**** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDENDS	9,515.	9,515.	
TOTAL TO PART I, LINE 3	9,515.	9,515.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDENDS	2,886,981.	0.	2,886,981.	3,033,865.	
TO PART I, LINE 4	2,886,981.	0.	2,886,981.	3,033,865.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP UBIT PARTNERSHIP GAIN THROUGH K-1	272,549.	-82,517. 0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	272,549.	-82,517.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	4,288.	0.		3,738.
TO FM 990-PF, PG 1, LN 16A	4,288.	0.		3,738.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND TAX PREPARATION	42,450.	0.		39,950.
TO FORM 990-PF, PG 1, LN 16B	42,450.	0.		39,950.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMPUTER CONSULTANTS	19,420.	0.		19,420.
OTHER CONSULTANTS	60,584.	0.		60,584.
INVESTMENT CONSULTANTS	118,192.	118,192.		0.
INVESTMENT ADVISORY FEES	733,136.	31,412.		0.
EXECUTIVE SEARCH FIRM	3,500.	0.		3,500.
TO FORM 990-PF, PG 1, LN 16C	934,832.	149,604.		83,504.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	107,637.	107,732.		0.
FEDERAL EXCISE TAX	150,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	257,637.	107,732.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	1,581.	1,581.		0.
SOFTWARE LICENSING	32,655.	0.		32,655.
INSURANCE	30,872.	0.		28,348.
DUES AND SUBSCRIPTIONS	55,598.	0.		52,508.
OFFICE EQUIPMENT	13,273.	0.		13,273.
OFFICE EXPENSE	26,114.	0.		26,311.
PAYROLL PROCESSING FEES	1,284.	0.		1,284.
TELEPHONE AND INTERNET	14,264.	0.		14,264.
CAPACITY BUILDING	7,366.	0.		7,366.
PROFESSIONAL DEVELOPMENT	5,440.	0.		10,440.
OTHER PARTNERSHIP EXPENSES	0.	682,983.		0.
HONORARIUM	2,350.	0.		2,350.
TO FORM 990-PF, PG 1, LN 23	190,797.	684,564.		188,799.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
400 CAPITAL CREDIT OPP FUND, LTD	FMV	1,289,410.	1,289,410.
ALLIED INVENTORS FUND, LLC	FMV	157,978.	157,978.
ARGA EMERGING MARKETS EQUITY FUND	FMV	4,413,032.	4,413,032.
ARGONAUT PRIVATE EQUITY FUND IV	FMV	1,651,497.	1,651,497.
ARIEL INTERNATIONAL INST EQUITY FUND (AINIX)	FMV	7,066,424.	7,066,424.
ARTISAN HIGH INCOME FUND	FMV	667,390.	667,390.
BLUE SEA CAPITAL FUND II, LP	FMV	1,562,700.	1,562,700.
BRECKINRIDGE SUSTAINABLE CORE	FMV	4,032,255.	4,032,255.
CANAAN NATURAL GAS FUND X	FMV	72,076.	72,076.
CAPITAL TODAY CHINA GROWTH FUND, LP	FMV	77,348.	77,348.
CENTANA GROWTH PARTNERS II, LP	FMV	600,816.	600,816.
CEVIAN CAPITAL II, LTD	FMV	1,395,278.	1,395,278.
COHEN & STEERS INSTL REALTY SHARES (CSRIX)	FMV	1,232,433.	1,232,433.
DAVIDSON KEMPNER INT'L (BVI), LTD	FMV	1,814,999.	1,814,999.
DODGE COX INCOME FUND (DODIX)	FMV	3,634,031.	3,634,031.
DWS INVESTMENT MANAGEMENT	FMV	21,026,332.	21,026,332.
DWS RREEF REAL ASSETS FUND (AAASX)	FMV	3,736,045.	3,736,045.
FS EQUITY PARTNERS VIII, LP	FMV	1,211,297.	1,211,297.
GQG PARTNERS EMERGING MARKETS EQUITY FUND (GQGIX)	FMV	3,382,225.	3,382,225.
HARBOR MID CAP FUND INST (HMCLX)	FMV	4,876,011.	4,876,011.
HARDING LOEVNER INT'L EQUITY (HLMIX)	FMV	7,045,131.	7,045,131.
HBK MULTI-STRATEGY OFFSHORE FUND, LTD	FMV	1,849,787.	1,849,787.
JP MORGAN CORE BOND FUND I (WOBDX)	FMV	3,503,317.	3,503,317.
KINGSWOOD CAPITAL OPPORTUNITIES FUND I-A, LP	FMV	3,194,954.	3,194,954.
KINGSWOOD CAPITAL OPPORTUNITIES FUND II-A, LP	FMV	365,696.	365,696.
LITTLEJOHN FUND VI, LP	FMV	1,494,720.	1,494,720.
LUMINATE CAPITAL PARTNERS II, LP	FMV	1,043,409.	1,043,409.
LUMINATE CAPITAL PARTNERS III-A, LP	FMV	901,548.	901,548.
MEANINGFUL PARTNERS DC VEHICLE I, LP	FMV	1,549,896.	1,549,896.
MIDOCEAN CREDIT OPP OFFSHORE FUND, LTD	FMV	1,001,103.	1,001,103.
MW EUREKA FUND	FMV	2,101,321.	2,101,321.
P4G CAPITAL PARTNERS I-A, LP	FMV	1,042,267.	1,042,267.
PANGAEA TWO, LP	FMV	2,351,968.	2,351,968.
PGIM GLOBAL TOTAL RETURN (PGTQX)	FMV	1,644,157.	1,644,157.
PSAM WORLDARB FUND, LTD	FMV	1,276,407.	1,276,407.
QUESTA CAPITAL PARTNERS I, LP	FMV	1,758,755.	1,758,755.
QUESTA CAPITAL PARTNERS II, LP	FMV	1,362,479.	1,362,479.
RED ARTS CAPITAL OPPORTUNITY FUND I, LP	FMV	1,449,061.	1,449,061.
RESOURCE LAND VALUE IV, LLC	FMV	466,926.	466,926.
SEEDING & STRATEGIC CAPITAL FUND II, LP	FMV	702,972.	702,972.

