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.

OMB No. 1545-0047 **2023**Open to Public Inspection

For calendar year 2023 or tax year beginning , and ending							
Name of foundation				A Employer identification	number		
HEALTHY COMMUNITIES FOUNDATION						36-4324067	
		nd street (or P.O. box number if mail is not delivered to street a RIVERSIDE ROAD, NO. 6	ddress)		Room/suite	B Telephone number 708-443-56	71
		own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is pe	
		ERSIDE, IL 60546-2606					
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public o	charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			Foreign organizations me check here and attach co	eting the 85% test,
H C	hack	Address change Type of organization: X Section 501(c)(3) ex	Name change			1	
	_	ection 4947(a)(1) nonexempt charitable trust		ition		E If private foundation sta under section 507(b)(1)	
I Fa		arket value of all assets at end of year J Accounti		X Accr	ual	F If the foundation is in a	•
(fr			ther (specify)			under section 507(b)(1)	
	\$	120,153,005. (Part I, colun	nn (d), must be on cash basi	s.)			I (n
Pa	πı	Analysis of Revenue and Expenses (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 inco	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received				N/A	
	2	Check X if the foundation is not required to attach Sch. B Interest on savings and temporary	170 270	17	0 270		спапемент 1
	3	cash investments	178,278. 2,516,503.	2 50	8,278. 4,897.		STATEMENT 1 STATEMENT 2
	4 52	Dividends and interest from securities	2,310,303.	4,50	4,037.		SIKIEMENI Z
		Gross rents Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10	-696,714.				
nue	b	Gross sales price for all assets on line 6a 31,074,264.	·				
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
æ	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
		and allowances					
		Less: Cost of goods sold Gross profit or (loss)					
	11	Other income	205,003.	-6	7,538.		STATEMENT 3
	12	Total. Add lines 1 through 11	2,203,070.		5,637.		
	13	Compensation of officers, directors, trustees, etc.	486,547.		2,982.		413,565.
	14	Other employee salaries and wages	817,757.		0.		814,086.
	15	Pension plans, employee benefits	378,005.	2	1,151.		329,315.
ses	16a	Legal fees STMT 4	318.		0.		868.
pen	b	Accounting fees STMT 5	53,730. 929,385.	15	0. 6,836.		51,230. 81,260.
ŭ		Other professional fees STMT 6	71,010.		5,848.		0.
Administrative Expense	18	Interest Taxes STMT 7	12,695.		2,572.		230.
stra	19	Depreciation and depletion	107,721.		0.		
E E	20	Occupancy	78,925.		0.		83,778.
- 1	21	Travel, conferences, and meetings	263,056.		0.		247,822.
and	22	Printing and publications	101 500				100 500
<u>n</u>	23	Other expenses STMT 8	194,690.	66	3,214.		190,769.
Operating	24	Total operating and administrative	3,393,839.	۵۵	2,603.		2,212,923.
ŏ	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	4,586,984.		<u> </u>		7,652,711.
	25 26	Total expenses and disbursements.	±,500,50±•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Add lines 24 and 25	7,980,823.	99	2,603.		9,865,634.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-5,777,753.				
		Net investment income (if negative, enter -0-)		1,62	3,034.		
	C	Adjusted net income (if negative, enter -0-)				N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
_		column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	539,316.	96,168.	96,168.
		Savings and temporary cash investments	1,459,937.	985,089.	985,089.
		Accounts receivable	, ,	,	,
	ľ	Less: allowance for doubtful accounts			
		Pledges receivable			
		Less: allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
δ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	16,335.	15,642.	15,642.
¥		Investments - U.S. and state government obligations			
	ь	Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
	• •	Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments other STMT Q	11// 87// 210	117,598,282.	117,598,282.
	14	Investments - other STMT 9	114,074,210	111,330,202	117,330,202
	14	Land, buildings, and equipment: basis $651,064$. Less: accumulated depreciation STMT 10 $381,762$.	377,023.	260 302	269,302.
	4-	Other assets (describe STATEMENT 11)	82,485.	1,188,522.	1,188,522.
		`	02,403.	1,100,322.	1,100,322.
	10	Total assets (to be completed by all filers - see the	117 3/0 306	120,153,005.	120 153 005
	47	instructions. Also, see page 1, item I)		134,891.	120,133,003.
		Accounts payable and accrued expenses	4,185,375.		
		Grants payable	4,105,575.	1,119,040.	
Liabilities		Deferred revenue			
Ħ		Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>		Mortgages and other notes payable	126 E04	67 507	
_	22	Other liabilities (describe PENSION PAYABLE)	136,504.	67,597.	
		Tabel Pak PPP of And Proce 47 thorough 000	1 120 216	1 222 126	
	23	Total liabilities (add lines 17 through 22)	4,438,316.	1,322,136.	
		Foundations that follow FASB ASC 958, check here			
ces		and complete lines 24, 25, 29, and 30.	112 010 000	118,830,869.	
anc		Net assets without donor restrictions	114,910,990.	110,030,009.	
Bal	25	Net assets with donor restrictions			
Fund Balan		Foundations that do not follow FASB ASC 958, check here			
Ī		and complete lines 26 through 30.			
ō		Capital stock, trust principal, or current funds			
šets		Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds	112 010 000	110 020 060	
Net Assets	29	Total net assets or fund balances	112,910,990.	118,830,869.	
_	20	Total liabilities and not assets/fund balances	117,349,306.	120 153 005	
		Total liabilities and net assets/fund balances		120,133,003	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	112,910,990.
2		amount from Part I, line 27a		0	-5,777,753.
		increases not included in line 2 (itemize) UNREALIZED GAIL			11,697,632.
		ines 1, 2, and 3			118,830,869.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29		118,830,869.
					Form 990-PF (2023)

