2022 Tax Return(s)

Prepared for	HEALTHY COMMUNITIES FOUNDATION CLIENT CODE: 1838520.000:V1
Account Number Release Number	756359 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

200071 04-01-22

ProSystem *fx*[•]

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 a 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)

. 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)

- . 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)

- . 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)

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
FEDERAL FORM 990-PF	QUALIFIED		
FEDERAL FORM 8868 (FORM 990-PF)		ACCEPTED	05/11/2023
FEDERAL FORM 990-T	QUALIFIED		
FEDERAL FORM 8868 (FORM 990-T)	QUALIFIED	ACCEPTED	05/11/2023
ILLINOIS	NOT ALLOWED		

Form	Description	Amount\Text
990-PF Pg 1	jmccarthy - 11/09/23 06:45 PM	283,733.

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

FORM 990-PF Tax Return Carryovers to 2023

Disallowing Form	THY COMMUNITIES FOUNDATION	Originating Form	Entity/ Activity	Number St/ City	<u>: 36-4324067</u> Amount
Form	Description	Form	Activity	City	Amount
90-PF	EXCESS DISTRIBUTIONS	990-PF			6,277,405
					· · ·

Worksheet: Form 990-PF Return of Private Foundation	
Section: Operating and Administrative Expenses	
Total contributions - O/R	
Char purp contributions - O/R	
Section: Other Income Producing Activities	,,
Sale of assets UBI - O/R	
Sale of assets excluded income	
Section: Minimum Investment Return and Qualifying Distributions	
Avg monthly FMV securities	125,746,001
Avg monthly cash bal - O/R	
Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	
Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	
Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	
Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	5,241
Section: Capital Gains and Losses on Investment Property	011 100
Accountant gain (loss) - O/R	
Section: Capital Gains and Losses on Investment Property	F 046
Accountant gain (loss) - O/R Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	172 106
Gastian, Ganital Gaing and Iaggas on Thursday Duanautor	
Accountant gain (loss) - O/R	-71 991
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	
Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	
Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	
Accountant gain (loss) - O/R Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	
Section: Capital Gains and Losses on Investment Property	
Accountant gain (loss) - O/R	
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	100 000
Section: Form 8868 General Information	
Tax liability override	4 202
Tax Traditicy Overtrac	

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

283,733.0 -89,548.0	
194,185.0	0

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	Ρ
						,	995,000 -5,000		
					0.	.00 6,	990,000	.00	

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

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

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

2,896,496.0 -9,515.0	
2,886,981.0	0 3,042,548.00

_____ List _____

2022 Return Summary	
HEALTHY COMMUNITIES FOUNDATION	36-4324067
FORM 990-PF:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS (PART III) NET INVESTMENT INCOME TAX ON INVESTMENT INCOME TOTAL CREDITS AND PAYMENTS UNDERPAYMENT PENALTY OVERPAYMENT PENALTY OVERPAYMENT APPLIED TO ESTIMATE TOTAL DUE <refund></refund></deficit>	3,452,778. 8,528,018. -5,075,240. 135,451,657. -17,465,427. 112,910,990. 2,027,283. 28,179. -180,000. 90. 151,731. 151,731. 0.
BALANCE SHEET ANALYSIS ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES (PART II) ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS NET ASSETS DIFFERENCE BETWEEN PART II AND PART III	117,349,306. 4,438,316. 112,910,990. 0. 0.
FORM 990-T: TAXABLE INCOME TAX CREDITS TOTAL TAX AFTER NONREFUNDABLE CREDITS	218,493. 45,884. 0. 45,884.
OTHER CREDITS AND PAYMENTS TOTAL DUE <refund></refund>	-4,303. 41,581.

2022 Return Summary

HEALTHY COMMUNITIES FOUNDATION	36-4324067
ILLINOIS FORM AG990-IL:	
TOTAL REVENUE TOTAL EXPENSES ANNUAL REPORT FILING FEES	3,452,778. 8,528,018. 15.
ILLINOIS FORM IL-990-T:	
TAXABLE INCOME TOTAL TAX PAYMENTS BALANCE DUE	268,237. 25,483. 5,460. 20,023.

2022 Ret	urn 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:

Form 8	879-TE		IRS e-fil for	e Signature a Tax Exer	• •	tion	⊢	OMB No. 1545-0047
		For calendar yea			, 2022, and ending		²⁰	2022
	nt of the Treasury evenue Service				eep for your records. for the latest inform			
Name of			GO to www.irs	5.90V/F011100791E	for the latest morn		EIN or SSN	
			NITIES FOU	ΝΠΑΨΤΟΝ			36-432	4067
Name an	d title of officer or pe			ESQUEIRA			JU 4JZ	1007
Name an			PRESIDE					
Part	Type of	Return and	Return Informa					
Form 53 or 10a b whichev than one	330 filers may enter below, and the amo	r dollars and ce ount on that line ank (do not ent	ents. For all other fo e for the return beir ter -0-). But, if you e	rms, enter whole do ng filed with this forr ntered -0- on the ret	n was blank, then leav ourn, then enter -0- on	k the box on lin ve line 1b, 2b, the applicable l	ne 1a, 2a, 3a 3b, 4b, 5b, 6k line below. D	, 4a, 5a, 6a, 7a, 8a, 9a,
	Form 990-EZ che							b
	Form 1120-POL of				ne 22)			
					i come (Form 990-PF,			b 28,179.
	Form 990-PF che Form 8868 check				e 3c)			<u> </u>
	Form 990-T check	-			I, line 4)			b
	Form 4720 check	_			l, line 1)			b b
	Form 5227 check				year (Form 5227, Iter			
	Form 5330 check			Form 5330, Part II,		,	91	
	Form 8038-CP ch				equested (Form 803	8-CP, Part III, lir		0b
Part I	II Declarat	ion and Sig	nature Authori	zation of Office	er or Person Sub	ject to Tax		
Under p	enalties of perjury,	I declare that	X I am an office	r of the above entity	/ or 🔲 I am a perso	on subject to ta	x with respec	t to (name
of any re entry to financia later tha paymen persona	efund. If applicable the financial institu l institution to debi an 2 business days it of taxes to receiv l identification nun	 I authorize the ution account in t the entry to the prior to the pare e confidential in 	e U.S. Treasury and ndicated in the tax nis account. To revo yment (settlement) nformation necessa	I its designated Fina preparation softwar oke a payment, I mu date. I also authoriz ary to answer inquiri	ancial Agent to initiate e for payment of the fi ist contact the U.S. Tr e the financial institut es and resolve issues d, if applicable, the cc	e an electronic fu ederal taxes ow reasury Financia ions involved in related to the p	unds withdrav ved on this ret al Agent at 1-8 o the procession payment. I have	turn, and the 888-353-4537 no ng of the electronic ve selected a
	eck one box only		NOR DAVIES	ADVISORY,	T.T.C	to	ontor my DIN	12345
	.] I authorize <u>F K</u>	F O COM	NOK DAVIES	ERO firm name		to e	enter my PIN	Enter five numbers, but do not enter all zeros
	with a state age on the return's c As an officer or p return. If I have i	ncy(ies) regulat lisclosure cons person subject ndicated withir	ing charities as par ent screen. to tax with respect n this return that a c	t of the IRS Fed/Sta to the entity, I will e copy of the return is	ve indicated within this te program, I also aut enter my PIN as my sig being filed with a stat	horize the afore gnature on the t	ementioned El tax year 2022	turn is being filed RO to enter my PIN electronically filed
	IRS Fed/State p	•	5	return's disclosure		т т т т		
Signature of Part	of officer or person subject		** THIS IS uthentication	NOT A FII	EABLE COPY	****	Date	
	EFIN/PIN. Enter yo (EFIN) followed by	-	ctronic filing identifi self-selected PIN.	cation		2812345 enter all zeros		
submitti		•		-	22 electronically filed mized e-File (MeF) Inf			
ERO's sig	gnature PKF	O'CONNO	OR DAVIES	ADVISORY,	LLC Da	ate <u>11/1</u>	13/23	
			ERO Must F	Retain This For	m - See Instructi	ions		
		Do No	<u>t Submit Thi</u> s I	Form to the IRS	Unless Reques	<u>ted To Do S</u>	0	
LHA F	or Privacy Act and			ce, see instruction				Form 8879-TE (2022)
202521 12	2-16-22							

	(and a state)	Tax e foi on Inv	DUNDATION on Unrelate r Tax-Exemp estment Income for P ords. Do not send to t	rivate Foundations)	ONS FORM 990-F		2023
1	Unrelated business taxable income expected in the tax ye	ear				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	
b		is line		10a 10b	28,179. 28,179.		
с 	2023 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c	e 100. I		· · · ·		10c	28,179.
			(a)	(b)	(C)		(d)
11	Installment due dates	11	05/15/23	06/15/23	09/15/23	3	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	7,045.	7,045.	7,04	5.	7,044.
13	2022 Overpayment	13					
14	Payment due (Subtract line 13 from line 12)	14					Form 990-W

Form **990-W**

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

223801 02-09-23

(Rev. January 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	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	r identification numb	er (TIN)
print	HEALTHY COMMUNITIES FOUNDAT	NOT			36-432406	7
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 19 RIVERSIDE ROAD, NO. 6	ee instruct			50 452400	,
instruction	s. City, town or post office, state, and ZIP code. For a for RIVERSIDE, IL 60546-2606	oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)	<u></u>		04
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	06 Form 8870			12
Form 99	00-T (corporation) ELVA GONZALEZ	07				
• If the • If this box • 1 Ir th • 2 If [request an automatic 6-month extension of time until le organization named above. The extension is for the org X calendar year 2022 or tax year beginning the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta NOVE1 anization's , an heck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole group, c ers the extension is npt organization retu	for.
	this application is for Forms 990-PF, 990-Τ, 4720, or 6069 γ nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	s 180	,000.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and			
	stimated tax payments made. Include any prior year overp			3b	\$ 150	,000.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$ 30	,000.
Cautior instructi	If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TE for	payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ICTIONS.		Form 8868 (Re	ev. 1-2022)

Form **990-PF**

Department of the Treasury Internal Revenue Service

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	alen	dar year 2022 or tax year beginning		, and ei	nding		
Nar	ne of	foundation				A Employer identification	number
Н	EA	LTHY COMMUNITIES FOUNDAT	FION			36-4324067	
Nun	nber a	nd street (or P.O. box number if mail is not delivered to street a	ddress)		Room/suite	B Telephone number	
1	91	RIVERSIDE ROAD, NO. 6				708-443-56	74
-		own, state or province, country, and ZIP or foreign p ERSIDE, IL 60546–2606	ostal code			C If exemption application is pe	ending, check here
					h a chta		
Giù	neck	all that apply: Initial return	Initial return of a fo	ormer public c	harity	D 1. Foreign organizations	s, check here
		Final return	Amended return			2. Foreign organizations me check here and attach co	eting the 85% test,
	la a a la	Address change	Name change				
H U	-	type of organization: \mathbf{X} Section 501(c)(3) ex		tion		E If private foundation sta	
			Other taxable private founda	X Accr	ual	under section 507(b)(1)	
			ng method: Cash her (specify)		uai	F If the foundation is in a	
(11	\$	Part II, col. (c), line 16)		5)		under section 507(b)(1)	
Pa	rt I				vootmont	(a) Adjusted pat	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net in incc		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received				N/A	
	2	Check I 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.	3,03	3,865.		STATEMENT 2
	5a	Gross rents					
	b	Net rental income or (loss)					
a	6a	Net gain or (loss) from sale of assets not on line 10	283,733.				
ň	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)		16	<u>6,560.</u>		
£	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
		and allowances					
		Less: Cost of goods sold					
		Gross profit or (loss)			0 510		
		Other income	272,549.		<u>2,517.</u>		STATEMENT 3
	12	Total. Add lines 1 through 11	3,452,778.		7,423.		224 467
	13	Compensation of officers, directors, trustees, etc.	275,844. 1,062,974.		<u>1,377.</u> 9,138.		<u>234,467.</u> 1,022,114.
	14	Other employee salaries and wages	358,401.		8,877.		308,054.
Se	15	Pension plans, employee benefits	4,288.		<u>0,0//.</u> 0.		3,738.
Ise	168	Legal fees STMT 4	42,450.		0.		39,950.
Expense	D	Accounting feesSTMT5Other professional feesSTMT6	934,832.	1/	9,604.		83,504.
			74,189.		8,848.		0.
tič	18	Interest Taxes STMT 7	257,637.		7,732.		0.
Administrative	19	Depreciation and depletion	109,135.		0.		.
init	20	Occupancy	77,465.		0.		75,509.
√dn	21	Travel, conferences, and meetings	168,321.		0.		164,534.
d bri		Printing and publications					
gar	23	Other expenses STMT 8	190,797.	68	4,564.		188,799.
tin		Total operating and administrative					
pera	-	expenses. Add lines 13 through 23	3,556,333.	1,10	0,140.		2,120,669.
ö	25	Contributions, gifts, grants paid	4,971,685.				7,776,310.
		Total expenses and disbursements.	-				
_		Add lines 24 and 25	8,528,018.	1,10	0,140.		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-)		2,02	7,283.		
	C	Adjusted net income (if negative, enter -0-)				N/A	

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2022)