HEALTHY COMMUNITIES FOUNDATION

36-4324067

SENATOR GLOBAL OPP OFFSHORE FUND, LTD	FMV	1,696,382.	1,696,382.
SER CAPITAL PARTNERS I-A, LP	FMV	326,722.	326,722.
SUVRETTA OFFSHORE FUND, LTD	FMV	1,387,819.	1,387,819.
TREND MACRO OFFSHORE, LTD	FMV	1,577,710.	1,577,710.
TRUEBRIDGE CAPITAL PARTNERS FUND VI (CAYMAN), LP	FMV	1,150,320.	1,150,320.
VALINOR CAPITAL PARTNERS OFFSHORE, LTD	FMV	316,507.	316,507.
VISTRIA FUND IV (FT), LP	FMV	1,489,334.	1,489,334.
WEISS MULTI-STRAT PARTNERS (CAYMAN), LTD	FMV	1,726,751.	1,726,751.
WELLINGTON SMALL CAP OPPORTUNITIES FUND	FMV	1,876,188.	1,876,188.
WOLVERINE FLAGSHIP FUND LTD	FMV	1,667,368.	1,667,368.
WOODLINE OFFSHORE FUND, LTD	FMV	1,653,658.	1,653,658.
TOTAL TO FORM 990-PF, PART II, LINE 13		114,874,210.	114,874,210.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	11,350.	11,350.	0.
LEASEHOLD IMPROVEMENT	646,325.	269,302.	377,023.
TOTAL TO FM 990-PF, PART II, LN 14	657,675.	280,652.	377,023.

FORM 990-PF OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
TAX DEPOSITS	80,694.	80,694.	80,694.
INVESTMENT PROCEEDS RECEIVABLE	112,548.	1,791.	1,791.
TO FORM 990-PF, PART II, LINE 15	193,242.	82,485.	82,485.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIA PESQUEIRA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	PRESIDENT 40.00	275,844.	4,302.	0.
AMALIA S. RIOJA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	CHAIR, BOARD MEMBER 4.00	0.	0.	0.
CRAIG HUFFMAN 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	TREASURER, BOARD MEMBER 4.00	0.	0.	0.
CARL BERGETZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	VICE CHAIR, BOARD MEMBER 4.00	0.	0.	0.
JOSEPH W. MCINERNEY 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	SECRETARY, BOARD MEMBER 4.00	0.	0.	0.
GRACE HOU 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
ELYSE FORKOSH CUTLER 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
CHARLES W. MULANEY, JR. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
ANNE MARIE MURPHY, PH.D. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
DR. YESENIA YEPEZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.