orm 990-P	F (2023) HEA	LTHY COMMUNITIES	FOUNDA'	rion				3	6-432	4067	Page 3
Part IV	Capital Gains	and Losses for Tax on In	vestment I	ncome	SE	E A'	TTACH	ED S	TATEME	ENTS	
		the kind(s) of property sold (for exa arehouse; or common stock, 200 shs		i	I P	How ac ' - Purcl) - Dona	hase I	(c) Date a (mo., d		(d) Dat (mo., d	
1a											
b											
C											
d											
е											
(e)	Gross sales price	(f) Depreciation allowed (or allowable)		or other bas pense of sale					ain or (loss) s (f) minus (
a											
b											
C											
d	24 254			0.5.5	<u> </u>						4.40
	31,074,264.			,875,	506.						,440.
Comple	te only for assets showing	ng gain in column (h) and owned by	1			-			ol. (h) gain not less thar		
(i) FI	MV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. (i ol. (j), if any			COI		(from col. (I		
a											
b											
C			-								
d			-							700	440
е										- / 0 0	,440.
2 Capital g	ain net income or (net ca	apital loss) $\left\{ egin{array}{l} ext{If gain, also ente} \ ext{If (loss), enter -C} \end{array} ight.$	r in Part I, line 7)- in Part I, line 7		}	2				-700	,440.
		ss) as defined in sections 1222(5) ar , column (c). See instructions. If (los			}						
Part I, lii					<u>J</u>	3			N/A		
Part V		sed on Investment Incom		4940(a),	4940(b), or	· 4948 -	see in	struction	ns)	
1a Exemp	ot operating foundations	described in section 4940(d)(2), che	ck here	and ente	er "N/A" o	n line 1	-				
	f ruling or determination		tach copy of lett			instru	ctions)			22	<u>,560.</u>
		enter 1.39% (0.0139) of line 27b. Ex									
4% (0	.04) of Part I, line 12, col	l. (b)									^
	1 1 0	tic section 4947(a)(1) trusts and taxa				J-)				2.2	<u>0.</u> ,560.
		otic costion 4047(a)/1) tructs and to				ο \		3			0.
		stic section 4947(a)(1) trusts and tax			s, enter -	U-)		. 4		22	,560.
		me. Subtract line 4 from line 3. If ze	ero or iess, eriter	-0-				. 3		22	, 500 •
	s/Payments:	and 2022 avernovment aredited to 20	າດວ	ا ده ا		15	1,731				
		and 2022 overpayment credited to 20		6a 6b			<u> </u>				
		tax withheld at source		6c		1	0,000	•			
		ly withheld		6d			0,000				
	redits and payments. Ad							-		161	,731.
		yment of estimated tax. Check here [X if Form 22	20 is attach	 ed			8			0.
		and 8 is more than line 7, enter amo		.20 13 attacili	· · · · · · · · · · · · · · · · · · ·			. 9			
		e than the total of lines 5 and 8, enter		rnaid				10		139	,171.
-	-	he: Credited to 2024 estimated tax	and uniounit ove		9 17	1	Dofundo	. —			,

	THE VIA			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	-
	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. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$O .			
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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
	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	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	<u>IL</u>			
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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			1
	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	X	
	Website address HCFDN.ORG			
14	The books are in care of ELVA GONZALEZ Telephone no. 708-44			
	Located at 19 RIVERSIDE ROAD, SUITE 6, RIVERSIDE, IL ZIP+4 60	546	-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	N	/A	
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	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			
	Fo	rm 99 ()-PF	(2023)

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orm	1 990-PF (2023) HEALTHY COMMUNITIES FOUNDATION 36	-4324067		Page 5
Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	a During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	Х	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1a(6)		X
b	o 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			X
C	Organizations relying on a current notice regarding disaster assistance, check here	🔲 📗		
d	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 2023?	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	a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines			
	6d and 6e) for tax year(s) beginning before 2023?	2a		<u> </u>
	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.			
3a	a 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	o If "Yes," did it have excess business holdings in 2023 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 2023.)

N/A

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2023?

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3b

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3 3		COntin	ucu)			
5a During the year, did the foundation pay or incur any amount to:					Yes	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		X
(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)		X
(4) Provide a grant to an organization other than a charitable, etc., organization				Eo/4\		Х
4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnocae, or fe			5a(4)		
the prevention of cruelty to children or animals?				5a(5)		х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i	n Regulations		04(0)		
section 53.4945 or in a current notice regarding disaster assistance? See instru	•	•	N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check h						
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
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 p	pay premiums on					
a personal benefit contract?				6a		X
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a p				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 s				7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attribu			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			_		٠,,
Part VII Information About Officers, Directors, Truste	as Esundation Mar	agara Lighby		8		X
Paid Employees, and Contractors	es, Foundation Mai	iagers, riigiliy				
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to		(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensation	" a	ccount, allowa	, other inces
	·	,				
SEE STATEMENT 12		486,547.	72,527		1,2	00.
				\perp		
				-		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1) If none (enter "NONF "				
	(b) Title, and average	NONE:	(d) Contributions to employee benefit plan		(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	, u	ccount allowa	, other
NORA GARCIA - 19 RIVERSIDE ROAD #6,	DIRECTOR OF P	ROGRAMS	compensation	+	unowa	11003
RIVERSIDE, IL 60546-2606	40.00	165,036.	24,300	.	6	00.
	SR. PROGRAM M					-
ROAD #6, RIVERSIDE, IL 60546-2606	40.00	129,600.	19,440	.	6	00.
· · · · · · · · · · · · · · · · · · ·	COMMUNICATION					
RIVERSIDE ROAD #6, RIVERSIDE, IL	40.00	117,720.	17,658			0.
	GRANTS & OPS	MANAGER				
#6, RIVERSIDE, IL 60546-2606	40.00	102,546.	15,382	•		0.
	PROGRAM MGR O	1				
#6, RIVERSIDE, IL 60546-2606	40.00	91,800.	13,770	•	5	28.
Total number of other employees paid over \$50,000						3

Part VII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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	116,102.
20112 1,007 011011007 11 00001		120,2020
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	atistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pi		Expenses
1 N/A		
2		
-		
3		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