14371113 756359 1838520.000

2

	00-PF (2022) HEALTHY COMMUNITIES FOUR	NDA'I'LON Beginning of year		4324067 Page
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.		(a) Book Value	(b) Book Value	of year (c) Fair Market Value
<u> </u>				(C) Fair Market Value
	Cash - non-interest-bearing	7,144.	539,310	539,316 1,459,937
	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			
	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			
0 9 10 2	Prepaid expenses and deferred charges	21,604.	16,335.	16,335
100	Investments - U.S. and state government obligations	21,001.	10,555.	10,555
IVa				
	Investments - corporate stock			
	Investments - corporate bonds			
11	Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
12	Investments - mortgage loans	100 555 010		
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.			
	Less: accumulated depreciation STMT 10 280,652.	486,158.	377,023. 82,485.	377,023
15	Other assets (describe STATEMENT 11)	193,242.	82,485.	82,485
	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
17	Accounts payable and accrued expenses	150,900.	<u>117,349,306.</u> <u>116,437.</u>	
18	Grants payable	6,990,000.	4,185,375.	
10	Deferred revenue			
20 21	Loans from officers, directors, trustees, and other disqualified persons			
21				
21	Mortgages and other notes payable Other liabilities (describe PENSION PAYABLE)	122,895.	136,504.	
22		122,055.	130,304.	
	Table Park Press (add Parks 47 threads 00)	7 262 705	1 120 216	
23	Total liabilities (add lines 17 through 22)	7,263,795.	4,438,316.	
	Foundations that follow FASB ASC 958, check here			
	and complete lines 24, 25, 29, and 30.		110 010 000	
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			
	and complete lines 26 through 30.			
26	and complete lines 26 through 30. Capital stock, trust principal, or current funds			
26 27	Capital stock, trust principal, or current funds			
26 27 28	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund			
26 27 28 29	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds	135,451,657.	112,910,990.	
27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	135,451,657.	112,910,990.	
	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances			
30	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	142,715,452.		
	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	142,715,452.		
30 Part	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund Ba	142,715,452. alances		
30 Part Total	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund Ba I net assets or fund balances at beginning of year - Part II, column (a), line	142,715,452. alances	117,349,306.	
30 Part Total (mus	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund Ba I net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return)	142,715,452. alances	117,349,306.	135,451,657
30 Part Total (mus Enter	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund Ba I net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a	142,715,452. alances	117,349,306.	135,451,657 -5,075,240
30 Part Total (mus Enter Othe	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Malysis of Changes in Net Assets or Fund Ba I net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a r increases not included in line 2 (itemize)	142,715,452. alances	117,349,306. 1 3	135,451,657 -5,075,240 0
30 Part Total (mus Enter Othe Add	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund Ba I net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a r increases not included in line 2 (itemize) lines 1, 2, and 3	142,715,452. alances 29	117,349,306. 117,349,306.	135,451,657 -5,075,240 0 130,376,417
30 Part Total (mus Enter Othe Add Decr	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Malysis of Changes in Net Assets or Fund Ba I net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a r increases not included in line 2 (itemize)	142,715,452. alances 29 ON INVESTMENTS	117,349,306. 1 2 3 4 5 5	135,451,657 -5,075,240 0 130,376,417 17,465,427 112,910,990

3 2022.05000 HEALTHY COMMUNITIES FOUND 18385201

	LTHY COMMUNITIES and Losses for Tax on In			0.0			36-432	*
•			come		How acqu			
	the kind(s) of property sold (for exar arehouse; or common stock, 200 shs			I P	P - Purcha D - Donatio	se l 🕻	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b								
C								
d								
е		1			r			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost o plus expe	r other bas ense of sale			((h) Gain or (loss (e) plus (f) minus	
<u>a</u>								
b								
C								
<u>d</u>		24		0.0.4				1.55 5.50
<u>e 35,535,441.</u>			773,9	904.				166,560.
Complete only for assets showin	ng gain in column (h) and owned by t I				4	(I) G	Gains (Col. (h) gair k), but not less tha	n minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any				Losses (from col.	(h))
_a								
b								
C								
d								
е								166,560.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter -0			}	2			166,560.
3 Net short-term capital gain or (los				·····)				
If gain, also enter in Part I, line 8, Part I, line 8	column (c). See instructions. If (loss	s), enter -0- in		}	3		N/A	L
Part V Excise Tax Bas	sed on Investment Incom	e (Section 4	940(a),	4940(b), or 4	948 - s	ee instructio	ons)
1a Exempt operating foundations	described in section 4940(d)(2), che	ck here	and ente	er "N/A" o	n line 1.	J		
Date of ruling or determination			r if necess	ary - see	e instructi	ons)	1	28,179.
b All other domestic foundations	enter 1.39% (0.0139) of line 27b. Ex					· ·		
enter 4% (0.04) of Part I, line 1	2, col. (b)					J		
	tic section 4947(a)(1) trusts and taxa						2	0.
3 Add lines 1 and 2							3	28,179.
4 Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and tax	able foundations (only; others	s, enter -	0-)		4	0.
5 Tax based on investment inco	me. Subtract line 4 from line 3. If ze	ro or less, enter -)				5	28,179.
6 Credits/Payments:								
	nd 2021 overpayment credited to 20		6a		150	<u>,000.</u>		
	tax withheld at source		6b			0.		
	tension of time to file (Form 8868) $_{}$		6c		30	<u>,000.</u>	4	
	y withheld	-	6d			0.		
	d lines 6a through 6d						7	180,000.
	rment of estimated tax. Check here		0 is attach	ed			8	90.
	and 8 is more than 7, enter amount of						9	4 - 4 - 5 4
	than the total of lines 5 and 8, enter	the amount over					10	151,731.
11 Enter the amount of line 10 to b	pe: Credited to 2023 estimated tax		15	1,73	1. F	Refunded	11	0.
								Form 990-PF (2022)

223521 12-06-22

Form 990-PF (2022) HEALTHY COMMUNITIES FOUNDATION

Pa	art VI-A Statements Regarding Activities			
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	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.			
C	: Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$ 0 .			
e	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		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	3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T.			
6				
	• 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		х	
7	remain in the governing instrument? 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	6	X	
7		-	Δ	
89	• Enter the states to which the foundation reports or with which it is registered. See instructions.			
Ua	IL			
h	b 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	8b	х	
9		00		
·	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		x
10		10		x
11				
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		x
12				
	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address HCFDN.ORG			•
14	The books are in care of ELVA GONZALEZ Telephone no. 708–4	43-4	516	
	Located at 19 RIVERSIDE ROAD, SUITE 6, RIVERSIDE, IL ZIP+4 6	0546	-26	06
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year 15		/A	
16			Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
	F	orm 990)-PF	(2022)

223531 12-06-22

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. Image: Note Statement 1 16 During the year, did the foundation (either directly or indirectly): Image: Note Statement 3 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Image: Note Statement 3 (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Image: Note Statement 3 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Image: Note Statement 3 (4) Pay compensation to, or pay or reinburse the expenses of a disqualified person? Image: Note Statement 3 (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)? Image: Note Statement 3 Image: Note Statement 3 (6) Aprete to pay money or property to a government official? (Exception. Check: Not if the foundation agreed to make a grant to or to employ the official for a period after termination of government agreed on the acts fail to qualify under the exceptions described in Regulations section 53.4941(0):3 or in a current notice regarding disaster assistance? Bee instructions Image: Note Statement 3 Image: Note Statement 3 10 X X X X Image: Note Statement 3 Image: Note Statement 3 Image: Note St	Form 990-PF (2022) HEALTHY COMMUNITIES FOUNDATION	36-4324	4067		Page 5
1a During the year, did the foundation (either directly or indirectly): (1) End of the foundation (either directly or indirectly): (1) End of the foundation (either directly or indirectly): (1) (1) X (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (1) (1) X (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (1) (1) X (4) Pay compensation to, or pay or reinburst the expenses of A disqualified person? (1) (1) X (5) Transfer any income or assets to a disqualified person? (1) (1) X (6) Agree to pay money or properly to a government difficial? (Exception. Check 'No' (1) (1) X (1) If any answer 'N'es' to 16 (1) (-0), did any of the dars tall to qualify under the exceptions described in Regulations section 53.4941(0)-3 or in a current notice regarding disaster assistance, check here (1) (1) X 1 Did the foundation engage in a prior year in any of the acts tall to qualify under the excepted acts, that were not corrected before the first day of the tax year beginning in 2022? (1) X 2 Taxes on failure to distribute income (section 4942(a)(2) to a apply for years the foundatio	Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? 1a(1) X (2) Borrow money from, lend morey 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 1a(4) X (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(4) X 1a(3) X (5) Transfer any income or assets to a disqualified person? 1a(4) X 1a(4) X (6) Agree to pay money or property to a government dificial? (Exception. Check 'No' 1a(5) X X (a) Agree to pay money or property to a government dificial? (Exception. Check 'No' 1a(6) X X (a) Agree to pay money or property to a government dificial? (Exception. Check 'No' 1a(6) X X (a) I the foundation agree to make agr on to or employ the official for a period after 1a(6) X X (a) Other to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(I)(3) or 4942(I)(5)); 1a(4) X 2 Taxes on failure to distribute income? (an applied to any of the years itsted, answer 'No' and attach statement - see instructions.) N/A 2a<	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
 (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (4) Fay compensation to, or pay or property to a disqualified person? (5) Transfer any income or assets to a disqualified person? (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.) (6) If any answer is "Nes" to fa(1)-(6), di dan y 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 (7) Organizations relying on a current notice regarding disaster assistance? See instructions (8) Order to duration engage in any or the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? (1) Txes, "list the years" (1) Tyes, "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 aprived by the Commissioner under section 4942(0)(2) 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 hade excess business holdings in 2022.) (4)	1a During the year, did the foundation (either directly or indirectly):				
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(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(4) 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 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 1a(6) X c Organizations relying on a current notice regarding disaster assistance, check here 1b X 10 die the oundation 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)((3) or 4942)((5)): a At the end of tax year 2022, did the foundation have any undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b 2a X 11 "Yes", 'tid 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 6-year period (or longer period	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(a) 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(b) 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(b) 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 1a(b) X c Organizations relying on a current notice regarding disaster assistance? See instructions 1b 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()(3) or 4942()(5)): 1d X a At the end of tax year(s) beginning before 2022? if 'Taxy ser(s) beginning before 2022? 2a X if 'Yes,' list the years' id the foundation have any of the 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 atach statement - see instructions.) 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.<	a disqualified person?		1a(2)		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)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make agrant to or to employ the official for a period after termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), idi any of the acts tail to qualify under the exceptions described in Regulations section 53.4941(0)-3 or in a current notice regarding disaster assistance? See instructions c Organizations relying on a current notice regarding disaster assistance, check here 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? 2 Taxes on failure to distribute income (section 4942)(0/5): a At the end of tax year 2022, did 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. b Are there any years is not apple of the 3-year period (or longer period approved by the Commissioner under section 4942(a)(2)) to dispose of holdings acquired by gift to request, or (3) the lapse of the 10-, 5-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had 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 to request, or (3) the lapse of the 10-, 5-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the toundation had excess business hol	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		
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 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 1a(6) X c Organizations relying on a current notice regarding disaster assistance? See instructions 1b X c Organizations relying on a current notice regarding disaster assistance, check here 1b 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(i)(3) or 4942(i)(5)): 1a(6) X a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year 2022, did the foundation is not applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years listed in a 2% direct or indirect interest in any business enterprise at any time 3a X b If "Yes," did I 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 o	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)	Х	
(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.) 1	(5) Transfer any income or assets to a disqualified person (or make any of either available				
if the foundation agreed to make a grant to or to employ the official for a period after Ia (6) X termination of government service, if terminating within 90 days.) Ia (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 Ib X c Organizations relying on a current notice regarding disaster assistance, check here Ib Ib X 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? Id 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(i)(3) or 4942(i)(6)): Id X a At the end of tax year (20) beginning before 2022?	for the benefit or use of a disqualified person)?		1a(5)		X
termination of government service, if terminating within 90 days.) 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 c Organizations relying on a current notice regarding disaster assistance, check here 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? 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(i)(3) or 4942(i)(5)): a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6 d and 6e) for tax year(s) beginning before 2022? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? 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 ha any mount in a manner that would jeopardize its charitable purposes? b Did the foundation inwes during the year any amount in a manner that would jeopardize its charitable purposes that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
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c Organizations relying on a current notice regarding disaster assistance, check here Image: State assistance, check here 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? Id 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(i)(3) or 4942(i)(5)): Id X a At the end of tax year (s) beginning before 2022? If "yes," list the years ,	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
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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	c Organizations relying on a current notice regarding disaster assistance, check here				
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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 2a X if "Yes," list the years ,,,,,,	before the first day of the tax year beginning in 2022?		1d		X
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 2a X if "Yes," list the years	2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating fou	Indation			
6d and 6e) for tax year(s) beginning before 2022? 2a X If "Yes," list the years ,,,,,,,,,,,	defined in section 4942(j)(3) or 4942(j)(5)):				
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.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	6d and 6e) for tax year(s) beginning before 2022?		2a		X
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.) 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. 2b					
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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.) N/A 3b 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		N/A	2b		
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.) N/A 3b 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	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
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.) N/A 3b 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					
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.) N/A 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 4a had not been removed from jeopardy before the first day of the tax year beginning in 2022? 4b					
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.) N/A 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 4a had not been removed from jeopardy before the first day of the tax year beginning in 2022? 4b	during the year?		3a		X
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.) N/A 3b 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	b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified pe				
Schedule C, to determine if the foundation had excess business holdings in 2022.) N/A 3b 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					
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had not been removed from jeopardy before the first day of the tax year beginning in 2022? 4b X			4a		X
	had not been removed from jeopardy before the first day of the tax year beginning in 2022?				

Form 990-PF (2022) HEALTHY COMMUNITIES FOUNDATION	36-4324	1067	F	⁵ age 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (contin	nued)			
5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization described in section				
4945(d)(4)(A)? See instructions		5a(4)		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?		5a(5)		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	5b		
c Organizations relying on a current notice regarding disaster assistance, check here				
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?	N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on				
a personal benefit contract?		6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
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?	<u></u>	8		Х

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

1 List all officers, directors, trustees, and foundation managers and tr	neir 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.
				1

.1.11.

- 41

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	CHIEF FINANCI	AL OFFICE	R	
#6, RIVERSIDE, IL 60546-2606	40.00	194,250.	27,750.	Ο.
NORA GARCIA - 19 RIVERSIDE ROAD #6,	DIRECTOR OF P	ROGRAMS		
RIVERSIDE, IL 60546-2606	40.00	157,500.	22,500.	Ο.
CHRISTINE M RAMIREZ - 19 RIVERSIDE	SR. PROGRAM M	GR OF HEAD	LING	
ROAD #6, RIVERSIDE, IL 60546-2606	40.00	126,000.	18,000.	Ο.
JACQUELINE A RODRIGUEZ - 19	COMMUNICATION	S DIRECTO	R	
RIVERSIDE ROAD #6, RIVERSIDE, IL	40.00	114,450.	16,350.	Ο.
JULIAN LAZALDE - 19 RIVERSIDE ROAD	PROGRAM MGR O	F POLICY 8	advoca¢	Y
#6, RIVERSIDE, IL 60546-2606	40.00	99,698.	7,121.	Ο.
Total number of other employees paid over \$50,000				0

Form 990-PF (2022)

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1.1.4.4.11.40

Form 990-PF (2022) HEALTHY COMMUNITIES FOUNDATION	36-432	4067 Page 7
Part VII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FIDUCIENT ADVISORS - 500 W. MADISON STREET,	INVESTMENT ADVISORY	
SUITE 1700, CHICAGO, IL 60661	FEES	118,192.
Total number of others receiving over \$50,000 for professional services	·	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	istical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments		A
Describe the two largest program-related investments made by the foundation during the tax year of		Amount
1N/A		
<u></u>		
2		
All athen and maked investments. Can instructions		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
		orm 990-PF (2022)

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14371113 756359 1838520.000

|--|

Ρ	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undation	ns, 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.
	Average of monthly cash balances	1b	2,791,851.
C	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	128,537,852.
	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.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations if foreign organizations, check here and do not complete this part.)	and certai	in
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			
C		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.
Ρ	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	<u>9,896,979.</u> 0.
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	
	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)

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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:			0	
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:		0.		
h Even 0010				
b From 2018				
c From 2019				
d From 2020 e From 2021 2,636,852.				
	2,636,852.			
f Total of lines 3a through e	2,030,032.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 9,896,979.			0.	
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			
d Applied to 2022 distributable amount	2 640 552			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:				
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. \dots			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.				