HEALTHY COMMUNITIES FOUNDATION

36-4324067

CARONINA GRIMBLE
19 RIVERSIDE ROAD #6
RIVERSIDE, IL 60546-2606

BOARD MEMBER
1.00

0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

275,844.

4,302.

0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARIA PESQUEIRA
19 RIVERSIDE ROAD #6
RIVERSIDE, IL 60546-2606

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
708-443-5674	WIZEHIVE

EMAIL ADDRESS

MPESQUEIRA@HCFDN.ORG

FORM AND CONTENT OF APPLICATIONS

ONLINE GRANTS PORTAL: TO APPLY FOR FUNDING IN THE GRANT CYCLE, THE LOI AND SUBSEQUENT FULL APPLICATION (IF APPLICABLE) SHOULD BE SUBMITTED VIA OUR ONLINE GRANTS PORTAL, WIZEHIVE.

APPLICANTS WITH AN EXISTING WIZEHIVE ACCOUNT WILL SEE THE FUNDING OPPORTUNITY ON THE HOMEPAGE. NEW APPLICANTS MUST CREATE AN ORGANIZATIONAL PROFILE BEFORE HAVING ACCESS TO THE CURRENT GRANT CYCLE.

INSTRUCTIONS: SEE OUR WEBSITE AT [HTTPS://HCFDN.ORG](https://hcfdn.org)

ANY SUBMISSION DEADLINES

MAY 15; JUNE 15; JULY 15; AUG. 15; END OF AUG.-SEPT; DEC.
DETAILS ON [HTTPS://HCFDN.ORG](https://hcfdn.org)

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANT ELIGIBILITY-WHO WE FUND: NONPROFIT ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(C)(3) OF THE IRS CODE. ORGANIZATIONS THAT ARE NOT TAX EXEMPT MAY APPLY WITH A FISCAL AGENT. FOR AN ORGANIZATION TO BE ELIGIBLE, AT LEAST 20% OF TOTAL INDIVIDUALS SERVED MUST LIVE IN OUR SERVICE REGION. FOR HOSPITALS AND UNIVERSITY SYSTEMS WITH OPERATING BUDGETS GREATER THAN \$10 MILLION, WE WILL ONLY AWARD PROJECT SUPPORT GRANTS FOR INITIATIVES LOCATED WITHIN OUR SERVICE REGION WHICH DEMONSTRATE A STRATEGIC PARTNERSHIP WITH AND STRONG COMMITMENT TO LOCAL COMMUNITY PARTNER(S). WHAT WE DO NOT FUND: BUSINESSES CAPITAL CAMPAIGNS, GOVERNMENT ENTITIES, INDIVIDUALS, NATIONAL ORGANIZATIONS NOT FOCUSED ON OUR SERVICE REGION, PARTISAN POLITICAL ACTIVITIES, RELIGIOUS ACTIVITIES, SCHOLARSHIPS, SCHOOL DISTRICTS & INDIVIDUAL SCHOOLS (INCLUDING PTOS).

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A - 2D (CONTINUATION)

STATEMENT 14

NAME OR DESCRIPTION OF GRANT PROGRAM

WIZEHIVE

RESTRICTIONS AND LIMITATIONS ON AWARDS

GENERALLY, WE DO NOT FUND MORE THAN 10% OF AN ORG.S OPERATING BUDGET. ONLY CAPITAL EXP. FOR MTLs. CONSIDERED FOR FUNDING.

Type and Entity: CONTRIBUTION - 50% CASH FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	8,530,266.	1,427.	1,427.								
B	2021	8,219,796.										
C	2022	7,751,858.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
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H												
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K												
L												
M												
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Q												
R												
S												
T												
U												
V												
W												

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-T

2023

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1	
2	Tax on the amount on line 1		2	
3	Alternative minimum tax for trusts		3	
4	Total. Add lines 2 and 3		4	
5	Estimated tax credits		5	
6	Subtract line 5 from line 4		6	
7	Other taxes		7	
8	Total. Add lines 6 and 7		8	
9	Credit for federal tax paid on fuels		9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a		
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	45,884.	
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	ADJUSTED TO		10c 45,920.