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P	art IX Minimum Investment Return (All domestic foundation	ons must compl	ete this part. Foreign for	undatior	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charit	able, etc., purpos	es:		
а	Average monthly fair market value of securities			1a	114,535,129.
	Average of monthly cash balances			1b	4,805,723.
C	Fair market value of all other assets (see instructions)			1c	
	Total (add lines 1a, b, and c)			1d	119,340,852.
е	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	119,340,852.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater	amount, see inst	ructions)	4	1,790,113.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	117,550,739.
6	Minimum investment return. Enter 5% (0.05) of line 5			6	5,877,537.
P	art X Distributable Amount (see instructions) (Section 4942(j)	(3) and (j)(5) priv	ate operating foundations	and certa	in
	foreign organizations, check here and do not complete this p				
1	Minimum investment return from Part IX, line 6 Tax on investment income for 2023 from Part V, line 5 Income tax for 2023. (This does not include the tax from Part V.)			1	5,877,537.
2a	Tax on investment income for 2023 from Part V, line 5	2a	22,560. 51,535.		
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	51,535.		
C	Add lines 2a and 2b			2c	74,095. 5,803,442.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	5,803,442.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	5,803,442.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on P.	art XII, line 1		7	5,803,442.
P	Qualifying Distributions (see instructions)				
1	$Amounts\ paid\ (including\ administrative\ expenses)\ to\ accomplish\ charitable,\ etc.,\ p$	•			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	9,865,634.
b	Program-related investments - total from Part VIII-B			1b	0.
2				2	
3	Amounts set aside for specific charitable projects that satisfy the:				
	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	9,865,634.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X,	Оограз	Todis prior to 2022	2022	2023
line 7				5,803,442.
2 Undistributed income, if any, as of the end of 2023:				.,,
a Enter amount for 2022 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021 2,636,852.				
e From 2022 3,640,553.				
f Total of lines 3a through e	6,277,405.			
4 Qualifying distributions for 2023 from				
Part XI, line 4: \$ 9,865,634.				
a Applied to 2022, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2023 distributable amount				5,803,442.
e Remaining amount distributed out of corpus	4,062,192.			
5 Excess distributions carryover applied to 2023				
(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	10,339,597.			
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 2022. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2023. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2024				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2018	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024.	10 220 507			
Subtract lines 7 and 8 from line 6a	10,339,597.			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020 c Excess from 2021 2,636,852.				
c Excess from 2021 2,636,852. d Excess from 2022 3,640,553.				
e Excess from 2023 4,062,192.				

323581 12-20-23

Form 990-PF (2023) HEALTHY	COMMUNITIE	S FOUNDATION	N	36-43	324067 Page 10
Part XIII Private Operating F	oundations (see in	structions and Part VI-	A, question 9)	N/A	Ť
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo					
b Check box to indicate whether the found	dation is a private operation	ng foundation described i		4942(j)(3) or 2	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(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 Info at any time during t			f the foundati	on had \$5,000 or mo	ore in assets
1 Information Regarding Foundation		detioner,			
a List any managers of the foundation wh	•	than 2% of the total contr	ihutions received hy	the foundation before the clo	se of any tax
year (but only if they have contributed n			isations received by	the roundation polore the ole	oo or any tan
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large p	ortion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.	1 3 3 1	, , , , , , , , , , , , , , , , , , , ,	,
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here if the foundation the foundation makes gifts, grants, etc.,	•		•	does not accept unsolicited res	equests for funds. If
a The name, address, and telephone num			•		ATEMENT 14
SEE STATEMENT 13					
b The form in which applications should be	e submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	kinds of institutions	or other factors:	
,	, 2, 90091441110			,	

Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year A BLESSING HAND N/A ÞС GENERAL OPERATING 3238 W. 64TH STREET SUPPORT - HEALTH FAIR CHICAGO, IL 60629 2,500. A HOUSE IN AUSTIN N/A PC GENERAL OPERATING SUPPORT - RESILIENCE 533 N PINE AVE CHICAGO, IL 60644 5,000. ADLER UNIVERSITY N/A PC GENERAL OPERATING SUPPORT 17 N DEARBORN ST, 15TH FLOOR CHICAGO, IL 60602 25,000. 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. SEE CONTINUATION SHEET(S) 7,652,711. Total 3a b Approved for future payment AGING CARE CONNECTIONS N/A PC GENERAL OPERATING SUPPORT-COMMUNITY 111 W. HARRIS AVENUE LA GRANGE, IL 60525 HEALTH WORKERS 35,433. ALIVIO MEDICAL CENTER N/A PC GENERAL OPERATING 966 W 21ST ST SUPPORT-COMMUNITY HEALTH WORKERS CHICAGO, IL 60608 60,642. BEDS PLUS CARE N/A ÞС GENERAL OPERATING 9601 OGDEN AVENUE SUPPORT-COMMUNITY HEALTH WORKERS LA GRANGE, IL 60525 42,378. CONTINUATION SHEET (S) 1,119,648. Total

Page 12

Part XV-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
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					
investments			14	178,278.	
4 Dividends and interest from securities	901101	2,762.		178,278. 2,513,741.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			01		
8 Gain or (loss) from sales of assets other					
than inventory	901101	46,815.	18	-743,529.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a UBIT PARTNERSHIP GAIN					
b THROUGH K-1	901101	234,410.	01	-29,407.	
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		283,987.		1,919,083.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,203,070.
(See worksheet in line 13 instructions to verify calculations.)					-