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Form 990-PF (2022)

Form 990-PF (2022) HEALTHY	COMMUNITIES	5 FOUNDATIO	N	36	5-4324067 Page 1
Part XIII Private Operating Fou				N/A	
1 a If the foundation has received a ruling or c	letermination letter that	it is a private operating			
foundation, and the ruling is effective for 2	022, enter the date of t	he ruling			
b Check box to indicate whether the found <u>at</u>	ion is a private operatin	g foundation described i	n section	4942(j)(3) or [4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part IX, line 6, for each year					
listed c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV Supplementary Inform			f the foundatio	on had \$5,000 o	r more in assets
at any time during the	e year-see instru	ictions.)			
1 Information Regarding Foundation	-				
A List any managers of the foundation who here	anua aantributad mara t	han 00/ of the total cont	ibutions reasived by	the foundation before i	the close of any tax

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:

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Form 990-PF (2022)

17 N DEARBORN ST, 15TH FLOOR			SUPPORT	
CHICAGO, IL 60602				26,000.
AGING CARE CONNECTIONS	N/A	PC	GENERAL OPERATING	
111 W. HARRIS AVENUE			SUPPORT	
LA GRANGE, IL 60525				25,000.
ALIVIO MEDICAL CENTER	N/A	PC	GENERAL OPERATING	
966 W 21ST ST			SUPPORT	
CHICAGO, IL 60608				240,000.
TotalS	EE CONTINUATION	N SHEET(S)	За	7,776,310.
b Approved for future payment				
AGING CARE CONNECTIONS	N/A	PC	GENERAL OPERATING	
111 W. HARRIS AVENUE			SUPPORT - COMMUNITY	
LA GRANGE, IL 60525			HEALTH CARE WORKERS	28,923.
ALIVIO MEDICAL CENTER	N/A	PC	GENERAL OPERATING	
966 W 21ST ST			SUPPORT	
CHICAGO, IL 60608				200,000.
ALIVIO MEDICAL CENTER	N/A	PC	GENERAL OPERATING	
966 W 21ST ST			SUPPORT-COMMUNITY	
CHICAGO, IL 60608			HEALTH WORKERS	56,642.
	EE CONTINUATION	N SHEET(S)		4,185,375.
				m 990-PF (2022
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		12		

HEALTHY COMMUNITIES FOUNDATION Form 990-PF (2022)

Grants and Contributions Paid During the Year or Approved for Future Payment

N/A

N/A

N/A

If recipient is an individual,

show any relationship to

any foundation manager

or substantial contributor

Foundation

status of

recipient

PC

PC

₽C

Supplementary Information (continued)

Recipient

Name and address (home or business)

Part XIV

a Paid during the year

A BLESSING HAND

3238 W. 64TH STREET

ACCESS COMMUNITY HEALTH NETWORK

CHICAGO, IL 60629

600 W. FULTON

CHICAGO, IL 60661

ADLER UNIVERSITY

3

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Amount

1,500.

50,000.

Purpose of grant or

contribution

GENERAL OPERATING

GENERAL OPERATING

GENERAL OPERATING

SUPPORT

SUPPORT

Part XV-A

Analysis of Income-Producing Activities

Fater and a second contract the movies indicated	Linrelated b	usiness income	Exclude	ed by section 512, 513, or 514	(-)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Aniount	
a	_				
b	_				
C	_				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1	0 515	
investments	0 0 4 4 0 4	1,367.	14	<u>9,515</u> 2,885,614.	
4 Dividends and interest from securities	901101	1,30/.	14	2,000,014.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			$\left \right $		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			01		
8 Gain or (loss) from sales of assets other	001101				
than inventory		89,548.	18	194,185.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a UBIT PARTNERSHIP GAIN		105 045	0.1		
b THROUGH K-1	901101	185,247.	01	87,302.	
C	_				
d	_				
e	_	0.7.6 1.6.0			0
12 Subtotal. Add columns (b), (d), and (e)		276,162.		3,176,616.	0.
13 Total. Add line 12, columns (b), (d), and (e)					3,452,778.
(See worksheet in line 13 instructions to verify calculations.	.)				
Part XV-B Relationship of Activities	s to the Accom	olishment of Exe	empt F	Purposes	
Line No. Explain below how each activity for which in			contribut	ed importantly to the accompl	lishment of
the foundation's exempt purposes (other th	an by providing funds	for such purposes).			

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Form	990-F	PF (2022) HEALT	HY COMMUNITIES FOUNDATION	36-4324	067	Pa	ige 13		
Pa	Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations								
1	Did th	ne organization directly or indi	rectly engage in any of the following with any other organization	described in section 501(c)		Yes	No		
	(othe	r than section 501(c)(3) organ	izations) or in section 527, relating to political organizations?						
а	Trans	fers from the reporting found	ation to a noncharitable exempt organization of:						
	(1) (Cash			1a(1)		X		
					1a(2)		X		
		transactions:							
	(1) 8	Sales of assets to a noncharita	ble exempt organization		1b(1)		X		
			ncharitable exempt organization		1b(2)		X		
	(3) F	Rental of facilities, equipment,	or other assets		1b(3)		X		
					1b(4)		X		
					1b(5)		X		
			mbership or fundraising solicitations		1b(6)		X		
C	Shari	ng of facilities, equipment, ma	iling lists, other assets, or paid employees		1c		X		
d	If the	answer to any of the above is	"Yes," complete the following schedule. Column (b) should alwa	ys show the fair market value of the goods, otl	ner ass	ets,			
	or ser	rvices given by the reporting fo	oundation. If the foundation received less than fair market value i	n any transaction or sharing arrangement, sho	w in				
	column (d) the value of the goods, other assets, or services received.								
(a) ∟i	ne no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ring arra	angemer	nts		
			N/A						

	N/A	

2a Is	the foundation directly or indirect	ly affiliated with, or related to, o	one or more tax-exempt organizat	tions described		
in	section 501(c) (other than sectior	n 501(c)(3)) or in section 527?			. 🗌 Yes	X No

b If "Yes," complete the following schedule.

DITY	res, co	Simplete the following schedule.						
(a) Name of organization				(b) Ty	/pe of organization		(c) Description of re	lationship
N/A								
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Date						May the IRS discuss this return with the preparer shown below? See instr.	
Paid		Print/Type preparer's name CHRISTOPHER PETERMANN	Preparer's si	gnature)	Date	Check if self- employed	PTIN P00097440
Prepa Use C		Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC					Firm's EIN 87	-3231666
		Firm's address 20 COMMERCE DRIVE #301 CRANFORD, NJ 07016					Phone no. 90	8-272-6200

Form **990-PF** (2022)

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HEALTHY COMMUNITIES FOUNDATION

Part IV	Capital Gains and Lo	sses for Tax on Investment Income								
		d describe the kind(s) of property sold rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)				
1a PUB	1a PUBLICLY TRADED SECURITIES									
b ALLIED INVENTORS FUND, LLC										
c ARG	c ARGA EMERGING MARKETS EQUITY FUND									
d CAPITAL TODAY CHINA GROWTH FUND, LP										
e KINC	GSWOOD CAPI	TAL OPPORTUNITIES	S FUND I-A, LP							
	f LITTLEJOHN FUND VI, LP									
		AL PARTNERS II, I								
	h METROPOLITAN REAL ESTATE PARTNERS IV-A, LP									
	i PANGAEA TWO, LP									
		ND ONSHORE FEEDER								
		CAPITAL II PARALI	JEL, LP							
		VALUE IV, LLC								
		TEGIC CAPITAL FUN ITAL PARTNERS FUN	•	<u>п</u>						
		ST CTF SMALL CAP		P						
0 METI	LINGION IRU				()					
	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			Gain or (loss) lus (f) minus (g)				
<u>a</u>	35,535,441.		34,773,904.				761,537.			
b							16,083.			
C							24,561.			
d							356,000.			
е							5,241.			
f							211,430.			
<u>g</u>							5,946.			
<u>h</u>							472,406.			
<u> </u>							171,495.			
<u> </u>							160.			
<u>K</u>							67,949.			
<u> </u>							31,762.			
<u>m</u> n							8,738.			
0							108,068.			
	te only for assets showir	ng gain in column (h) and owned by t	he foundation on 12/31/69		(1) 05	ses (from col. (h))				
	1.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),			
а						I	761,537.			
b							16,083.			
С							24,561.			
d							356,000.			
е							5,241.			
f							211,430.			
g							5,946.			
h							472,406.			
i							-74,994.			
j							171,495.			
k							160.			
<u> </u>							67,949.			
m							31,762.			
n							8,738.			
0					I		108,068.			
2 Capital g	ain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-C	in Part I, line 7 -" in Part I, line 7	2						
3 Net shor		ss) as defined in sections 1222(5) an	```							
	enter "-0-" in Part I, line		J	3						

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HEALTHY	COMMUNITIES	FOUNDATION

Part	V Capital Gains and Lo	sses for Tax on Investment Income				
	(a) List and 2-story b	d describe the kind(s) of property sold rick warehouse; or common stock, 20	l, e.g., real estate, 0 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VI	STRIA FUND I	V (FT), LP				
b						
С						
d				_		
е						
f						
<u>g</u>						
<u>h</u>						
_i						
k						
<u> </u>						
m						
n						
0						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
а						-20.
b						
С						
d						
e						
f						
<u>g</u>						
<u>h</u>						
<u> </u>						
k						
<u> </u>						
m						
n						
0						
Corr	plete only for assets showing	ng gain in column (h) and owned by tl	ne foundation on 12/31/69	(I) Los	ses (from col. (h))	
(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	Gains (excess o but n	of col. (h) gain over ot less than "-0-")	
а						-20.
b						
С						
d						
<u>e</u>						
<u>f</u>						
<u>g</u>						
<u>h</u> i						
<u> </u>						
k						
<u> </u>						
m						
n						
0						
	al gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7 } 2			166,560.
		ss) as defined in sections 1222(5) and				
lf gai	n, also enter in Part I, line 8, is), enter "-0-" in Part I, line	, column (c).			N/A	

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 HEALTHY
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 Part XIV
 Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,	Foundation	Durness of grapt or	
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	₽C	GENERAL OPERATING SUPPORT	35,000
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON STREET, SUITE 228	N/A	₽C	GENERAL OPERATING SUPPORT	
HILLSIDE, IL 60162				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	N/A	PC	GENERAL OPERATING SUPPORT	
5049 W HARRISON ST CHICAGO, IL 60644				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	₽C	GENERAL OPERATING SUPPORT	35,000
Total from continuation sheets	I	1	1	7,433,810

HEALTHY COMMUNITIES FOUNDATION

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Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,	Foundation	Durnono of grant or	
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	N/A	₽C	GENERAL OPERATING SUPPORT	
3432 W. DIVERSEY AVE.				50.00
CHICAGO, IL 60647				50,000
BRIGHTON PARK NEIGHBORHOOD COUNCIL	N/A	PC	GENERAL OPERATING SUPPORT	
4477 S. ARCHER AVE.				
CHICAGO, IL 60632				200,000
BUILD, INC.	N/A	PC	GENERAL OPERATING SUPPORT	
5100 W. HARRISON STREET				200.000
CHICAGO, IL 60644				200,000
CASA CENTRAL SOCIAL SERVICES CORPORATION	N/A	PC	GENERAL OPERATING SUPPORT	
1343 N. CALIFORNIA AVE.				
CHICAGO, IL 60622				55,000
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE	N/A	PC	GENERAL OPERATING SUPPORT	
EDUCATION, INC.				
100 W PLAINFIELD RD, STE 100 COUNTRYSIDE, IL 60525				50,000
				50,000
CHICAGO CARES, INC.	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	
641 W. LAKE STREET			АМРТ	
CHICAGO, IL 60661				60,000
CHICAGO CARES, INC.	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	
641 W. LAKE STREET				50 000
CHICAGO, IL 60661				50,000

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 HEALTHY
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 Part XIV
 Supplementary Information (continued)

ar			
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
N/A	PC	CAPACITY BUILDING INITIATIVE GRANT	75,000
N/A	PC	GENERAL OPERATING SUPPORT	50,000
N/A	PC	GENERAL OPERATING SUPPORT	50,000
N/A	₽C	GENERAL OPERATING SUPPORT	40,000
N/A	PC	GENERAL OPERATING SUPPORT	60,000
N/A	PC	GENERAL OPERATING SUPPORT	150,000
N/A	PC	GENERAL OPERATING SUPPORT	45,000
	any foundation manager or substantial contributor N/A N/A N/A N/A N/A N/A	any foundation manager or substantial contributor Status of recipient N/A PC N/A PC	any foundation manager status of recipient contribution N/A FC CAPACITY BUILDING INITIATIVE GRANT N/A FC GENERAL OPERATING SUPPORT N/A FC GENERAL OPERATING SUPPORT

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Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Yea Recipient	If recipient is an individual,	Foundation	Durnoes of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
EL VALOR CORPORATION	N/A	PC	GENERAL OPERATING SUPPORT	
1850 W. 21ST ST.				
CHICAGO, IL 60608				75,00
ENLACE CHICAGO	N/A	₽C	GENERAL OPERATING SUPPORT	
2756 S. HARDING AVE.				
CHICAGO, IL 60623				205,00
EQUAL HOPE	N/A	PC	GENERAL OPERATING SUPPORT	
300 SOUTH ASHLAND AVENUE				
OAK PARK, IL 60607				175,50
ERIE FAMILY HEALTH FOUNDATION, INC.	N/A	₽C	GENERAL OPERATING SUPPORT	
1701 W. SUPERIOR ST., THIRD FLOOR				
CHICAGO, IL 60622				50,00
ERIE NEIGHBORHOOD HOUSE	N/A	PC	GENERAL OPERATING SUPPORT	
1701 W. SUPERIOR ST.				
CHICAGO, IL 60622				200,00
ESPERANZA HEALTH CENTER	N/A	PC	GENERAL OPERATING SUPPORT	
2001 S CALIFORNIA AVE				
CHICAGO, IL 60608				200,00
EVERTHRIVE ILLINOIS	N/A	PC	GENERAL OPERATING SUPPORT	
1006 S MICHIGAN AVE, SUITE 200				60.00
LILLAGU, IL OUDUS				60,00
CHICAGO, IL 60605				60,