		(a)	(b)	(c)	(d)
11	Installment due dates	11 05/15/23	06/15/23	09/15/23	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12 11,480.	11,480.	11,480.	11,480.
13	2022 Overpayment	13			
14	Payment due (Subtract line 13 from line 12)	14 11,480.	11,480.	11,480.	11,480.

Form **990-W**

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer HEALTHY COMMUNITIES FOUNDATION EIN or SSN 36-4324067

Name and title of officer or person subject to tax MARIA PESQUEIRA PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Total revenue/Tax/Amount (b). Includes checkboxes and numerical entries like 45,884.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize PKF O'CONNOR DAVIES ADVISORY, LLC to enter my PIN 12345 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13562812345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PKF O'CONNOR DAVIES ADVISORY, LLC Date 11/13/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2022)

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. HEALTHY COMMUNITIES FOUNDATION	Taxpayer identification number (TIN) 36-4324067
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 19 RIVERSIDE ROAD, NO. 6	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RIVERSIDE, IL 60546-2606	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

ELVA GONZALEZ

- The books are in the care of ▶ **19 RIVERSIDE ROAD, SUITE 6 - RIVERSIDE, IL 60546-2606**

Telephone No. ▶ **708-443-4516** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	4,303.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	4,303.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HEALTHY COMMUNITIES FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 19 RIVERSIDE ROAD, NO. 6</p> <p>City or town, state or province, country, and ZIP or foreign postal code RIVERSIDE, IL 60546-2606</p> <p>C Book value of all assets at end of year 117,349,306.</p>	<p>D Employer identification number 36-4324067</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>		<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>		<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>	
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>		<p>L The books are in care of ELVA GONZALEZ Telephone number 708-443-4516</p>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	243,770.
2 Reserved	2	
3 Add lines 1 and 2	3	243,770.
4 Charitable contributions (see instructions for limitation rules) STMT 15 STMT 16	4	24,277.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	219,493.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	219,493.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	218,493.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	45,884.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	45,884.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T

CONTRIBUTIONS

STATEMENT 15

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS FROM 990-PF	N/A	7,776,010.
CHARITABLE CONTRIBUTIONS - ARGONAUT PRIVATE EQUITY IV, LP	N/A	123.
CHARITABLE CONTRIBUTIONS - LUMINATE CAPITAL PARTNERS II	N/A	2.
TOTAL TO FORM 990-T, PART I, LINE 4		7,776,135.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 16

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020 8,528,839
 FOR TAX YEAR 2021 8,219,796

TOTAL CARRYOVER 16,748,635
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 7,776,135

TOTAL CONTRIBUTIONS AVAILABLE 24,524,770
 TAXABLE INCOME LIMITATION AS ADJUSTED 24,277

EXCESS CONTRIBUTIONS 24,500,493
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 24,500,493

ALLOWABLE CONTRIBUTIONS DEDUCTION 24,277

TOTAL CONTRIBUTION DEDUCTION 24,277

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization HEALTHY COMMUNITIES FOUNDATION	B Employer identification number 36-4324067
C Unrelated business activity code (see instructions) 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business **INVESTMENT IN LIMITED PARTNERSHIPS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	67,542.		67,542.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 17	208,620.		208,620.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	276,162.		276,162.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions SEE STATEMENT 18	5		273.
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 19	14		8,652.
15 Total deductions. Add lines 1 through 14	15		8,925.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		267,237.
17 Deduction for net operating loss. See instructions STMT 20 STMT 22	17		23,467.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		243,770.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 17