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

orm 990	D-PF (2023) HEALT	HY COMMUNITIES	FOUNDATION	36-43	324067	Pa	ıge 13
Part 2	Information Re Exempt Organ		nd Transactions and	d Relationships With Nonch	aritable		
1 Did		rectly engage in any of the following	ng with any other organization	described in section 501(c)		Yes	No
(ot	ner than section 501(c)(3) organ	nizations) or in section 527, relatin	g to political organizations?				
a Tra	nsfers from the reporting founda	ation to a noncharitable exempt or	ganization of:				
(1)	Cash				1a(1)		X
(2)	Other assets				1a(2)		X
	er transactions:						
٠,	Sales of assets to a noncharita	. •			1b(1)	\longrightarrow	X
(2)	Purchases of assets from a no	ncharitable exempt organization .			1b(2)	\longrightarrow	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)	\longrightarrow	X
(4)	Reimbursement arrangements				1b(4)	\longrightarrow	X
(5)	Loans or loan guarantees				1b(5)	\longrightarrow	X
		embership or fundraising solicitation				\longrightarrow	X
							X
ors	services given by the reporting f		red less than fair market value	ays show the fair market value of the goo in any transaction or sharing arrangemer	•	ets,	
a) Line n	o. (b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transactions,	and sharing arra	ngemen	its
		N/A					
in s	•		e or more tax-exempt organiza		. Yes	X] No
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relat	ionship		
	N/A						
	Under penalties of parium, I de de-	a that I have examined this roturn includi	ng accompanying schedules and at-	staments, and to the best of my knowledge			
Sign Here				tements, and to the best of my knowledge ion of which preparer has any knowledge.	May the IRS d return with the shown below?	prepare	er str. ¬
	Signature of officer or trustee	<u> </u>	L Date	PRESIDENT Title	X Yes		_ No
	2.g., a.a. 5 5, 5,111001 01 11 11 11 11 11 11 11 11 11 11	•	Dato	1160	· · · · · · · · · · · · · · · · · · ·		_

Firm's EIN 87-3231666

P00097440

PTIN

Phone no. 908-272-6200

Form **990-PF** (2023)

Paid

Preparer

Use Only

Preparer's signature

Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC

Firm's address 20 COMMERCE DRIVE #301 CRANFORD, NJ 07016

CHRISTOPHER PETER

Date

Print/Type preparer's name

CHRISTOPHER

PETERMANN

Check [

self- employed

P	Capital Gains and Los	sses for Tax on Investment Income				
		d describe the kind(s) of property solorick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
-	ALLIED INVENTOR	<u> </u>				
_		MARKETS EQUITY FU	IND			
		re equity iv, LP				
	LITTLEJOHN FUNI					
_		AL PARTNERS II, L				
_	PANGAEA TWO, LI	TNERS DC VEHICLE	I, LP			
$\overline{}$	PUBLICLY TRADE					
	QUESTA CAPITAL					
<u></u>	RESOURCE LAND					
k		TEGIC CAPITAL FUN	D II, LP			
<u> </u>		ITAL PARTNERS FUN	•	,		_
m	WELLINGTON TRUS	ST CTF SMALL CAP				
n	CAPITAL GAINS I	DIVIDENDS				
0						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a						-5,806.
b						150,840.
С						-2,214.
d						-737.
е						15,426.
<u>f</u>						-1,095.
g	20 520 455		21 055 506		4	17,477.
<u>h</u>	30,732,477.		31,875,506.			
<u> </u>						102,286.
			+			5,025. 41,583.
<u>k</u>			+			-2,785.
<u> </u>			+			-14,626.
m n	341,787.					341,787.
0	<u> </u>				·	<u> </u>
_	Complete 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	of col. (h) gain over ot less than "-0-")	col. (k),
a						-5,806.
b						150,840.
С						-2,214.
d						-737.
<u>e</u>						15,426.
<u>f</u>						$\frac{-1,095}{17,477}$
<u>g</u>					_1	$\frac{17,477.}{143,029.}$
<u>h</u>			+			102,286.
÷			+			5,025.
k						41,583.
<u></u>						-2,785.
m					$\frac{2,733.}{-14,626.}$	
n						341,787.
0						
		. If make also serves	in Dort Lline 7			
		apital loss) { If gain, also enter "-0 If (loss), enter "-0	\	2	_'	700,440.
J	If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8)	3	N/A	

3a Grants and Contributions Paid During the Year				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALIVIO MEDICAL CENTER 966 W 21ST ST CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT - COMMUNITY HEALTH WORKERS	56,642.
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S. 79TH AVE JUSTICE, IL 60458	N/A	PC	GENERAL OPERATING SUPPORT	35,000.
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON STREET, SUITE 228 HILLSIDE, IL 60162-1904	N/A	PC	GENERAL OPERATING SUPPORT	35,000.
ARAB AMERICAN FAMILY SERVICES 7000 W. 111TH ST.SUITE 300 WORTH, IL 60482	N/A	₽C	GENERAL OPERATING SUPPORT	200,000.
ARISE CHICAGO 1700 W HUBBARD ST SUITE 2E CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
AUSTIN COMING TOGETHER 5049 W HARRISON ST CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
BEDS PLUS CARE, INC. 9601 OGDEN AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	76,000.
Total from continuation sheets				7,391,288.

3a Grants and Contributions Paid During the Ye	ear	T		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Sommission	
BEDS PLUS CARE, INC.	N/A	₽C	GENERAL OPERATING SUPPORT - COMMUNITY HEALTH WORKERS	
9601 OGDEN AVENUE				
LA GRANGE, IL 60525				38,006.
BEYOND HUNGER	N/A	₽C	GENERAL OPERATING SUPPORT	
848 LAKE STREET				
OAK PARK, IL 60301				50,000.
BLACK UNITED FUND OF ILLINOIS INC.	N/A	₽C	GENERAL OPERATING SUPPORT	
1809 E. 71ST STREET 200				
CHICAGO, IL 60649				1,000.
BLACKROOTS ALLIANCE	N/A	PC	GENERAL OPERATING SUPPORT	
601 S. CALIFORNIA AVE				45.000
CHICAGO, IL 60612				45,000.
BORDERLESS MAGAZINE 4753 N. BROADWAY, 2ND FLOOR	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60640				40,000.
BRIGHTON PARK NEIGHBORHOOD COUNCIL	N/A	PC	GENERAL OPERATING SUPPORT	
4477 S. ARCHER AVE.				
CHICAGO, IL 60632				200,000.
BUILD, INC.	N/A	₽C	GENERAL OPERATING SUPPORT	
5100 W. HARRISON STREET				
CHICAGO, IL 60644				201,000.
Total from continuation sheets		ı		