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 Part XIV
 Supplementary Information (continued)

3a Grants and Contributions Paid During the Year	1			
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	Purpose of grant or contribution	Amount
· · · ·	or substantial contributor	recipient		
FAMILY FOCUS	N/A	₽C	GENERAL OPERATING SUPPORT	
310 SOUTH PEORIA, SUITE 301 CHICAGO, IL 60607				90,000
FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO	N/A	PC	GENERAL OPERATING SUPPORT	
5341 W CERMAK ROAD CICERO, IL 60804				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	N/A	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60602				25,000.
GADS HILL CENTER	N/A	PC	GENERAL OPERATING SUPPORT	
1919 W. CULLERTON CHICAGO, IL 60608				200,500.
GREATER CHICAGO FOOD DEPOSITORY	N/A	PC	GENERAL OPERATING SUPPORT	
4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	N/A		SENERAL OFERATING SOFFORT	30,000.
,				,
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE	N/A	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60647				75,000.
Total from continuation sheets				

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 Part XIV
 Supplementary Information (continued)

3a Grants and Contributions Paid During the Year	r			
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	N/A	₽C	GENERAL OPERATING SUPPORT	
851 SOUTH 9TH AVENUE				
MAYWOOD, IL 60153				50,000
HOUSING HELPERS, INC. 502 N 3RD AVE	N/A	PC	GENERAL OPERATING SUPPORT	
MAYWOOD, IL 60153				53,000
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS	N/A	PC	GENERAL OPERATING SUPPORT-HEALTH ADVOCATES ACADEMY	
228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604				125,000
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS	N/A	PC	GENERAL OPERATING SUPPORT	
228 S. WABASH AVE, SUITE 800				
CHICAGO, IL 60604				150,000
ILLINOIS COMMUNITY HEALTH WORKER ASSOCIATION	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	
0038 S. UNIVERSITY AVE. CHICAGO, IL 60619				125,000
				125,000
ILLINOIS PARTNERS FOR HUMAN SERVICE 33 WEST GRAND AVENUE, SUITE 300	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60654				50,000
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60629				200,000

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Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Ye Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NAMIMUM FOR LAMING PROGRAM	N7 (2			
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60608				129,00
,				,
INSTITUTE FOR LATINO PROGRESS	N/A	PC	CAPACITY BUILDING INITIATIVE GRANT	
520 S. WESTERN AVE				
CHICAGO, IL 60608				100,000
LATINO POLICY FORUM	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	
L80 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601			IL UNIDOS	250,00
				250,000
LATINO POLICY FORUM	N/A	PC	GENERAL OPERATING SUPPORT	
180 N. MICHIGAN AVE.,, STE. 1250				
CHICAGO, IL 60601				100,000
LATINOS PROGRESANDO 3047 W. CERMAK	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623				100,000
				/
AWNDALE CHRISTIAN HEALTH CENTER	N/A	PC	GENERAL OPERATING SUPPORT	
8860 W OGDEN AVE				
CHICAGO, IL 60623				100,000
LEGAL COUNCIL FOR HEALTH JUSTICE	N/A	PC	GENERAL OPERATING SUPPORT	
L7 N. STATE, SUITE 900				80 000
CHICAGO, IL 60602				80,000

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Part XIV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation	Durness of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LITTLE VILLAGE ENVIRONMENTAL JUSTICE DRG/IXCHEL	N/A	PC	GENERAL OPERATING SUPPORT	
2445 S. SPAULDING AVE. CHICAGO, IL 60623				50
LOYOLA UNIVERSITY CHICAGO: SBHC 820 N MICHIGAN AVE CHICAGO, IL 60611	N/A	PC	GENERAL OPERATING SUPPORT	60,00
MACNEAL HOSPITAL - LOYOLA MEDICINE 3249 OAK PARK AVENUE BERWYN, IL 60402	N/A	РC	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	N/A	PC	HEALTH FIRST FUND COLLABORATIVE GRANT	
CHICAGO, IL 60606				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	N/A	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60608				201,706

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Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
MUJERES LATINAS EN ACCION	N/A	₽C	GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE	
2124 W. 21ST PLACE CHICAGO, IL 60608			GRANT	165,000
NAMI METRO SUBURBAN	N/A	₽C	GENERAL OPERATING SUPPORT	
PO BOX 977 OAK PARK, IL 60302				130,000
NAMI METRO SUBURBAN	N/A	PC	GENERAL OPERATING SUPPORT - TEEN LIVING ROOM	
PO BOX 977 OAK PARK, IL 60302				100,000
NEW MOMS, INC.	N/A	PC	GENERAL OPERATING SUPPORT	
5317 W. CHICAGO AVE. CHICAGO, IL 60651	N/A	FC	SENERAL OFERALING SUFFORT	80,000
OAK PARK RIVER FOREST COMMUNITY FOUNDATION 1049 LAKE STREET, SUITE 204 OAK PARK, IL 60301	N/A	₽C	GENERAL OPERATING SUPPORT-CHGO LATINOS IN PHILANTHROPY	10,000
OAK PARK RIVER FOREST INFANT WELFARE SOCIETY	N/A	PC	GENERAL OPERATING SUPPORT	
320 LAKE STREET OAK PARK, IL 60302				50,000
PCC COMMUNITY WELLNESS CENTER	N/A	PC	GENERAL OPERATING SUPPORT	
14 LAKE STREET				100,000
PCC COMMUNITY WELLNESS CENTER 14 LAKE STREET OAK PARK, IL 60302 Total from continuation sheets	N/A	PC	GENERAL OPERATING SUPPORT	10

Total from continuation sheets

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Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Ye Recipient	If recipient is an individual,	Foundation	Durpoon of grant or	
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	N/A	PC	GENERAL OPERATING SUPPORT	
23 CALENDAR AVENUE LA GRANGE, IL 60525				200,000
PUERTO RICAN AGENDA OF CHICAGO 1650 W. NORTH AVE.	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60622				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) CHICACO, II 60653	N/A	PC	GENERAL OPERATING SUPPORT	50,000
CHICAGO, IL 60653				
SARAH'S INN 1547 CIRCLE AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
FOREST PARK, IL 60130				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	N/A	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60608				100,000

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Part XIV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation	Durnoop of grant or	
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
ISTERHOUSE	N/A	PC	GENERAL OPERATING SUPPORT	
5 WASHINGTON BOULEVARD				
AK PARK, IL 60304				45,000
OCIAL AND ENVIRONMENTAL ENTREPRENEURS	N/A	₽C	GENERAL OPERATING SUPPORT	
3564 CALABASAS ROAD, SUITE 201				
ALABASAS, CA 91302				5,000
OUTHWEST COLLECTIVE 444 S. PULASKI ROAD 2ND FLOOR	N/A	PC	GENERAL OPERATING SUPPORT	
HICAGO, IL 60632				1,000
				,
OUTHWEST ORGANIZING PROJECT	N/A	PC	GENERAL OPERATING SUPPORT	
558 W. 63RD ST.				
HICAGO, IL 60629				100,000
ALLER DE JOSE	N/A	PC	GENERAL OPERATING SUPPORT	
831 W 24TH BLVD.				
HICAGO, IL 60623				45,000
ELDOUGALLT CO MUNITMY EDUCATION DOCTEOM	N/A	PC	GENERAL OPERATING SUPPORT	
ELPOCHCALLI COMMUNITY EDUCATION PROJECT 824 W. 24TH BLVD.	N/A	PC	GENERAL OPERATING SUPPORT	
HICAGO, IL 60623				11,100
HE ANSWER INC.	N/A	PC	GENERAL OPERATING SUPPORT	
600 W. ROOSEVELT ROAD				35,000
OREST PARK, IL 60130				

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 Supplementary Information (continued)

ar	1		
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
N/A	₽C	GENERAL OPERATING SUPPORT	45,000
N/A	PC	GENERAL OPERATING SUPPORT	60,000
N/A	PC	GENERAL OPERATING SUPPORT	10,000
N/A	PC	GENERAL OPERATING SUPPORT	50,000
N/A	PC	GENERAL OPERATING SUPPORT	10,000
N/A	PC	GENERAL OPERATING SUPPORT	95,000
N/A	PC	GENERAL OPERATING SUPPORT	30,000
	show any relationship to any foundation manager or substantial contributor N/A N/A	show any relationship to any foundation manager or substantial contributor Foundation status of recipient N/A PC N/A PC	show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution N/A PC GENERAL OPERATING SUPPORT N/A PC GENERAL OPERATING SUPPORT

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Part XIV Supplementary Information (continued)

ar If recipient is an individual,	Foundation	Durpose of grapt or	
any foundation manager	status of recipient	contribution	Amount
N/A	₽C	GENERAL OPERATING SUPPORT	
			50,000
N / A	PC	GENERAL OPERATING SUPPORT	
[.,			
			60,000
N/A	PC	GENERAL OPERATING SUPPORT	
			25,000
N/A	PC	GENERAL OPERATING SUPPORT	
.,			
			35,000
N/A	PC	GENERAL OPERATING SUPPORT	
			130,000
	N/A N/A	N/A PC N/A PC N/A PC N/A PC N/A PC	any foundation manager or substantial contributor status of recipient contribution N/A PC GENERAL OPERATING SUPPORT N/A PC GENERAL OPERATING SUPPORT

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Part XIV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	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	РC	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

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0 h	Cronto	and Contributions Ar	proved for Euture Devreent

	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CHICAGO CARES, INC. 541 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	FC	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 DAK 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	N/A	PC	GENERAL OPERATING SUPPORT	200,000

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Part XIV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
GADS HILL CENTER	N/A	₽C	GENERAL OPERATING SUPPORT	
1919 W. CULLERTON				
CHICAGO, IL 60608				200,000
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON STREET, SUITE 602	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	
CHICAGO, IL 60602				72,000.
HEALTHCARE ALTERNATIVE SYSTEMS, INC.	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	
2755 W. ARMITAGE				40.000
CHICAGO, IL 60647				48,000.
ILLINOIS COALITION FOR IMMIGRANTS AND	N/A	PC	GENERAL OPERATING SUPPORT	
REFUGEE RIGHTS				
228 S. WABASH AVE, SUITE 800				
CHICAGO, IL 60604				151,000.
INNER-CITY MUSLIM ACTION NETWORK	N/A	PC	GENERAL OPERATING SUPPORT	
2744 W 63RD ST	.,,			
CHICAGO, IL 60629				200,000.
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE	N/A	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60608				126,000.
,				
LATINO POLICY FORUM	N/A	₽C	GENERAL OPERATING SUPPORT	
180 N. MICHIGAN AVE.,, STE. 1250				
CHICAGO, IL 60601				100,000.
Total from continuation sheets	1	1	l	

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Part XIV Supplementary Information (continued)

Recipient If recipier Name and address (home or business) any four or substation or substatingenerating or substatingenerating	nt is an individual, ny relationship to ndation manager antial contributor PC PC	s of contribution	Amount 100,000
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623 LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623 LITTLE VILLAGE ENVIRONMENTAL JUSTICE N/A ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES A857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE	PC	GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE II	
AND	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE II	
3047 W. CERMAK CHICAGO, IL 60623 LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623 LITTLE VILLAGE ENVIRONMENTAL JUSTICE N/A ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE II	
CHICAGO, IL 60623 LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623 LITTLE VILLAGE ENVIRONMENTAL JUSTICE N/A ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES N/A 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION N/A			
LATINOS PROGRESANDO N/A 3047 W. CERMAK CHICAGO, IL 60623 LITTLE VILLAGE ENVIRONMENTAL JUSTICE N/A ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES N/A 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION N/A 2124 W. 21ST PLACE			
3047 W. CERMAK CHICAGO, IL 60623 LITTLE VILLAGE ENVIRONMENTAL JUSTICE ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE			
3047 W. CERMAK CHICAGO, IL 60623 LITTLE VILLAGE ENVIRONMENTAL JUSTICE ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES A857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE			
CHICAGO, IL 60623 LITTLE VILLAGE ENVIRONMENTAL JUSTICE N/A ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES N/A 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION N/A 2124 W. 21ST PLACE	PC		
ORG/IXCHEL 2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES A857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE	PC		100,000
MIDWAY MINISTRIES A857 S. LOTUS AVE CHICAGO, IL 60623 MIDWAY MINISTRIES MIDWAY MINISTRIES MUJERES LATINAS EN ACCION MUJERES LATINAS EN ACCION N/A	PC		
2445 S. SPAULDING AVE. CHICAGO, IL 60623 MIDWAY MINISTRIES 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE		GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623 MIDWAY MINISTRIES 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE			
MIDWAY MINISTRIES 4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE			504
4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION N/A 2124 W. 21ST PLACE			
4857 S. LOTUS AVE CHICAGO, IL 60638 MUJERES LATINAS EN ACCION N/A 2124 W. 21ST PLACE	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60638 MUJERES LATINAS EN ACCION N/A 2124 W. 21ST PLACE			
2124 W. 21ST PLACE			1,000
2124 W. 21ST PLACE			
	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60608			
			200,000
MUJERES LATINAS EN ACCION N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKEF	ιs
2124 W. 21ST PLACE			
CHICAGO, IL 60608			61,800
NAMI METRO SUBURBAN N/A PO BOX 977	PC	GENERAL OPERATING SUPPORT	
OAK PARK, IL 60302			500
Total from continuation sheets	I		

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Part XIV Supplementary Information (continued)

If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
any foundation manager or substantial contributor	status of recipient	Contribution	Amount
N/A	PC	GENERAL OPERATING SUPPORT	500
N/A	PC	GENERAL OPERATING SUPPORT	10,000
N/A	PC	GENERAL OPERATING SUPPORT	200,000
N/A	PC	GENERAL OPERATING SUPPORT	1,000
N/A	PC	GENERAL OPERATING SUPPORT	100,000
N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	15,000
N/A	PC	IL IMMIGRATION FUNDER COLLABORATIVE	250,000
	show any relationship to any foundation manager or substantial contributor N/A N/A	show any relationship to any foundation manager or substantial contributor Foundation status of recipient N/A PC N/A PC	show any relationship to any fundation manager or substantial contributor relation status of recipient Purpose of grant or contribution N/A PC DENERAL OPERATING SUPPORT N/A PC GENERAL OPERATING SUPPORT

223645 04-01-22

Form 990-PF HEALTHY COMMUN Part XIV Supplementary Information (continued) HEALTHY COMMUNITIES FOUNDATION

36-4324067

Page **11**

			_
			

Desisiont				
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
THE LATINO ALZHEIMER'S AND MEMORY	N/A	PC	GENERAL OPERATING SUPPORT	
DISORDERS ALLIANCE	N/A	FC	GENERAL OPERATING SUPPORT	
5112 W. CERMAK RD.				
CICERO, IL 60804				60,000
.16660, 11 00004				00,000
JCAN	N/A	PC	GENERAL OPERATING SUPPORT	
3605 W FILLMORE STREET				
CHICAGO, IL 60624				1,000
JNIVERSITY OF CHICAGO	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE	
111 W. WASHINGTON ST. #1023			INCLUSIVE ECONOMY LAB	
CHICAGO, IL 60602				100,000
VOSE RIVER CHARITABLE FUND	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	
7501 WISCONSIN AVE STE 1310E			BUILD HEALTH	
BETHESDA, MD 20814				190,000
		1		

Form 2220
Department of the Treasur

Name

Underpayment of Estimated Tax by Corporations

FORM 990-PF

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 36-4324067

OMB No. 1545-0123

2022

HEALTHY COMMUNITIES FOUNDATION

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)	20		
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 second sec			
does not owe the penalty			28,179.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: In	i 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		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			28,179.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are ch	ecked, the corporation must	file Form 2220	
even if it does not owe a penalty. See instructions.			