DESCRIPTION	NET INCOME OR (LOSS)
RED ARTS CAPITAL OPPORTUNITY FUND I, L.P - ORDINARY BUSINESS INCOME (LOSS)	64,127.
ARGONAUT PRIVATE EQUITY IV, LP - ORDINARY BUSINESS INCOME (LOSS)	157,552.
ARGONAUT PRIVATE EQUITY IV, LP - OTHER NET RENTAL INCOME (LOSS)	3,089.
ARGONAUT PRIVATE EQUITY IV, LP - OTHER PORTFOLIO INCOME (LOSS)	-845.
LITTLEJOHN FUND VI, LP - INTEREST INCOME	1,354.
LITTLEJOHN FUND VI, LP - DIVIDEND INCOME	8.
LITTLEJOHN FUND VI, LP - OTHER INCOME (LOSS)	911.
RESOURCE LAND FUND IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	29,563.
RESOURCE LAND FUND IV, LLC - NET RENTAL REAL ESTATE INCOME	-239.
LUMINATE CAPITAL PARTNERS II - ORDINARY BUSINESS INCOME (LOSS)	-8,051.
PANGAEA TWO LP - ORDINARY BUSINESS INCOME (LOSS)	-8,425.
Q-BLK PRIVATE CAPITAL II (PARALLEL), LP DIVERSIFIED PORTFOLIO - ORDINARY BUS	-158.
SEEDING & STRATEGIC CAPITAL FUND II-MW, L.P - ORDINARY BUSINESS INCOME (LOSS)	22,006.
TRUEBRIDGE CAPITAL PARTNERS FUND VI (CAYMAN), L.P - OTHER PORTFOLIO INCOME (455.
ALLIED INVENTORS FUND, LLC - ORDINARY BUSINESS INCOME (LOSS)	-52,732.
FS EQUITY PARTNERS VIII, LP - INTEREST INCOME	5.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	208,620.

FORM 990-T (A)

INTEREST PAID

STATEMENT 18

DESCRIPTION	AMOUNT
LITTLEJOHN FUND VI, LP	115.
FS EQUITY PARTNERS VIII, LP	158.
TOTAL TO SCHEDULE A, PART II, LINE 5	273.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 19
DESCRIPTION		AMOUNT
RED ARTS CAPITAL OPPORTUNITY FUND, I, LP		4,248.
LITTLEJOHN FUND VI, LP		298.
TAX PREP FEE		2,500.
FS EQUITY PARTNERS VIII, LP		1,606.
TOTAL TO SCHEDULE A, PART II, LINE 14		8,652.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 20
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
23,467.	23,467.	0.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 21
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	84,549.	61,082.	23,467.	23,467.
NOL CARRYOVER AVAILABLE THIS YEAR			23,467.	23,467.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 22
TAXABLE INCOME FROM ALL ENTITIES		267,237.
THIS ENTITIES PORTION OF TAXABLE INCOME		267,237.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS		100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS		0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS		267,237.
80% INCOME LIMITATION		213,790.
POST-2017 AVAILABLE		23,467.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION		23,467.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name HEALTHY COMMUNITIES FOUNDATION	Employer identification number 36-4324067
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				61,241.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	61,241.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				3,605.
11 Enter gain from Form 4797, line 7 or 9			11	2,696.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	6,301.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	61,241.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	6,301.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	67,542.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

HEALTHY COMMUNITIES FOUNDATION

36-4324067

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)		
						(f) Code(s)	(g) Amount of adjustment			
	LITTLEJOHN FUND VI, LP							-300.	C	
	RESOURCE LAND FUND IV, LLC							87.	C	
	ALLIED INVENTORS FUND, LLC							3,818.	C	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)									3,605.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

HEALTHY COMMUNITIES FOUNDATION

36-4324067

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ARGONAUT PRIVATE EQUITY IV, LP						2,696.

3 Gain, if any, from Form 4684, line 39	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7

2,696.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions	8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9

2,696.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	

11 Loss, if any, from line 7	11
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17

11 ()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name HEALTHY COMMUNITIES FOUNDATION	Employer identification number 36-4324067
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				61,241.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	61,241.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				3,605.
11 Enter gain from Form 4797, line 7 or 9			11	2,696.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	6,301.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	61,241.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	6,301.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	67,542.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

HEALTHY COMMUNITIES FOUNDATION

36-4324067

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ARGONAUT PRIVATE EQUITY IV, LP						2,696.

3 Gain, if any, from Form 4684, line 39	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7

2,696.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions	8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9