3a Grants and Contributions Paid During the Year				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CASA CENTRAL SOCIAL SERVICES CORPORATION 1343 N. CALIFORNIA AVE. CHICAGO, IL 60622	N/A	₽C	GENERAL OPERATING SUPPORT	55,000.
CATHOLIC CHARITIES OF ARCHDIOCESE CHICAGO 721 NORTH LASALLE STREET	N/A	PC	GENERAL OPERATING SUPPORT	1.000
CHICAGO, IL 60654				1,000.
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION, INC. 100 W PLAINFIELD RD, STE 100	N/A	PC	GENERAL OPERATING SUPPORT	
COUNTRYSIDE, IL 60525				50,000.
CENTRO SANAR	N/A	PC	GENERAL OPERATING SUPPORT	
5013 S. HERMITAGE AVE. CHICAGO, IL 60609				60,000.
<u> </u>				
CHICAGO CARES, INC. 641 W. LAKE STREET	N/A	PC	GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE GRANT	
CHICAGO, IL 60661				60,000.
CHICAGO COMMONS 515 EAST 50TH STREET	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60615				25,000.
CHICAGO COMMUNITY AND WORKERS' RIGHTS 2801 S. HAMLIN AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623				50,000.
Total from continuation sheets				

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

3a Grants and Contributions Paid During the Yea	ar _	_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
CHICAGO WORKERS COLLABORATIVE	N/A	₽C	GENERAL OPERATING SUPPORT	
1914 S. ASHLAND AVENUE				
CHICAGO, IL 60608				50,000.
CHI-CARES	N/A	PC	GENERAL OPERATING SUPPORT	
374 LOVELAND DRIVE				
GLENDALE HEIGHTS, IL 60139				50,000.
CICERO INDEPENDIENTE	N/A	PC	GENERAL OPERATING SUPPORT	
1937 S 50TH AVE				25.000
CICERO, IL 60804				35,000.
COALITION FOR SPIRITUAL AND PUBLIC	N/A	PC	GENERAL OPERATING SUPPORT	
LEADERSHIP				
1701 S 1ST AVE., SUITE 407				60,000
MAYWOOD, IL 60153				60,000.
COMMUNITYHEALTH 2611 WEST CHICAGO AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60622				150,103.
·				,
CORAZON COMMUNITY SERVICES	N/A	PC	GENERAL OPERATING SUPPORT	
5339 WEST 25TH STREET	N/A	FC	GENERAL OFERATING SUFFORT	
CICERO, IL 60804				75,000.
DEVICES 4 THE DISABLED (D4D)	N/A	₽C	GENERAL OPERATING SUPPORT	
2743 W. 36TH PLACE, UNIT D				
CHICAGO, IL 60632				35,000.
Total from continuation sheets			1	

3a Grants and Contributions Paid During the Yea	ar	_		
Recipient	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
DION'S CHICAGO DREAM	N/A	₽C	GENERAL OPERATING SUPPORT	
180 N. WINDMERE CIRCLE				
MATTSON, IL 60443				40,000.
EL VALOR	N/A	PC	GENERAL OPERATING SUPPORT	
1850 W. 21ST ST.				
CHICAGO, IL 60608				75,000.
ENLACE CHICAGO	N/A	PC	GENERAL OPERATING SUPPORT	
2756 S. HARDING AVE.				
CHICAGO, IL 60623				200,000.
EQUAL HOPE	N/A	PC	GENERAL OPERATING SUPPORT	
300 SOUTH ASHLAND AVENUE OAK PARK, IL 60607				175,500.
OAK PAKK, II 00007				173,300.
EQUITICITY	N/A	PC	GENERAL OPERATING SUPPORT	
1655 S. BLUE ISLAND AVE. #753	., 21		SIMILARI GI IMMITAG BOITOMI	
CHICAGO, IL 60608				51,000.
ERIE NEIGHBORHOOD HOUSE	N/A	PC	GENERAL OPERATING SUPPORT	
1701 W. SUPERIOR ST.				
CHICAGO, IL 60622				201,000.
ESPERANZA HEALTH CENTER	N/A	PC	GENERAL OPERATING SUPPORT	
2001 S CALIFORNIA AVE				
CHICAGO, IL 60608				202,000.
Total from continuation sheets				

3a Grants and Contributions Paid During the Year		_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
EVERTHRIVE ILLINOIS	N/A	PC	GENERAL OPERATING SUPPORT	
1006 S MICHIGAN AVE, SUITE 200				
CHICAGO, IL 60605				60,000.
FAMILY FOCUS	N/A	PC	GENERAL OPERATING SUPPORT	
310 S PEORIA ST, SUITE #301				
CHICAGO, IL 60607				90,000.
FAMILY SERVICE AND MENTAL HEALTH CENTER OF	N/A	PC	GENERAL OPERATING SUPPORT	
CICERO				
5341 W CERMAK ROAD				400.000
CICERO, IL 60804				130,000.
GADS HILL CENTER	N/A	PC	GENERAL OPERATING SUPPORT	
1919 W. CULLERTON CHICAGO, IL 60608				200,100.
entence, if the transfer in th				200,100.
GARDENEERS 3414 W ROOSEVELT RD	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60624				30,000.
GREATER CHICAGO FOOD DEPOSITORY	N/A	PC	GENERAL OPERATING SUPPORT	
4100 WEST ANN LURIE PLACE	N/A		SEMENAL OF EXATING SOFFORT	
CHICAGO, IL 60632				31,500.
HEALTH AND MEDICINE POLICY RESEARCH GROUP	N/A	₽C	GENERAL OPERATING SUPPORT - COMMUNITY HEALTH WORKERS	
29 E. MADISON STREET, SUITE 602				
CHICAGO, IL 60602				72,000.
Total from continuation sheets	1	1		