X The corporation is using the annualized income installment method. 7

X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. 8

Part III Figuring the Underpayment

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,	5/22
6th, 9th, and 12th months of the corporation's tax year 9 05/15/22 06/15/22 09/15/22 12/1 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, 9 05/15/22 06/15/22 09/15/22 12/1	5/22
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,	5/22
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,	
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,	
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. 7,045. 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	
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	
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	
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.	

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form 2220 (2022)

FORM 990-PF

Form 2220 (2022)

Part IV Figuring the Penalty

			(a)	(b)	(C)		 (d)
9	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					
0	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21					
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04) 365	22	\$	\$	\$		\$
3	Number of days on line 20 after 6/30/2022 and before 10/1/2022 $\hfill \ldots$	23					
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$		\$
5	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25					
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06) 365	26	\$	\$	\$		\$
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023 $\qquad \ldots$	27	SE	EE ATTACHED	WORKSHEI	ET	
8	Underpayment on line 17 x Number of days on line 27 x 7% (0.07) 365	28	\$	\$	\$		\$
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29					
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023 $\qquad \ldots$	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
4	Underpayment on line 17 x Number of days on line 33 x %	34	\$	\$	\$		\$
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35					
6	Underpayment on line 17 x Number of days on line 35 x %	36	\$	\$	\$		\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	otal he	ere and on Form 1120,	line 34; or the compar	able		
	line for other income tax returns					38	\$ 90

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.

Form **2220** (2022)

Form 2220 (2022)

FORM 990-PF

Page 3

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)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
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				
		First 4 months	First 6 months	First 9 months	Entiro voor
3 Enter taxable income for the following periods.		FIISE 4 IIIOIILIIS			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 Athenush C	_				
7 Add lines 4 through 6	7				
Divide line 7 by 2.0	8				
8 Divide line 7 by 3.0	0 9a				
9a Divide line 2 by line 8 b Extraordinary items (see instructions)	9a 9b				
c Add lines 9a and 9b	90 90				
10 Figure the tax on the amt on In 9c using the instr for Form	30				
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				

Form 2220 (2022)

FORM 990-PF

Page 4

Part II Annualized Income Installment Method

		(a)	(b)	(C)	(d)
		First 2	First 3	First 6	First 9
20 Annualization periods (see instructions)	20	months	months	months	months
1 Enter taxable income for each annualization period. See					
instructions for the treatment of extraordinary items	21	879,470.	1,138,137.	1,572,629.	885,055
2 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.33333
3a Annualized taxable income. Multiply line 21 by line 22	23a	5,276,820.	4,552,548.	3,145,258.	1,180,070
b Extraordinary items (see instructions)	23b				• •
c Add lines 23a and 23b	23c	5,276,820.	4,552,548.	3,145,258.	1,180,070
4 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	24	73,348.	63,280.	43,719.	16,403
5 Enter any alternative minimum tax (trusts only) for each					
payment period (see instructions)	25				
,					
6 Enter any other taxes for each payment period. See instr.	26				
7 Total tax. Add lines 24 through 26	27	73,348.	63,280.	43,719.	16,403
8 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	28				
9 Total tax after credits. Subtract line 28 from line 27. If					
zero or less, enter -O-	29	73,348.	63,280.	43,719.	16,403
0 Applicable percentage	30	25%	50%	75%	100%
1 Multiply line 29 by line 30	31	18,337.	31,640.	32,789.	16,403
Part III Required Installments					
Note: Complete lines 32 through 38 of one column		1st	2nd	3rd	4th
before completing the next column.		installment	installment	installment	installment
2 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	32	18,337.	31,640.	32,789.	16,403
3 Add the amounts in all preceding columns of line 38.					
See instructions	33		7,045.	14,090.	21,134
4 Adjusted seasonal or annualized income installments.					
Subtract line 33 from line 32. If zero or less, enter -0- \dots	34	18,337.	24,595.	18,699.	0
5 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	35	7,045.	7,045.	7,044.	7,045
6 Subtract line 38 of the preceding column from line 37 of					
the preceding column	36				
7 Add lines 25 and 26	97	7,045.	7,045.	7,044.	7,045
7 Add lines 35 and 36	37	/,043.	/,043.	/,044•	7,045
Required installments. Enter the smaller of line 34 or line 37 here and an area 1 of Form 2020, line 10					
line 37 here and on page 1 of Form 2220, line 10.	0.0	7,045.	7,045.	7,044.	0
See instructions	38	/,043.	/,043.	/,044•	0

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Numb	Der
HEALTHY COM	MUNITIES FOUN	DATION		36-4324	067
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/15/22	7,045.	7,045.			
05/15/22	-15,000.	-7,955.			
06/15/22	7,045.	-910.			
06/30/22	0.	-910.	77	.000136986	
09/15/22	7,044.	6,134.	15	.000136986	13
09/30/22	0.	6,134.	76	.000164384	77
12/15/22	-135,000.	-128,866.			
12/31/22	0.	-128,866.	135	.000191781	
nalty Due (Sum of Colu	mn F)				9(

* Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

SOURCE 		(A REVE PER E	INUE	(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
			9,515.		9,515.		
TOTAL TO PART I, LI	NE 3		9,515.		9,515.		
FORM 990-PF	DIVIDENDS	AND INTER	REST FRO	M SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENI	RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		
INTEREST AND DIVIDENDS	2,886,981.		0.2,8	86,981.	3,033,865	•	
TO PART I, LINE 4	2,886,981.		0. 2,8	86,981.	3,033,865	•	
		OTHER I	NCOME (A) REVENU PER BOO		(B) IET INVEST- IENT INCOME	STATEMENT 3 (C) ADJUSTED NET INCOME	
FORM 990-PF DESCRIPTION PARTNERSHIP UBIT PARTNERSHIP GA	IN THROUGH		(A) REVENU PER BOO		IET INVEST-	(C) ADJUSTED	
DESCRIPTION 		 K-1	(A) REVENU PER BOO 272	KS <u>M</u> 	ET INVEST- ENT INCOME -82,517. 0.	(C) ADJUSTED	
DESCRIPTION PARTNERSHIP UBIT PARTNERSHIP GA TOTAL TO FORM 990-P		K-1	(A) REVENU PER BOO 272	KS M 0. ,549.	ET INVEST- ENT INCOME -82,517. 0.	(C) ADJUSTED	
DESCRIPTION PARTNERSHIP UBIT PARTNERSHIP GA TOTAL TO FORM 990-P FORM 990-PF	F, PART I, 1	K-1	(A) REVENU PER BOO 272 272	KS M 0. ,549. ,549. 	ET INVEST- ENT INCOME -82,517. 0.	(C) ADJUSTED NET INCOME STATEMENT 4	
DESCRIPTION PARTNERSHIP	F, PART I, 1	K-1 LINE 11 LEGAI (A) EXPENSES	(A) REVENU PER BOO 272 272 272 272 272 (B FEES (B NET IN MENT I	KS M 0. ,549. ,549. 	ET INVEST- IENT INCOME -82,517. 0. -82,517. (C) ADJUSTED	(C) ADJUSTED NET INCOME STATEMENT 4	

14371113 756359 1838520.000

36-4324067

FORM 990-PF	FORM 990-PF ACCOUNTING FEES			
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 PROFES	SIONAL FEES	S	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMPUTER CONSULTANTS OTHER CONSULTANTS INVESTMENT CONSULTANTS INVESTMENT ADVISORY FEES EXECUTIVE SEARCH FIRM	19,420. 60,584. 118,192. 733,136. 3,500.	0. 0. 118,192. 31,412. 0.		19,420. 60,584. 0. 0. 3,500.
	934,832.	149,604.		83,504.

FORM 990-PF	TAX	ES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES FEDERAL EXCISE TAX	107,637. 150,000.			0. 0.
TO FORM 990-PF, PG 1, LN 18	257,637.	107,732.		0.

STATEMENT(S) 5, 6, 7 42 2022.05000 HEALTHY COMMUNITIES FOUND 18385201

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 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.			14,264.
CAPACITY BUILDING	7,366.			7,366.
PROFESSIONAL DEVELOPMENT	5,440.	0.		10,440.
OTHER PARTNERSHIP EXPENSES	0.	682,983.		0.
HONORARIUM	2,350.	-		2,350.
TO FORM 990-PF, PG 1, LN 23	190,797.	684,564.		188,799.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

36-4324067

DESCRIPTION	VALUATION	BOOK WALLE	FAIR MARKET
	METHOD	BOOK VALUE	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	FMV		
FUND (AINIX)		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	FMV	1,000,1,00	2,000,2,00
(CSRIX)	1110	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 FMV	1,211,297.	1,211,297.
GOG PARTNERS EMERGING MARKETS	FMV FMV	1,211,297.	1,211,297.
~	F M V	2 202 225	2 202 225
EQUITY FUND (GQGIX)		3,382,225.	3,382,225.
HARBOR MID CAP FUND INST (HMCLX)	FMV	4,876,011.	4,876,011.
HARDING LOEVNER INT'L EQUITY	FMV	7 045 101	7 04F 101
(HLMIX)		7,045,131.	7,045,131.
HBK MULTI-STRATEGY OFFSHORE FUND,	FMV	1 040 808	1 040 000
LTD		1,849,787.	1,849,787.
JP MORGAN CORE BOND FUND I (WOBDX)	FMV	3,503,317.	3,503,317.
KINGSWOOD CAPITAL OPPORTUNITIES	FMV		
FUND I-A, LP		3,194,954.	3,194,954.
KINGSWOOD CAPITAL OPPORTUNITIES	FMV		
FUND II-A, LP		365,696.	365,696.
LITTLEJOHN FUND VI, LP	FMV	1,494,720.	1,494,720.
LUMINATE CAPITAL PARTNERS II, LP	FMV	1,043,409.	
LUMINATE CAPITAL PARTNERS III-A, LP	FMV	901,548.	901,548.
MEANINGFUL PARTNERS DC VEHICLE I,	FMV		
LP		1,549,896.	1,549,896.
MIDOCEAN CREDIT OPP OFFSHORE FUND,	FMV		
LTD		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.	
RED ARTS CAPITAL OPPORTUNITY FUND	FMV	, ,	, , =
I, LP		1,449,061.	1,449,061.
RESOURCE LAND VALUE IV, LLC	FMV	466,926.	
SEEDING & STRATEGIC CAPITAL FUND	FMV	_00,5200	,
II, LP		702,972.	702,972.
==, 		,	,,,,,,

44 STATEMENT(S) 9 2022.05000 HEALTHY COMMUNITIES FOUND 18385201

HEALTHY COMMUNITIES FOUNDATION			36-4324067
SENATOR GLOBAL OPP OFFSHORE FUND,	FMV		
LTD		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	FMV		
(CAYMAN), LP		1,150,320.	1,150,320.
VALINOR CAPITAL PARTNERS OFFSHORE,	FMV		
LTD		316,507.	316,507.
VISTRIA FUND IV (FT), LP	FMV	1,489,334.	1,489,334.
WEISS MULTI-STRAT PARTNERS	FMV		
(CAYMAN), LTD		1,726,751.	1,726,751.
WELLINGTON SMALL CAP OPPORTUNITIES	FMV		
FUND		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 COST OR ACCUMULATED DESCRIPTION OTHER BASIS DEPRECIATION BOOK VALUE 0. 11,350. 11,350. FURNITURE AND EQUIPMENT 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	END OF YEAR	FAIR MARKET
	YR BOOK VALUE	BOOK VALUE	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		OF OFFICERS, DIF FOUNDATION MANAG	STATEMENT 12		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MARIA PESQUEIRA 19 RIVERSIDE ROAD RIVERSIDE, IL 605		PRESIDENT 40.00	275,844.	4,302.	0.
AMALIA S. RIOJA 19 RIVERSIDE ROAD RIVERSIDE, IL 605		CHAIR, BOARD ME 4.00	CMBER 0.	0.	0.
CRAIG HUFFMAN 19 RIVERSIDE ROAD RIVERSIDE, IL 605		TREASURER, BOAR 4.00	RD MEMBER 0.	0.	0.
CARL BERGETZ 19 RIVERSIDE ROAD RIVERSIDE, IL 605		VICE CHAIR, BOA 4.00	ARD MEMBER 0.	0.	0.
JOSEPH W. MCINERN 19 RIVERSIDE ROAD RIVERSIDE, IL 605) #6	SECRETARY, BOAR 4.00	RD MEMBER 0.	0.	0.
GRACE HOU 19 RIVERSIDE ROAD RIVERSIDE, IL 605		BOARD MEMBER 1.00	0.	0.	0.
ELYSE FORKOSH CUT 19 RIVERSIDE ROAD RIVERSIDE, IL 605) #6	BOARD MEMBER 1.00	0.	0.	0.
CHARLES W. MULANE 19 RIVERSIDE ROAD RIVERSIDE, IL 605) #6	BOARD MEMBER 1.00	0.	0.	0.
ANNE MARIE MURPHY 19 RIVERSIDE ROAD RIVERSIDE, IL 605) #6	BOARD MEMBER 1.00	0.	0.	0.
DR. YESENIA YEPEZ 19 RIVERSIDE ROAD RIVERSIDE, IL 605) #6	BOARD MEMBER 1.00	0.	0.	0.

14371113 756359 1838520.000

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

TELEPHONE NUMBER NAME OF GRANT PROGRAM

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

ANY SUBMISSION DEADLINES

MAY 15; JUNE 15; JULY 15; AUG. 15; END OF AUG.-SEPT; DEC. DETAILS ON 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 STATEMENT 14 PART XIV, LINES 2A - 2D (CONTINUATION)

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.