2,696.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	

11 Loss, if any, from line 7	11
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17

11 ()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

HEALTHY COMMUNITIES FOUNDATION	*	DEPARTMENT OF THE TREASURY	
756359	*	INTERNAL REVENUE SERVICE CENTER	P
CLIENT CODE: 1838520.000:V1	*	OGDEN, UT 84201-0027	F
	*		
DEPARTMENT OF THE TREASURY	9	ILLINOIS DEPARTMENT OF REVENUE	I
INTERNAL REVENUE SERVICE CENTER	9	P.O. BOX 19009	L
OGDEN, UT 84201-0027	0	SPRINGFIELD, IL 62794-9009	9
	T		T
	A		
OFFICE OF THE ATTORNEY GENERAL	G	ILLINOIS DEPARTMENT OF REVENUE	
CHARITABLE TRUST BUREAU	9	P.O. BOX 19053	E
100 WEST RANDOLPH ST., 11TH FLOOR	9	SPRINGFIELD, IL 62794-9053	S
CHICAGO, IL 60601-3175	0		
ILLINOIS DEPARTMENT OF REVENUE		ILLINOIS DEPARTMENT OF REVENUE	
P.O. BOX 19053	E	P.O. BOX 19053	E
SPRINGFIELD, IL 62794-9053	S	SPRINGFIELD, IL 62794-9053	S
ILLINOIS DEPARTMENT OF REVENUE			
P.O. BOX 19053	E		
SPRINGFIELD, IL 62794-9053	S		

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
20 COMMERCE DRIVE #301
CRANFORD, NJ 07016

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	25,483
LESS: PAYMENTS AND CREDITS	\$	5,460
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	20,023

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

WHEN THE RETURN IS FILED THE AMOUNT DUE SHOULD BE ELECTRONICALLY TRANSFERRED.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

ILLINOIS DEPARTMENT OF REVENUE
P.O. BOX 19009
SPRINGFIELD, IL 62794-9009

RETURN MUST BE MAILED ON OR BEFORE:

DECEMBER 15, 2023

SPECIAL INSTRUCTIONS:

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE ILLINOIS DEPARTMENT OF REVENUE WEBSITE AT:

[HTTP://TAX.ILLINOIS.GOV/ELECTRONICSERVICES](http://TAX.ILLINOIS.GOV/ELECTRONICSERVICES)

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
20 COMMERCE DRIVE #301
CRANFORD, NJ 07016

AMOUNT OF TAX:

BALANCE DUE OF \$15

MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
100 WEST RANDOLPH ST., 11TH FLOOR
CHICAGO, IL 60601-3175

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

2023 ESTIMATED TAX FILING INSTRUCTIONS

ILLINOIS ESTIMATED TAX

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
20 COMMERCE DRIVE #301
CRANFORD, NJ 07016

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	\$	25,520
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT ALREADY PAID ON 2023 ESTIMATE	\$	0
BALANCE DUE	\$	25,520

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 6,380	APRIL 18, 2023
NO 2	\$ 6,380	JUNE 15, 2023
NO 3	\$ 6,380	SEPTEMBER 15, 2023
NO 4	\$ 6,380	DECEMBER 15, 2023

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL VOUCHER AND CHECK TO:

THESE PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE
ILLINOIS DEPARTMENT OF REVENUE WEBSITE AT:
[HTTP://TAX.ILLINOIS.GOV/ELECTRONICSERVICES](http://tax.illinois.gov/electronic-services)

SPECIAL INSTRUCTIONS:

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-01036420

Report for the Fiscal Period:

Beginning 01/01/2022

& Ending 12/31/2022
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 36-4324067

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

LEGAL NAME HEALTHY COMMUNITIES FOUNDATION	Year-end amounts	
MAIL ADDRESS 19 RIVERSIDE ROAD, NO. 6	A) ASSETS	A) \$ 117,349,306.
CITY, STATE RIVERSIDE, IL	B) LIABILITIES	B) \$ 4,438,316.
ZIP CODE 60546-2606	C) NET ASSETS	C) \$ 112,910,990.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	%	D) \$
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	100.000 %	F) \$ 3,452,778.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 3,452,778.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	41.702 %	H) \$ 3,556,333.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	41.702 %	J) \$ 3,556,333.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	58.298 %	K) \$ 4,971,685.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	100.000 %	L) \$ 8,528,018.
M) MANAGEMENT AND GENERAL EXPENSE	%	M) \$
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 8,528,018.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: MARIA PESQUEIRA, PRESIDENT		T) \$
U) NAME, TITLE: ELVA GONZALEZ, DIRECTOR OF FINANCE		U) \$
V) NAME, TITLE: NORA GARCIA, DIRECTOR OF PROGRAMS		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS	W) #	150
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>U.S. BANK N.A-60 LIVINGSTON AVE., ST. PAUL MN 55107</u> <u>FIRST AMERICAN BANK-P.O. BOX 0794, ELK GROVE VILLAGE, IL 60009-0794</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>ELVA GONZALEZ 708-443-4516</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

MARIA PASQUEIRA

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

CHRISTOPHER PETERMANN

PREPARER (PRINT NAME) SIGNATURE DATE

298032 01-23-23

Printed by the authority of the State of Illinois

Illinois Department of Revenue

2023 IL-990-T-V

IL-990-T-V (R-12/22) ID: 2BX

Payment Voucher for Exempt Organization
Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN 36-4324067 000 8

Tax year ending
12 23
Month Year

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606
Preparer's phone number 908-272-6200

\$ 6,380.00

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue."