3a Grants and Contributions Paid During the Year	r _	_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
HEALTHCARE ALTERNATIVE SYSTEMS, INC.	N/A	₽C	GENERAL OPERATING SUPPORT	
2755 W. ARMITAGE				
CHICAGO, IL 60647				85,000.
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE	N/A	₽C	GENERAL OPERATING SUPPORT - COMMUNITY HEALTH WORKERS	
CHICAGO, IL 60647				48,000.
HEALTHY ILLINOIS CAMPAIGN	N/A	₽C	GENERAL OPERATING SUPPORT	
966 WEST 21ST STREET				
CHICAGO, IL 60608				25,000.
HOUSING FORWARD	N/A	₽C	GENERAL OPERATING SUPPORT	
1851 S 9TH AVE MAYWOOD, IL 60153				75,000.
MINOS, 12 00133				73,000.
HOUSING HELPERS INC.	N/A	PC	GENERAL OPERATING SUPPORT	
602 N 3RD AVE	,,		<u> </u>	
MAYWOOD, IL 60153				50,000.
ILLINOIS COALITION FOR IMMIGRANTS AND	N/A	₽C	GENERAL OPERATING SUPPORT	
REFUGEE RIGHTS				
228 S. WABASH AVE, SUITE 800				
CHICAGO, IL 60604				276,500.
ILLINOIS PARTNERS FOR HUMAN SERVICE 33 WEST GRAND AVENUE, SUITE 300	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60654				40,000.
				·
Total from continuation sheets				

INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629 200,000. INSTITUTE FOR LATINO PROGRESS N/A 2520 S. WESTERN AVE CHICAGO, IL 60608 JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 ANA PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC SENERAL OPERATING SUPPORT 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC SENERAL OPERATING SUPPORT 2828 W. 24TH BLVD CHICAGO, IL 60601 N/A PC SENERAL OPERATING SUPPORT 10,000. LATINO FOLICY FORUM 180 N. MICHICAN AVE.,, STE. 1250 CHICAGO, IL 60601 N/A PC SENERAL OPERATING SUPPORT	3a Grants and Contributions Paid During the Ye	ar	_		
ILLINOIS UNIDOS 180 N MICHICANA NVE, SUITE 1250 CHICAGO, LL 60601 N/A PC SENERAL OPERATING SUPPORT	<u> </u>	I show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
180 N MICHIGAN AVE, SUITE 1250 CRICAGO, IL 60601 TOUGHCAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT CRICAGO, IL 60623 N/A PC GENERAL OPERATING SUPPORT 220,000. INSTITUTE FOR LATINO PROGRESS N/A PC GENERAL OPERATING SUPPORT 128,000. JOHN HOWARD ASSOCIATION TO EAST LAKE STREET, SUITE 410 CRICAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT CRICAGO, IL 60601 1,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT 100,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT 100,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 1,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 100,000. LATING FROGRESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 100,000. LATING FROGRESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 100,000.	Name and address (home or business)	or substantial contributor	recipient	Softmatton	
180 N MICHIGAN AVE, SUITE 1250 CRICAGO, IL 60601 TOUGHCAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT CRICAGO, IL 60623 N/A PC GENERAL OPERATING SUPPORT 220,000. INSTITUTE FOR LATINO PROGRESS N/A PC GENERAL OPERATING SUPPORT 128,000. JOHN HOWARD ASSOCIATION TO EAST LAKE STREET, SUITE 410 CRICAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT CRICAGO, IL 60601 1,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT 100,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT 100,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 1,000. LATING FORGESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 100,000. LATING FROGRESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 100,000. LATING FROGRESANDO N/A PC GENERAL OPERATING SUPPORT BENERAL OPERATING SUPPORT CRICAGO, IL 60601 100,000.					
CHICAGO, IL 60601 INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629 N/A PC SENERAL OPERATING SUPPORT 200,000. INSTITUTE FOR LATINO PROCRESS 2520 S. WESTERN AVE CHICAGO, IL 60608 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 128,000. JOHN HOMARD ASSOCIATION 70 BAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 1,000. LATINO FOLICY FORUM 180 N. MICHICAGO, IL 60601 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 100,000. LATINO FOLICY FORUM 180 N. MICHICAGO, IL 60601 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPO	ILLINOIS UNIDOS	N/A	PC	GENERAL OPERATING SUPPORT	
INNER-CITY MUSLIM ACTION NETWORK 7744 W 65RD ST CHICAGO, IL 60629 200,000. INSTITUTE FOR LATINO PROGRESS N/A PC GENERAL OPERATING SUPPORT 220,000. INSTITUTE FOR LATINO PROGRESS N/A PC GENERAL OPERATING SUPPORT 128,000. JOHN HOWARD ASSOCIATION O' BAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT 1,000. LATINO FOLICY FORUM 180 N. MICHICANO AVE., STE. 1250 CHICAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 100,000. LATINO FOLICY FORUM 180 N. MICHICANO AVE., STE. 1250 CHICAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 100,000.	180 N MICHIGAN AVE, SUITE 1250				
CHICAGO, IL 60629 ZOD,000. INSTITUTE FOR LATINO PROGRESS N/A 2520 S. WESTERN AVE CRICAGO, IL 60608 JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 ANA PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT JOHN HOWARD ASSOCIATION 1,000. LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 10,000. LATINO FOLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.	CHICAGO, IL 60601				75,000.
CHICAGO, IL 60629 ZOD,000. INSTITUTE FOR LATINO PROGRESS N/A 2520 S. WESTERN AVE CRICAGO, IL 60608 JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 ANA PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT JOHN HOWARD ASSOCIATION 1,000. LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 10,000. LATINO FOLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.					
CHICAGO, IL 60629 INSTITUTE FOR LATINO PROGRESS N/A PC SEMERAL OPERATING SUPPORT JOHN HOWARD ASSOCIATION N/A PC SEMERAL OPERATING SUPPORT 128,000. ANA PC SEMERAL OPERATING SUPPORT 1,000. LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC SEMERAL OPERATING SUPPORT SEMERAL OPERATING SUPPORT 10,000. LATINO FOLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 N/A PC SEMERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SEMERAL OPERATING SUPPORT SEMERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.	INNER-CITY MUSLIM ACTION NETWORK	N/A	PC	GENERAL OPERATING SUPPORT	
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE CHICAGO, IL 60608 N/A PC 3ENERAL OPERATING SUPPORT 128,000. JOHN HOWARD ASSOCIATION 70 BAST LAKE STREET, SUTTE 410 CHICAGO, IL 60601 N/A PC 3ENERAL OPERATING SUPPORT 1,000. LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC 3ENERAL OPERATING SUPPORT 3ENERAL OPERATING SUPPORT 10,000. LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623 N/A PC 3ENERAL OPERATING SUPPORT 2ENERAL OPERATING SUPPORT 100,000.					
2520 S. WESTERN AVE CHICAGO, IL 60608 JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC GENERAL OPERATING SUPPORT 10,000. LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO ANA PC GENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.	CHICAGO, IL 60629				200,000.
2520 S. WESTERN AVE CHICAGO, IL 60608 JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC GENERAL OPERATING SUPPORT 10,000. LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO ANA PC GENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.					
CHICAGO, IL 60608 JOHN HOWARD ASSOCIATION N/A PC JENERAL OPERATING SUPPORT LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 N/A PC JENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT JOURNAL OPERATING SUPPORT SENERAL OPERATING SUPPORT JOURNAL OPERATING SUPPORT SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT LATINOS PROGRESANDO N/A PC JENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT EXELLERATOR FUND 100,000.		N/A	PC	GENERAL OPERATING SUPPORT	
JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 1,000. LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 10,000. LATINO FOLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623 N/A PC SENERAL OPERATING SUPPORT SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL SEXELLERATOR FUND 100,000.					100 000
70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO ANA PC SENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.	CHICAGO, IL 60608				128,000.
70 EAST LAKE STREET, SUITE 410 CHICAGO, IL 60601 LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO ANA PC SENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.					
CHICAGO, IL 60601 LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 N/A PC SENERAL OPERATING SUPPORT 10,000. LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC SENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL EXELLERATOR FUND 100,000.		N/A	PC	GENERAL OPERATING SUPPORT	
LA BROCHA 2824 W. 24TH BLVD CHICAGO, IL 60623 LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 N/A PC GENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL SUPPORT EXELLERATOR FUND 100,000.					1 000
2824 W. 24TH BLVD CHICAGO, IL 60623 LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL S047 W. CERMAK CHICAGO, IL 60623 100,000.	eniendo, il dudi				1,000.
2824 W. 24TH BLVD CHICAGO, IL 60623 LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT 100,000. LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL S047 W. CERMAK CHICAGO, IL 60623 100,000.					
CHICAGO, IL 60623 LATINO POLICY FORUM N/A PC GENERAL OPERATING SUPPORT 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL 3047 W. CERMAK CHICAGO, IL 60623 100,000.		N/A	PC	GENERAL OPERATING SUPPORT	
180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL S047 W. CERMAK CHICAGO, IL 60623 100,000.					10,000.
180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL S047 W. CERMAK CHICAGO, IL 60623 100,000.					
180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL S047 W. CERMAK CHICAGO, IL 60623 100,000.	LATING POLICY FORIM	N / A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60601 LATINOS PROGRESANDO N/A PC GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL 3047 W. CERMAK CHICAGO, IL 60623 100,000.		N/11		SHARRI STEMITING BOTTON	
3047 W. CERMAK CHICAGO, IL 60623 EXELLERATOR FUND 100,000.					100,000.
3047 W. CERMAK CHICAGO, IL 60623 EXELLERATOR FUND 100,000.					
3047 W. CERMAK CHICAGO, IL 60623 EXELLERATOR FUND 100,000.	LATINOS PROGRESANDO	N/A	PC	GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE IL	
Total from continuation sheets	CHICAGO, IL 60623				100,000.
Total from continuation sheets					
	Total from continuation sheets			L	