CARRYOVER DATA TO 2023

Name HEALTHY COMMUNITIES FOUNDATION	Employer Identification Number 36-4324067
Based on the information provided with this return, the following are possible carryover amounts	
FEDERAL CONTRIBUTION - 50% CASH	24,500,493

219341 04-01-22

Name	HEALTHY COMMUN	NITIES FOUNDAT	ION							FEIN:	36-4324067
	Type and Entity: INVESTMENT IN LIMITED POST-2017 NO DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover Section 382 Carryover										
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for						
2020	84,549.	84,549.	61,082.	23,467.							
	E Amount S Used for B	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

212571 04-01-22

Name	E: HEALTHY COMMUN	NITIES FOUNDAT	ION							FEIN:	36-4324067
	e and Entity: CON n 382 Annual Limitation	TRIBUTION - 50	% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi nateo	r Original - Carryover d Amount	Total Amount Used	Amount Used for <u>12/31/21</u>	Amount Used for							
A 202 B 202 C 202 D E F G H I J K L M N O P Q R S T U	1 8,219,796.	1,427.	1,427.								
V W Deta Type	I E Amount I S Used for B C	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 BC DE FG H L JK L M NO P Q R S T U V W											

	rksheet) (a	d Tax me foi and on Inv	OUNDATION on Unrelate r Tax-Exemp estment Income for F ords. Do not send to	ot Organizati Private Foundations)	ONS FORM 990-T	⁷ 2023
1	Unrelated business taxable income expected in the t	tax year 📖			1	
2	Tax on the amount on line 1				2	
3	Alternative minimum tax for trusts					
4	Total. Add lines 2 and 3				4	
5	Estimated tax credits					
6	Subtract line 5 from line 4					
7	Other taxes					
8	Total. Add lines 6 and 7					
9	Credit for federal tax paid on fuels					
b		ip this line		10a 10b	45,884.	
C	2023 Estimated Tax. Enter the smaller of line 10a of from line 10a on line 10c			red to skip line 10b, ente ADJUST		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

223801 02-09-23

Form 8	879-T	E		IR	S e-fi for	s not a le Signat r a Tax E	ture xem	Auth pt Er	oriza ntity	ation				ОМВ	No. 1545-004	17
			For calendar ye	ear 2022, or f		ginning						, 20	-	- 2	022)
	ent of the Treas			0.		send to the IR		-							ULL	•
Name o	levenue Service f filer	•		GO	to www.i	rs.gov/Form88	/91E 10	r the late	est into	rmation.		FIN	or SSN			
Nume o		אד.ייים		אדיידד	יס דחו	JNDATION							5-432	, 106	7	
Name a			rson subject to			PESQUEIR	Δ					1 50	<u>, 452</u>	1400	1	
		-		PI	RESID	ENT										
Part		-	Return and													
Form 5 or 10a whiche	330 filers m below, and	nay enter the amo cable, bla	dollars and c	ents. For he for the	all other f	orm 8879-TE and orms, enter who ing filed with thi entered -0- on th	ole dolla s form v	irs only. I vas blank	f you ch k, then le	eck the leave line	box on 1b, 2b	line 1a 5,3b,4	a, 2a, 3a Ib, 5b, 6	a, 4a, 5 b, 7b,	5a, 6a, 7a, 8b, 9b, or	8a, 9a, 10b,
1a	Form 990	check h	ere			venue, if any (F										
2a	Form 990	-EZ che	ck here			venue, if any (Fe								.b		
3a	Form 112	0-POL c	heck here			x (Form 1120-P								b		
4a			ck here			ed on investme										
5a	Form 886					due (Form 886							5	b	45,8	0.4
6a						x (Form 990-T, F							6	b	45,8	84.
7a			here			x (Form 4720, P							-			
8a			here			assets at end o	-		n 5227, I	Item D)						
9a			here			e (Form 5330, Pa			-							
10a Part	Form 803			<u>b</u>	Amount	of credit paym rization of O	fficer	uested ((⊦orm 80 son Si	<u>038-CP,</u>	Part III, to Tay	line 22	<u>2)</u> 1	0b		
				·		er of the above				-				++- /		
	-					er of the above	-				-					oftho
later th payme person	an 2 busine nt of taxes al identifica	ess days to receiv tion num	prior to the pa e confidential	ayment (s informati	ettlement on necess	voke a payment) date. I also aut sary to answer ir electronic retur	horize t nguiries	he financ and resc	cial instit olve issu	tutions ir ies relate	ivolved ed to the	in the e paym	processi ient. I ha	ing of t ive sele	the electro ected a	onic
	heck one b	-			<u>אזעד</u> די	S ADVISO	ov	TTC							12345	
Ľ	Lauthor	ze <u>PR</u>	r o con	NOK I							t	o enter	r my PIN			
						ERO firm name									five numbe ot enter all z	
_	with a s	tate ager		ating char	ities as pa	lly filed return. If Irt of the IRS Fe									•	
L	return. I	f I have i	ndicated withi	in this ret	urn that a	t to the entity, I copy of the retu e return's disclos	ırn is be	eing filed	with a s	-		-			-	
Signature Part	of officer or pe		tion and A			S NOT A	FILE	ABLE	COP	Y ***	* *		Date			
			ur six-digit ele			fication										
			your five-digit		•	ioalion				56281 not enter a						
submit		urn in ac	•	•		y signature on ti of Pub. 4163, I			nically file	ed returr	n indica	ted abo				for
ERO's s	ignature	PKF	O'CONN	OR DA	VIES	ADVISOR	Ү, Ц	LC		Date	_11,	/13/	23			
			De Na			Retain This						84				
	law Duit	A				Form to the		niiess	Reque	estea I	0 00	30		C		(0000)
LHA F	or Privacy	Act and	Paperwork I	Keductio	n Act Not	tice, see instruc	ctions.							Form C	3879-TE	(2022)
202521	12-16-22						54									

2022.05000 HEALTHY COMMUNITIES FOUND 18385201

(Rev. January 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	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	ridentificati	on number (TIN)
print	HEALTHY COMMUNITIES FOUNDAT	TON			36-43	324067
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s		ions.			
return. See instruction		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) ELVA GONZALEZ	07				
 If the If this box 1 In the the<	observed 708-443-4516 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the org ▼ Calendar year 2022 or the tax year beginning Change in accounting period	Group Exe and atta NOVEM anization's , an	mption Number (GEN) uch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: Id ending	If this is fo all membe	r the whole ers the extension of the ext	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	tentative tax, less		•	1 303
	ny nonrefundable credits. See instructions.) onter er	v votup doble overdite and	<u>3a</u>	\$	4,303.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	4,303.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution instruct	If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 887	9-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	uctions.		Form	8868 (Rev. 1-2022)

223841 04-01-22

Form	990-T	E	Exempt Organization Business Income Tax Retur	m	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		つりつつ
		For cal	endar year 2022 or other tax year beginning, and ending, and ending	·	2022
Depart Interna	tment of the Treasury al Revenue Service	[Go to www.irs.gov/Form990T for instructions and the latest information. 20 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
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		over identification number
B E>	kempt under section	Print	HEALTHY COMMUNITIES FOUNDATION	3	6-4324067
X] 501(c)(3)] 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 19 RIVERSIDE ROAD, NO. 6	E Group (see in	exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code $RIVERSIDE$, IL $60546 - 2606$	F	Check box if
		С Во	ok value of all assets at end of year 117, 349, 306.		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H (Check if filing only to	2	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
LI	The books are in ca		ELVA GONZALEZ Telephone number	708-	443-4516
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	243,770.
2	Reserved			2	
3	Add lines 1 and 2				243,770.
4			see instructions for limitation rules) STMT 15 STMT 16		24,277.
5			taxable income before net operating losses. Subtract line 4 from line 3		219,493.
6		•	ng loss. See instructions	. 6	
7			ss taxable income before specific deduction and section 199A deduction.		010 400
	Subtract line 6 fro				219,493.
8			ally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		1 000
10	Total deductions			10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		010 400
Da	rt II Tax Com	nutati	on	11	218,493.
		-		1	45,884.
1	-		s corporations. Multiply Part I, line 11 by 21% (0.21)	· -	45,004.
2		_	ates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041)		
•	Part I, line 11 from				
3	Proxy tax. See ins				
4	Other tax amounts				
5	Alternative minimu				
6	•		•	. <u>6</u> . 7	45,884.
7 I HA			h 6 to line 1 or 2, whichever applies	. 1	Eorm 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 99 (2022)

223701 01-16-23

	90-T (2022)		Page	2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	45,884.	•
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here	4	45,884.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	•
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7	4,303.	•
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	41,581.	•
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes No	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X	
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	•		_
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c 901101 \$	23,4		
		23,4	<u></u>	
	\$		v	
6a b	Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		X	
	explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	eturn with (see No
Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Paid PETERMANN PETERMANN PO00974	40
Use Only Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's EIN 87-3231 20 COMMERCE DRIVE #301	666
Firm's address CRANFORD, NJ 07016 Phone no. 908-272-62	00
223711 01-16-23 Form 99	0-T (2022)

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, LI	INE 4	7,776,135.

FORM 990-T CONTRIBUTIO	NS SUMMARY	STATEMENT	16
QUALIFIED CONTRIBUTIONS SUBJECT TO 10 QUALIFIED CONTRIBUTIONS SUBJECT TO 2	0% LIMIT 5% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTR FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 8	IBUTIONS ,528,839		
	,219,796		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	16,748,635 7,776,135		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	24,524,770 24,277	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS	24,500,493 0 24,500,493	_	
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

Е

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).

Open to Public Inspection for

1

Name of the organization Α

HEALTHY COMMUNITIES FOUNDATION

901101 **C** Unrelated business activity code (see instructions)

INVESTMENT IN LIMITED PARTNERSHIPS Describe the unrelated trade or business

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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	4a	67,542.		67,542.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 17	5	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	13	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		2	
	Salaries and wages		
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	2 17	23,467.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	243,770.
	For Department Reduction Act Notice, see instructions	Sohodu	lo A (Earm 000 T) 2022

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

223741 01-16-23

1 OMB No. 1545-0047

501(c)(3) Organizations Only

of

B Employer identification number

1

36-4324067

D Sequence:

Sched	ule A (Form 990-T) 2022				Page 2
Part		nod of inventory valuation	n		r ugo r
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	here and in Part I, line 2			
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes No
1	Description of property (property street address, city, s	•	-		
•	A				
	B				
	c 🗌				
	D				
		Α	В	С	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				
, D	percentage of rent for personal property (if the				
	500 / an if the most is the set of an and fit an issues)				
с	Total rents received or accrued by property.				
U	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income	through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
3 4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions)	ne 6, column (B)		0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (statement) Description of debt-financed property (street address, or construction) (statement)	ter here and on Part I, li ee instructions)	ne 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions)	ne 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions)	ne 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (so Description of debt-financed property (street address, co A B C D	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 <u>5</u> Part 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 <u>5</u> Part 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (su Description of debt-financed property (street address, of B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b,	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (su Description of debt-financed property (street address, of B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, Ii ee instructions) sity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	nstructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	ter here and on Part I, Ii ee instructions) sity, state, ZIP code). Ch	B B	nstructions.	D
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (su Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, Ii ee instructions) sity, state, ZIP code). Ch	ne 6, column (B) eck if a dual-use. See i	C	0.
4 5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	ter here and on Part I, Ii ee instructions) bity, state, ZIP code). Ch A A %	B B B %	C %	D
4 5 7 2 3 2 3 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, Ii ee instructions) bity, state, ZIP code). Ch A A %	B B 8 %	C %	0. D
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, Ii ee instructions) sity, state, ZIP code). Ch A A A S S S S S S S S S S S S S S S S	ne 6, column (B) eck if a dual-use. See i B B I, line 7, column (A)	C %	0. D %
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (sa Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ter here and on Part I, Ii ee instructions) bity, state, ZIP code). Ch A A A Code Code Code Code Code Code Code Code	ne 6, column (B) eck if a dual-use. See i B B I, line 7, column (A)	C	0. D %

2022.05000 HEALTHY COMMUNITIES FOUND 18385201

												1
	ule A (Form 990-T) 2022 VI Interest, Annu		alties, and R	ents fror	n Control	led Or	ganization	S (se	ee instruct	tions)		Page 3
Tart			Junico, una m				Exempt Contro	,		,		
1. Name of controlled organization		d	identification inc		Net unrelated 4. Tota		al of specified nents made	5. Part of column 4 that is included in the controlling organiza-		mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)									s gross inc	Joine		
(2)												
(3)												
(4)												
			No	onexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	inc	et unrelated ome (loss) nstructions)		otal of specif yments mad		that is inc controlling	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 colum Enter here line 8, c	and or	n Part I, I (A)	Ente	d columns er here anc line 8, colu	l on Part I, mn (B)
Totals Part		Incomo o	f a Section 50	1(0)(7) (0) or (17)	Organ	ization (0.			0.
		cription of in		<u>, ((),(, , (</u>	2. Amou incor	nt of	3. Deduction directly connection (attach states	ons ected	ructions) 4. Set- (attach st	asides tateme	nt) and	I deductions set-asides ols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I,					colur here a	amounts in nn 5. Enter nd on Part I, , column (B) 0 •
Part	VIII Exploited E	xempt Ac	tivity Income	, Other 1	han Adve	ertising	g Income	(see ins	structions))		
1	Description of exploite	ed activity:										
2	Gross unrelated busine		from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
										3		
4	Net income (loss) from	n unrelated ti	rade or business.	Subtract lir	ne 3 from lin	e 2. If a g	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expense											
	4. Enter here and on P	Part II, line 12	2			<u></u>				7		

Schedule A (Form 990-T) 2022

14371113 756359 1838520.000

223731 01-16-22

	ule A (Form 990-T) 2022				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a	consolidated basis	S.	
	A [
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the				
•		Α	B	C	D
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	Part I, line 11, column (A)			
a					
3	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and or	Part I, line TT, column (B)			0.
4	Advertising gain (loss) Subtract line 2 from li	no (
4	Advertising gain (loss). Subtract line 3 from li 2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	'n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
-	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		otal or zero here an	id on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (set	ee instructions)			

223732 01-16-23

1

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) ARGONAUT PRIVATE EQUITY IV, LP - ORDINARY BUSINESS INCOME	64,127.
(LOSS) ARGONAUT PRIVATE EQUITY IV, LP - OTHER NET RENTAL INCOME	157,552.
(LOSS) ARGONAUT PRIVATE EQUITY IV, LP - OTHER PORTFOLIO INCOME (LOSS)	3,089. -845.
LITTLEJOHN FUND VI, LP - INTEREST INCOME LITTLEJOHN FUND VI, LP - DIVIDEND INCOME	1,354. 8.
LITTLEJOHN FUND VI, LP - OTHER INCOME (LOSS) RESOURCE LAND FUND IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	911. 29,563.
RESOURCE LAND FUND IV, LLC - NET RENTAL REAL ESTATE INCOME LUMINATE CAPITAL PARTNERS II - ORDINARY BUSINESS INCOME	-239.
(LOSS) PANGAEA TWO LP - ORDINARY BUSINESS INCOME (LOSS) Q-BLK PRIVATE CAPITAL II (PARALLEL), LP DIVERSIFIED	-8,051. -8,425.
PORTFOLIO - ORDINARY BUS SEEDING & STRATEGIC CAPITAL FUND II-MW, L.P - ORDINARY BUSINESS INCOME (LOSS	-158. 22,006.
TRUEBRIDGE CAPITAL PARTNERS FUND VI (CAYMAN), L.P - OTHER PORTFOLIO INCOME (455.
ALLIED INVENTORS FUND, LLC - ORDINARY BUSINESS INCOME (LOSS) FS EQUITY PARTNERS VIII, LP - INTEREST INCOME	-52,732. 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 FS EQUITY PARTNERS VIII, LP		115. 158.
TOTAL TO SCHEDULE A, PART II, LI	NE 5	273.