990201223 1 364324067 000 8 00000638000

298032 01-23-23

Printed by the authority of the State of Illinois

Illinois Department of Revenue

2023 IL-990-T-V

IL-990-T-V (R-12/22) ID: 2BX

Payment Voucher for Exempt Organization
Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN 36-4324067 000 8

	Tax year ending	
	12	23
	Month	Year

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606
Preparer's phone number 908-272-6200

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Payment Amount (Whole dollars only)

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Illinois Department of Revenue

2023 IL-990-T-V

IL-990-T-V (R-12/22) ID: 2BX

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Income and Replacement Tax

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Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN 36-4324067 000 8

Tax year ending
12 23
Month Year

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606
Preparer's phone number 908-272-6200

\$ 6,380.00

Payment Amount (Whole dollars only)

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990201223 1 364324067 000 8 00000638000

298032 01-23-23

Printed by the authority of the State of Illinois

Illinois Department of Revenue

2023 IL-990-T-V

IL-990-T-V (R-12/22) ID: 2BX

Payment Voucher for Exempt Organization
Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN 36-4324067 000 8

Tax year ending
12 23
Month Year

HEALTHY COMMUNITIES FOUNDATION
19 RIVERSIDE ROAD, NO. 6
RIVERSIDE, IL 60546-2606
Preparer's phone number 908-272-6200

\$ 6,380.00

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue."



990201223 1 364324067 000 8 00000638000



2022 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2022, enter your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small> WARNING This form is for tax years ending on or after December 31, 2022, and before December 31, 2023. For all other situations, see instructions to determine the correct form to use.	Enter the amount you are paying. \$ <u>20,023.</u>
---	---

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.
 Name: HEALTHY COMMUNITIES FOUNDATION

B Enter your mailing address.
 Check this box if either of the following apply:
 • this is your **first return**, or
 • you have an **address change**.
 C/O: _____

Mailing address: 19 RIVERSIDE ROAD, NO. 6
 City: RIVERSIDE State: IL ZIP: 60546-2606

C If this is the first or final return, check the applicable box(es).
 First return
 Final return (Enter the date of termination. _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).
36-4324067

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.

J Check this box if you are a 52/53 week filer.

Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T. See Instructions. Attach a copy of your U.S. Form 990-T.	1	<u>268,237</u> .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	<u> </u> .00
3 Base income or loss. Add Lines 1 and 2.	3	<u>268,237</u> .00

STOP	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input checked="" type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <u>all lines</u> of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. <input type="checkbox"/>

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	4	<u> </u> .00
5 Business income or loss. Subtract Line 4 from Line 3.	5	<u> </u> .00
6 Total sales everywhere. This amount cannot be negative.	6	<u> </u>
7 Total sales inside Illinois. This amount cannot be negative.	7	<u> </u>
8 Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8	<u> </u>
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	<u> </u> .00
10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	10	<u> </u> .00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	<u> </u> .00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	<u>268,237</u> .00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	<u>6,706</u> .00
14 Recapture of investment credits. Attach Schedule 4255.	14	<u> </u> .00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	<u>6,706</u> .00
16 Investment credits. Attach Form IL-477.	16	<u>0</u> .00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter zero.	17	<u>6,706</u> .00

Attach your payment and Form IL-990-T-V here.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



Step 5: Figure your net income tax

Table with 2 columns: Description and Amount. Rows 18-23 showing net income tax calculation.

Step 6: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 24-33 showing refund or balance due calculation.

Form for direct deposit: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

35 Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe. 35 20,023 .00

If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note -> Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature and preparer information table. Includes fields for Signature of authorized officer (CHRISTOPHER PETERMANN, PRESIDENT), Paid preparer's name (PKF O'CONNOR DAVIES ADVISORY, LL), and firm's address (20 COMMERCE DRIVE #301, CRANFO).

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053