3a Grants and Contributions Paid During the Yea	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
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE, SUITE 900 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	70,000.
LITTLE VILLAGE ENVIRONMENTAL JUSTICE ORGANIZATION 2445 S. SPAULDING AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	1,050.
LOYOLA UNIVERSITY CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
MACNEAL HOSPITAL - LOYOLA MEDICINE 701 W. NORTH AVE MELROSE PARK, IL 60160	N/A	PC	GENERAL OPERATING SUPPORT	40,000.
MIDWAY MINISTRIES 4857 S. LOTUS AVE CHICAGO, IL 60638	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
MOBILE CARE CHICAGO 239 W. ROOT STREET CHICAGO, IL 60609	N/A	PC	GENERAL OPERATING SUPPORT	80,000.
CHICAGO, IL 60609 Total from continuation sheets				80,0

3a Grants and Contributions Paid During the Year		_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
MUJERES LATINAS EN ACCION	N/A	₽C	GENERAL OPERATING SUPPORT - FISC SPON FOR STRATEGIC	
2124 W. 21ST PLACE			INITIATIVE	
CHICAGO, IL 60608				165,000.
MUJERES LATINAS EN ACCION	N/A	PC	GENERAL OPERATING SUPPORT - COMMUNITY HEALTH WORKERS	
2124 W. 21ST PLACE				
CHICAGO, IL 60608				61,800.
MUJERES LATINAS EN ACCION	N/A	₽C	GENERAL OPERATING SUPPORT	
2124 W. 21ST PLACE				
CHICAGO, IL 60608				203,000.
NAMI METRO SUBURBAN	N/A	₽C	GENERAL OPERATING SUPPORT	
816 HARRISON STREET				117 460
OAK PARK, IL 60304				117,460.
NEW LIFE CENTERS 2657 S. LAWNDALE AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623				10,000.
NEW MOMS, INC.	N/A	₽C	GENERAL OPERATING SUPPORT	
5317 W. CHICAGO AVE.	[,,			
CHICAGO, IL 60651				80,500.
OAK PARK RIVER FOREST COMMUNITY FOUNDATION	N/A	PC	GENERAL OPERATING SUPPORT	
1049 LAKE STREET #204				
OAK PARK, IL 60301				414.
Total from continuation sheets				