36-4324067

FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 19
DESCRIPTION			AMOUNT
RED ARTS CAPITAL OPPORTUNITY LITTLEJOHN FUND VI, LP TAX PREP FEE FS EQUITY PARTNERS VIII, LP		LP	4,248. 298. 2,500. 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.
23,407.	23,407.	υ.

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 CARRYOV	VER AVAILABLE THIS Y	EAR	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.

Name

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

61

7

,241

Employer identification number

36-4324067

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or lost	SS.

HEALTHY COMMUNITIES FOUNDATION

Part I Short-Term Capital Gai	ins and Losses - Ass	ets 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 gai or loss from Form(s) 894 Part I, line 2, column (19,	(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 3	7		4	
5 Short-term capital gain or (loss) from like-kin	5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				
6 Unused capital loss carryover (attach compute	ation)			6	(

6 Unused capital loss carryover (attach computation)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h

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				1 2,696.
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		2
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			3
14 Capital gain distributions				4
15 Net long-term capital gain or (loss). Combin				5 6,301.
Part III Summary of Parts I and	d II			
16 Enter excess of net short-term capital gain (li	6 61,241.			
17 Net capital gain. Enter excess of net long-terr	7 6,301.			
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the ap	plicable line on other returns	1	8 67,542.
Note: If losses exceed gains, see Capital Los	sses in the instructions.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22

Form	8949
	ent of the Treasury Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2022
2022
Attachment Sequence No. 12A

Social security number or taxpayer identification no.

36	-1	32	210	167

HEALTHY COMMUN	ITIES FOU	JNDATION				36-4	324067	
Before you check Box A, B, or C belo statement will have the same information	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute staten ır basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IF	lbstitute IS by your	
broker and may even tell you which be Part I Short-Term. Transaction		al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term		
transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on F	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	and for which no ac	ljustments or Ictions).	
You must check Box A, B, or C below. C	Check only one bo	x. If more than one b	ox applies for your sho	rt-term transactions, comp	olete a separat	e Form 8949, page 1, for		
If you have more short-term transactions than will (A) Short-term transactions reg					-			
(B) Short-term transactions rep	,	,	o 1	(576)		
X (C) Short-term transactions no			-					
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)	
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f). See instructions.	Subtract column (e) from column (d) &	
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
LITTLEJOHN FUND						aujustment		
VI, LP							-3,721.	С
RESOURCE LAND FUND								
IV, LLC							63,918.	С
TRUEBRIDGE CAPITAL								
PARTNERS FUND VI								
(CAY							1,044.	С
·							, í	
							<u> </u>	
O Tatala Add the amounts in a fun							<u> </u>	
2 Totals. Add the amounts in column								
negative amounts). Enter each to								
Schedule D, line 1b (if Box A abo							61,241.	
above is checked), or line 3 (if B			upp income -t		hecia		· · · · · · · · · · · · · · · · · · ·	
Note: If you checked Box A above b adjustment in column (g) to correct t	•			. ,		•		

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Form 8949 (2022)				Attachn	nent Seque	nce No. 12A	Page 2	
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if	shown on page 1			rity number or entification no.	
HEALTHY COMMUN	ITIES FOU	UNDATION				36-4	324067	
Before you check Box D, E, or F belo statement will have the same information	w, see whether ation as Form 10	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute IS by your	
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instructio	ns). For short-term t	ransactions,	
see page 1. Note: You may aggregate all								
codes are required. Enter the You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate l	Form 8949, page 2, for e		
If you have more long-term transactions than will					-			
(D) Long-term transactions rep		,		· ·	Note abo	ve)		
X (F) Long-term transactions not	· ·	, .	, ,					
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)	
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column (u enter an amount (g), enter a code in	Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price)	Note below and	column (f).	See instructions.	from column (d) &	
		(MO., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)	
LITTLEJOHN FUND						adjustment	with column (g)	
VI, LP							-300.	С
RESOURCE LAND FUND								Ŭ
IV, LLC							87.	С
ALLIED INVENTORS								
FUND, LLC							3,818.	С
2 Totale Add the amounts in column		nd (b) (aubtract						
2 Totals. Add the amounts in colur negative amounts). Enter each to								
Schedule D, line 8b (if Box D abo								
above is checked), or line 10 (if E		•					3,605.	
Note: If you checked Box D above b	-							
adjustment in column (g) to correct t	he basis. See C	olumn (g) in the s	separate instructi	ons for how to figur	e the amou	int of the adjustm	ent.	

223012 10-24-22

Form 4797
Dependence of the Treesury

Name(s) shown on return

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0184

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		
	4	

 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)

						10)	
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)
AR	GONAUT PRIVATE						
EQ	UITY IV, LP						2,696.
3							
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	57		4	
5	Section 1231 gain or (loss) from like-k	kind exchanges f	rom Form 8824				
6	Gain, if any, from line 32, from other t	han casualty or t	theft			6	
7	Combine lines 2 through 6. Enter the	gain or (loss) he	re and on the ap	propriate line as fo	ollows	7	2,696.
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K, Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	line 9. Skip lines shareholders, a lines 8 and 9. If I in an earlier yea	8, 9, 11, and 12 and all others. ine 7 is a gain a r, enter the gain	2 below. If line 7 is zero or a nd you didn't have from line 7 as a lo	a loss, enter the an any prior year sec	nount	
	the Schedule D filed with your return	and skip lines 0,	3, 11, and 12 b				
8	Nonrecaptured net section 1231 loss	es from prior yea	ars. See instructi	ons			
9	Subtract line 8 from line 7. If zero or l			•			
	line 9 is more than zero, enter the am			•	n from line 9 as a l	J.	0 606
	capital gain on the Schedule D filed v	vith your return.	See instructions				2,696.
Pa	rt II Ordinary Gains and I	Losses (see in	structions)				
10							
10	Ordinary gains and losses not incluc	Ted on lines 11 tr	irougn 16 (inclue	T T T T T T T T T T T T T T T T T T T	year or less).		
							· · · · · · · · · · · · · · · · · · ·
11							()
12	Gain, if any, from line 7 or amount fro						
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684, lin						
15	Ordinary gain from installment sales f						
16	Ordinary gain or (loss) from like-kind e						
17							
18	For all except individual returns, ente			appropriate line of	your return and sl	kip lines	
	a and b below. For individual returns,	-					
а	If the loss on line 11 includes a loss fi		•				
	loss from income-producing property						
_	as an employee.) Identify as from "Fo						
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedul		
	(Form 1040), Part I, line 4					18b	

LHA **For Paperwork Reduction Act Notice, see separate instructions.** 218011 12-12-22

36-4324067

Page **2**

19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 j	property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α					
В					
C					
D					
These columns relate to the properties on					
lines 19A through 19D.		Property A	Property B	Property C	Property D
O Gross sales price (Note: See line 1a before completing.)	20				
Cost or other basis plus expense of sale	21				
2 Depreciation (or depletion) allowed or allowable	22				
Adjusted basis. Subtract line 22 from line 21	23				
Total gain. Subtract line 23 from line 20	24				
5 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
	230				
6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
${\bf a}$ Additional depreciation after 1975. See instructions $\qquad \ldots \qquad$	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				
7 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				
 B 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				
9 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				
ummary of Part III Gains. Complete property of		A through D through	، اine 29b before goin	g to line 30.	
Total gains for all properties. Add property columns				30	
Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13		
2 Subtract line 31 from line 30. Enter the portion from	n casualt	y or theft on Form 4	684, line 33. Enter the	portion	
from other than casualty or theft on Form 4797, line		<u></u>		32	
Part IV Recapture Amounts Under Section (see instructions)	ons 179	and 280F(b)(2)	When Business	Use Drops to 50%	or Less
, ·,				(a) Section	(b) Section 280E(b)(2)

			(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		

218012 12-12-22

Form 4797 (2022)

14371113 756359 1838520.000

70 2022.05000 HEALTHY COMMUNITIES FOUND 18385201 Name

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

Employer identification number

36-4324067

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or lost	SS.

HEALTHY COMMUNITIES FOUNDATION

Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	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 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in columr	۱h		7	61,241.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n 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 ga or loss from Form(s) 89 Part II, line 2, column	49,	(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					
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					
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					
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					
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					
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					
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					3,605.
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 E checked Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9				11	<u>3,605.</u> 2,696.
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 E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales	; from Form 6252, line 26 or 3			12	3,605. 2,696.
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 E checked Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	; from Form 6252, line 26 or 3				3,605. 2,696.
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 E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions	from Form 6252, line 26 or 3 d exchanges from Form 8824	7		12 13 14	
 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combined 	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum	7		12 13	3,605. 2,696. 6,301.
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 E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II	7 n h		12 13 14 15	6,301.
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 E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lim	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II ne 7) over net long-term capita	7 n h al loss (line 15)		12 13 14 15 16	6,301.
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 E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lin 17 Net capital gain. Enter excess of net long-term	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II ne 7) over net long-term capita n capital gain (line 15) over ne	7 n h al loss (line 15) t short-term capital loss (lin	e 7)	12 13 14 15 16 17	6,301. 61,241. 6,301.
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 E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lim	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum d II ne 7) over net long-term capita n capital gain (line 15) over ne 1120, page 1, line 8, or the ap	7 n h al loss (line 15) t short-term capital loss (lin	e 7)	12 13 14 15 16	6,301.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22

Form	8949
	ent of the Treasury Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2022
ZUZZ
Attachment Seguence No. 12A

Social security number or taxpayer identification no.

٣	~,	•••			••••				•••	1
2	6	_	л	2	c	Λ	\cap	5	7	

HEALTHY COMMUN	36-4	324067					
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute stater Ir basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IF	bstitute IS by your
Part I Short-Term. Transacti		al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate all codes are required. Enter the							
You must check Box A, B, or C below. O	Check only one bo	x. If more than one b	ox applies for your sho	rt-term transactions, comp	olete a separat	e Form 8949, page 1, for	each applicable box.
(A) Short-term transactions rep					,		
(B) Short-term transactions rep			-	-		,	
X (C) Short-term transactions no			-				
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	in column	(g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f)). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
LITTLEJOHN FUND							
VI, LP							<3,721.>
RESOURCE LAND FUND							
IV, LLC							63,918.
TRUEBRIDGE CAPITAL							
PARTNERS FUND VI							
(CAY							1,044.
2 Totals. Add the amounts in colur	nns (d) (e) (a) a	nd (h) (subtract					<u> </u>
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		-					
above is checked), or line 3 (if B		,					61,241.
Note: If you checked Box A above b			vas incorrect. ent	er in column (e) the	basis as r	eported to the IRS	· · ·
adjustment in column (g) to correct t							

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Form 8949 (2022)				Attachn	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	io. not required if			Social secur	ity number or ntification no.
HEALTHY COMMUN							324067
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 10	ou received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute statem ır basis (usually you	ent(s) from y r cost) was i	your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.		al assets you held r	nore than 1 year are	e generally long-term (s	ee instructior	ns). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. O If you have more long-term transactions than will	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for e	
(D) Long-term transactions rep					-		
(E) Long-term transactions rep	orted on Form(s	,) 1099-B showing	g basis wasn't re	eported to the IRS		,	
X (F) Long-term transactions not	reported to you	on Form 1099-E	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If you in column (, if any, to gain or u enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e)
	(100., day, yr.)	(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of	from column (d) & combine the result with column (g)
LITTLEJOHN FUND						adjustment	(g)
VI, LP							<300.3
RESOURCE LAND FUND							
IV, LLC							87.
ALLIED INVENTORS							
FUND, LLC							3,818.
							<u> </u>
2 Totals. Add the amounts in colur	nns (d). (e). (a). a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		-					
above is checked), or line 10 (if E	Box F above is cl	necked)					3,605.
Note: If you checked Box D above b						-	
adjustment in column (g) to correct t	THE DASIS. SEE (olumn (g) in the s	separate instructi	UNS IOF NOW LO LIGUE			ent. Form 8949 (2022)
223012 10-24-22						ł	-orm vəfə (2022)

14371113 756359 1838520.000

Form 4797
Department of the Treasury Internal Revenue Service

Name(s) shown on return

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.

OMB No. 1545-0184	ŀ

Attachment Sequence No. 27

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)

			,		(000 1101 000)	3)		
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 o basis, plus improvements expense of s	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
AR	GONAUT PRIVATE							
EQ	UITY IV, LP							2,696.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa						4	
5	Section 1231 gain or (loss) from like-k	ind exchanges fi	rom Form 8824				5	
6	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the	gain or (loss) her	re and on the ap	propriate line as fo	llows		7	2,696.
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,				r Form 1065, Sche	dule K,		
	Individuals, partners, S corporation	•			loss. enter the arr	ount		
	from line 7 on line 11 below and skip				,			
	1231 losses, or they were recaptured				ng-term capital gai	n on		
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 b	elow.				
8	Nonrecaptured net section 1231 loss	es from prior yea	ırs. See instructi	ions			8	
9	Subtract line 8 from line 7. If zero or le	ess, enter -0 If li	ne 9 is zero, ent	ter the gain from lir	ne 7 on line 12 belo	w. If		
	line 9 is more than zero, enter the am	ount from line 8	on line 12 below	/ and enter the gair	n from line 9 as a lo	ong-term		
	capital gain on the Schedule D filed w	vith your return. S	See instructions				9	2,696.
Pa	rt II Ordinary Gains and I	_OSSES (see in	structions)					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (inclue	de property held 1	year or less):			
11	Loss, if any, from line 7			-			11	()
12	Gain, if any, from line 7 or amount fro						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, line		14					
15	Ordinary gain from installment sales f	[15					
16	Ordinary gain or (loss) from like-kind e		16					
17			17					
18	For all except individual returns, enter	r the amount fror	n line 17 on the	appropriate line of	your return and sk	ip lines		
	a and b below. For individual returns,							
а	If the loss on line 11 includes a loss fr	Enter the						
	loss from income-producing property	on Schedule A (Form 1040), line	e 16. (Do not includ	e any loss on prop	erty used		
	as an employee.) Identify as from "Fo	rm 4797, line 18a	a." See instructi	ons			18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4						18b	
LH	A For Paperwork Reduction Act No	otice. see separ	ate instruction	s				Form 4797 (2022)

218011 12-12-22

	7	4						
-	-		-	_	-	-	-	

36-4324067

Page **2**

9 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:		(b) Date acquir (mo., day, yr.)		(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on						
lines 19A through 19D.		Property A	Property B	Property (2	Property D
D Gross sales price (Note: See line 1a before completing.)	20					
1 Cost or other basis plus expense of sale	21					
2 Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
5 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
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					
7 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					
 8 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					
9 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					
ummary of Part III Gains. Complete property of	olumns	A through D through	n line 29b before going	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
1 Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter he	re and on line 13	·····	31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	684, line 33. Enter the	portion		
from other than casualty or theft on Form 4797, line					32	
Part IV Recapture Amounts Under Section (see instructions)	ons 179	and 280F(b)(2)	When Business	Use Drops to	50% c	or Less
				(a) Section 179		(b) Section 280F(b)(2)

			(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		
				Farm 4797 (0000)

218012 12-12-22

Form 4797 (2022)

14371113 756359 1838520.000

75 2022.05000 HEALTHY COMMUNITIES FOUND 18385201

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

0
0
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

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

SPECIAL INSTRUCTIONS:

For Of	fice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Form AG990-IL Revised 1/19
PMT	- #	Attorney General KWAME RAOUL State of II			
		Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	lph CC) <u># 01</u>	-01036420
					Il items attached:
AMT	-	Report for the Fiscal Period:	X		IRS Return
			Make Checks	-	Financial Statements
		Beginning <u>01/01/2022</u>	Payable to the Illinois		Form IFC
INIT		& Ending 12/31/2022	Charity 🔼		Annual Report Filing Fee
		& Ending $\frac{12/31/2022}{MO DAY YB}$	Bureau Fund) Late Report Filing Fee
	al ID # <u>36-4324067</u>				AO DAY YR
Are c	ontributions to the organization t	tax deductible? X Yes No Date Or	rganization was creat	ed:	
		MMUNITIES FOUNDATION	Year-end amounts		
		MINITIES FOUNDATION	A) ASSETS	<u>۸) ¢ 1</u>	17,349,306.
	MAIL DDRESS 19 RIVERSI		B) LIABILITIES	B) \$	4,438,316.
	, STATE RIVERSIDE,		C) NET ASSETS		12,910,990.
	$\frac{1}{1000} = 60546 - 2606$		O NET NOOETO	0) ψ 1	12,910,990.
1.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
		RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	%	D) \$	
	E) GOVERNMENT GRANTS &	. ,	%	E) \$	
	F) OTHER REVENUES		100.000%	F) \$	3,452,778.
	,				
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	3,452,778.
11.	SUMMARY OF ALL E	EXPENDITURES DURING THE YEAR:			
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	41.702%	H) \$	3,556,333.
	I) EDUCATION PROGRAM S	ERVICE EXPENSE	%	I) \$	
			44 500		
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	41.702%	J) \$	3,556,333.
	JT) JUINT GUSTS ALLUGATEL	D TO PROGRAM SERVICES (INCLUDED IN J): <u>\$</u>			
	K) GRANTS TO OTHER CHAR	RITABLE ORGANIZATIONS	58.298%	K) \$	4,971,685.
	() divide to officiation a			- Κ) Ψ	
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	100.000%	L) \$	8,528,018.
	,	, , , , , , , , , , , , , , , , , , ,			
	M) MANAGEMENT AND GENE	RAL EXPENSE	%	M) \$	
	N) FUNDRAISING EXPENSE		%	N) \$	
					0 500 010
	0) TOTAL EXPENDITURES TH	IIS PERIOD (ADD L, M, & N)	100 %	0) \$	8,528,018.
111.		AID FUNDRAISER AND CONSULTANT ACTIVITIES:			
		rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	P) TOTAL AMOUNT BAISED	<u>s</u> : By Paid Professional fundraisers	100 %	P) \$	0.
			100 /0	., ¢	
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISIN	G CONSULTANTS:			
	S) TOTAL AMOUNT PAID TO	PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.
IV.		THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:		
		A PESQUEIRA, PRESIDENT		T) \$	
		GONZALEZ, DIRECTOR OF FINANCE		U) \$	
		GARCIA, DIRECTOR OF PROGRAMS		V) \$	
۷.	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	List on	back side of instructions
11-22					
04-0		IS TO OTHER CHARITABLE ORGANIZATION	GI	W)#	150
298091 04-01-22	X)DESCRIPTION:Y)DESCRIPTION:			X) # Y) #	
101				1	

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?	. 1.		X
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?	. 2.		X
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?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	. 6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
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?	. 8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	U.S. BANK N.A-60 LIVINGSTON AVE., ST. PAUL MN 55107			
	FIRST AMERICAN BANK-P.O. BOX 0794, ELK GROVE VILLAGE, IL 60009	0-079	94	

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ELVA GONZALEZ 708-443-4516

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:	MARIA PASQUEIRA		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.			
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
• · · · · · · · · · · · · · · · · · · ·	CHRISTOPHER PETERMANN		
298101 04-01-22	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
	ent of Revenue, P.O. Box 19053, Springfield, IL 62794-9053	form
STOP If no payment is due or yo	ou make your payment electronically, do not file this	iorm.
	Tax year	rending
^{FEIN} 36-4324067 000 8	12	23
	Month	Year
HEALTHY COMMUNITIES FOUNDATION	N \$	6,380 _{.00}
19 RIVERSIDE ROAD, NO. 6	Payment Amount (Wh	nole dollars only)
RIVERSIDE, IL 60546-2606 Preparer's phone number 908-272-6200	Write your FEIN, tax year ending, and "IL-990- money order and make it payable to "Illinois D	



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
	ent of Revenue, P.O. Box 19053, Springfield, IL 62794-9053	form
STOP If no payment is due or yo	ou make your payment electronically, do not file this	iorm.
	Tax year	rending
^{FEIN} 36-4324067 000 8	12	23
	Month	Year
HEALTHY COMMUNITIES FOUNDATION	N \$	6,380 _{.00}
19 RIVERSIDE ROAD, NO. 6	Payment Amount (Wh	nole dollars only)
RIVERSIDE, IL 60546-2606 Preparer's phone number 908-272-6200	Write your FEIN, tax year ending, and "IL-990- money order and make it payable to "Illinois D	



298032 01-23-23

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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
	ent of Revenue, P.O. Box 19053, Springfield, IL 62794-9053	form
STOP If no payment is due or yo	ou make your payment electronically, do not file this	iorm.
	Tax year	rending
^{FEIN} 36-4324067 000 8	12	23
	Month	Year
HEALTHY COMMUNITIES FOUNDATION	N \$	6,380 _{.00}
19 RIVERSIDE ROAD, NO. 6	Payment Amount (Wh	nole dollars only)
RIVERSIDE, IL 60546-2606 Preparer's phone number 908-272-6200	Write your FEIN, tax year ending, and "IL-990- money order and make it payable to "Illinois D	



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
	ent of Revenue, P.O. Box 19053, Springfield, IL 62794-9053	form
STOP If no payment is due or yo	ou make your payment electronically, do not file this	iorm.
	Tax year	rending
^{FEIN} 36-4324067 000 8	12	23
	Month	Year
HEALTHY COMMUNITIES FOUNDATION	N \$	6,380 _{.00}
19 RIVERSIDE ROAD, NO. 6	Payment Amount (Wh	nole dollars only)
RIVERSIDE, IL 60546-2606 Preparer's phone number 908-272-6200	Write your FEIN, tax year ending, and "IL-990- money order and make it payable to "Illinois D	



Illinois Department of Revenue



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.

	Enter the	e amount you are paying.			
Tax year beginning 20, ending 20		00 000			
WARNING This form is for tax years ending on or after December 31, 2022, and before December 31 and the situations, see instructions to determine the correct form to use.	ber 31, 2023. \$	20,023.			
Step 1: Identify your exempt organization	D Enter your federal employe	r identification no. (FEIN).			
A Enter your complete legal business name.	36-4324067				
If you have a name change, check this box.		_			
Name: HEALTHY COMMUNITIES FOUNDATION	E Check if you are taxed as a	a corporation.			
B Enter your mailing address.					
Check this box if either of the following apply:	F Check if you are taxed as a				
 this is your first return, or you have an address change. 	G Provide the nature of your				
• you have all audress change.	business. SEE STATE				
C/O:	H Check this box if you attack				
	Schedule 1299-D, Income				
Mailing address: 19 RIVERSIDE ROAD, NO. 6	I Enter your North American	Industry Classification			
City: <u>RIVERSIDE</u> State: <u>IL</u> ZIP: <u>60546-260</u>	System (NAICS) Code, if ap	oplicable. See instructions.			
C If this is the first or final return, check the applicable box(es).					
First return	J Check this box if you are a	52/53 week filer.			
Final return (Enter the date of termination.					
Step 2: Figure your base income or loss					
1 Unrelated business taxable income or loss from U.S. Form 990-T. See Instruct	วทร	(Whole dollars only)			
Attach a copy of your U.S. Form 990-T.	und.	1 268,237 .00			
Attach a copy of your U.S. Form 990-1.2 Illinois income and replacement tax and surcharge deducted in arriving at Line	1	1 <u>200,237.00</u> 2 .00			
 Base income and replacement tax and surcharge deducted in arriving at Line Base income or loss. Add Lines 1 and 2. 	1.	2 .00 3 268,237 .00			
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.)					
from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You n					
B If any portion of the amount on Line 3 is derived outside Illinois, check this be (Do not leave Lines 6 through 8 blank.) See instructions.	ist leave Step 3, Lines 4 through 11 bla				
B If any portion of the amount on Line 3 is derived outside Illinois, check this b	ist leave Step 3, Lines 4 through 11 bla c and complete a <u>ll lines o</u> f Step 3.	ank.)			
STOP B If any portion of the amount on Line 3 is derived outside Illinois, check this be (Do not leave Lines 6 through 8 blank.) See instructions. Step 3: Figure your income allocable to Illinois (Complete only if your section)	ist leave Step 3, Lines 4 through 11 bla (and complete a <u>ll lines o</u> f Step 3. 	ank.)			
B If any portion of the amount on Line 3 is derived outside Illinois, check this by (Do not leave Lines 6 through 8 blank.) See instructions. Step 3: Figure your income allocable to Illinois (Complete only if you 4 Business income or loss included in Line 3 from non-unitary partnerships, partnershi	ist leave Step 3, Lines 4 through 11 bla (and complete a <u>ll lines o</u> f Step 3. 	ank.)			
STOP B If any portion of the amount on Line 3 is derived outside Illinois, check this be (Do not leave Lines 6 through 8 blank.) See instructions. Step 3: Figure your income allocable to Illinois (Complete only if your section)	ist leave Step 3, Lines 4 through 11 bla (and complete a <u>ll lines o</u> f Step 3. 	ank.)			
B If any portion of the amount on Line 3 is derived outside Illinois, check this be (Do not leave Lines 6 through 8 blank.) See instructions. Step 3: Figure your income allocable to Illinois (Complete only if you 4 Business income or loss included in Line 3 from non-unitary partnerships, par Schedule UB, S corporations, trusts, or estates. See instructions. 5 Business income or loss. Subtract Line 4 from Line 3.	ast leave Step 3, Lines 4 through 11 bla (and complete all lines of Step 3. checked the box on Line B, above.) herships included on a 4_ 5_	ank.)			
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DR _

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

18	Net income or loss from Line 12.		18	
19	Income Tax. See instructions.		19	<u>18,777 .00</u>
20	Recapture of investment credits. Attach Schedule 4255.		20	
21	Income tax before credits. Add Lines 19 and 20.		21	18,777 _{.00}
22	Income tax credits. Attach Schedule 1299-D.		22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is neg	gative, enter zero.	23	.00 18,777 .00
tep	δ: Figure your refund or balance due			
24	Net replacement tax from Line 17.		24	6,706 _{.00}
25	Net income tax from Line 23.		25	18,777 .00
26	Compassionate Use of Medical Cannabis Program Act surcharge. S	See instructions.	26	.00
27	Sale of assets by gaming licensee surcharge. See instructions.		27	.00
28	Total net income and replacement taxes and surcharges. $\operatorname{Add}L$	ines 24, 25, 26, and 27.	28	25,483 .00
29	Payments. See instructions.			
	a Credits from previous overpayments.	29a	5,460 .00	
	b Total payments made before the date this return is filed.		.00	
	c Pass-through withholding reported to you on Schedule(s)			
	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c	.00	
	d Pass-through entity tax credit reported to you.			
	Attach Schedule(s) K-1-P or K-1-T.	29d	.00	
	e Illinois income tax withholding. Attach Form(s) W-2G.	29e	.00	
30	Total payments. Add Lines 29a through 29e.		30	5,460 .00
31	Overpayment. If Line 30 is greater than Line 28, subtract Line 28 fr	om Line 30.	31	.00
32	Amount to be credited forward. See instructions.		,, ♦ 32	.00
	Check this box and attach a detailed statement if this carryforward	is going to a different FEII	• •	
33	Refund. Subtract Line 32 from Line 31. This is the amount to be ref	unded.	33	.00
34	Complete to direct deposit your refund			
	Routing Number	Checking or	Savings	
	Account Number			
35	Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Li	ne 28. This is the amount	vou owe. 35	20,023 .00
	If you owe tax on Line 35, make an electronic payment at Tax.III		·	

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 \longrightarrow 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.

 Sign Here
 PRESIDENT

 Signature of authorized officer
 Date (mm/dd/vvvv) Title

Olgi		1 101	C	preparer shown in this step.
Data	CHRISTOPHER PETERMANN			Check if P00097440
Paid	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	self-employed Paid Preparer's PTIN
Preparer	Firm's name FKF O'CONNOR DAVIE	S ADVISORY, LL	Firm's FEIN	87-3231666
Use Only	Firm's address > 20 COMMERCE DRIVE	#301, CRANFO	Firm's phone	908-272-6200

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