3a Grants and Contributions Paid During the Year		_		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
OAK PARK RIVER FOREST COMMUNITY FOUNDATION 1049 LAKE STREET #204 OAK PARK, IL 60301	N/A	₽C	GENERAL OPERATING SUPPORT - FISCAL SPONSOR FOR CLIP	15,000.
P.A.S.O WEST SUBURBAN ACTION PROJECT 3415 W NORTH AVE, SUITE D MELROSE PARK, IL 60160	N/A	₽C	GENERAL OPERATING SUPPORT	50,000.
PCC COMMUNITY WELLNESS CENTER 14 LAKE STREET OAK PARK, IL 60302	N/A	₽C	GENERAL OPERATING SUPPORT	75,000.
PEACE DEVELOPMENT FUND 2335 N. ORCHARD ST. CHICAGO, IL 60614	N/A	₽C	GENERAL OPERATING SUPPORT	10,000.
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525	N/A	₽C	GENERAL OPERATING SUPPORT	200,000.
QUINN CENTER 815 LEXINGTON ST. MAYWOOD, IL 60153	N/A	₽C	GENERAL OPERATING SUPPORT	50,000.
RESILIENCE PARTNERS NFP 4455 SOUTH KING DRIVE SUITE 101 (B) CHICAGO, IL 60653	N/A	₽C	GENERAL OPERATING SUPPORT	60,000.
Total from continuation sheets				

· I show any	lation manager	Foundation status of recipient GENERAL OPERATING SUPPORT GENERAL OPERATING SUPPORT	Amount 1,000.
Name and address (home or business) any found or substated and substated and address (home or business) RUSH UNIVERSITY MEDICAL CENTER (WEST SIDE N/A UNITED) 1700 W. VAN BUREN STREET 265 CHICAGO, IL 60612 SARAH'S INN N/A 1547 CIRCLE AVENUE FOREST PARK, IL 60130 SHRIVER CENTER ON POVERTY LAW N/A 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH N/A INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A	lation manager ntial contributor	GENERAL OPERATING SUPPORT	
UNITED) 1700 W. VAN BUREN STREET 265 CHICAGO, IL 60612 SARAH'S INN 1547 CIRCLE AVENUE FOREST PARK, IL 60130 SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A			1,000.
CHICAGO, IL 60612 SARAH'S INN 1547 CIRCLE AVENUE FOREST PARK, IL 60130 SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A	₽C	GENERAL OPERATING SUPPORT	1,000.
1547 CIRCLE AVENUE FOREST PARK, IL 60130 SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A	PC	GENERAL OPERATING SUPPORT	
1547 CIRCLE AVENUE FOREST PARK, IL 60130 SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A	₽C	GENERAL OPERATING SUPPORT	1
SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A			
67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A			50,000.
67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603 SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A			
SINAI CHICAGO - SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608 SISTERHOUSE N/A	₽C	GENERAL OPERATING SUPPORT	80,000.
CHICAGO, IL 60608 SISTERHOUSE N/A	₽C	GENERAL OPERATING SUPPORT	
			75,000.
OAK PARK, IL 60304	PC	GENERAL OPERATING SUPPORT	35,000.
·			,
SOUTHWEST ORGANIZING PROJECT N/A 2558 W. 63RD ST.	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60629			100,000.
TALLER DE JOSE 2831 W 24TH BLVD.	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623			40,000.
Total from continuation sheets			

Recipient Name and address (home or business) TASKFORCE PREVENTION AND COMMUNITY SERVICES 9 N CICERO AVE CHICAGO, IL 60644	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution GENERAL OPERATING SUPPORT	Amount
TASKFORCE PREVENTION AND COMMUNITY SERVICES 9 N CICERO AVE		recipient		711104111
SERVICES 9 N CICERO AVE	N/A	₽C	GENERAL OPERATING SUPPORT	
			I and the second	
				75,000.
2832 W. 24TH BLVD	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623				1,300.
ILLINOIS	N/A	PC	GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE GRANT	
840 S. WOOD ST., M/C 787, ROOM 101 CHICAGO, IL 60612				15,000.
THE CHICAGO COMMUNITY FOUNDATION N 225 N. MICHIGAN AVE., NO. 2200	N/A	₽C	IL IMMIGRATION FUNDER COLLABORATIVE	
CHICAGO, IL 60601				250,000.
MILE ELDERANGE DREAM	NI / 3	ng.	GENERAL OPERATING GUPPORT	
THE FIREHOUSE DREAM N 511 SAINT CHARLES RD	N/A	PC	GENERAL OPERATING SUPPORT	
MAYWOOD, IL 60153				35,000.
DISORDERS ALLIANCE	N/A	PC	GENERAL OPERATING SUPPORT	
6112 W. CERMAK RD. CICERO, IL 60804				60,000.
THE LINCOLN ACADEMY OF ILLINOIS	N/A	PC	GENERAL OPERATING SUPPORT	
PO BOX 8337 CHAMPAIGN , IL 61826				2,000.
, 12 01020				2,000.
Total from continuation sheets				

3a Grants and Contributions Paid During the Ye	ear	_		_
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	Contribution	7 unount
UCAN	N/A	PC	GENERAL OPERATING SUPPORT	
3605 W FILLMORE STREET				1 000
CHICAGO, IL 60624				1,000.
UNIVERSITY OF CHICAGO	N/A	₽C	GENERAL OPERATING SUPPORT - STRATEGIC INITIATIVE	
111 W. WASHINGTON ST. #1023	[",		INCLUSIVE ECONOMY LAB	
CHICAGO, IL 60602				100,000.
URBAN GROWERS COLLECTIVE	N/A	PC	GENERAL OPERATING SUPPORT	
1200 W 35TH ST #118				
CHICAGO, IL 60609				50,413.
WAY BACK INN, INC.	N/A	PC	GENERAL OPERATING SUPPORT	
104 OAK ST.				
MAYWOOD, IL 60153				50,000.
WEST COOK YMCA	N/A	PC	GENERAL OPERATING SUPPORT	
255 S. MARION ST. OAK PARK, IL 60302				60,000.
OAK TAKK, 11 00302				00,000.
WEST SIDE SERVICE CONNECTOR (THE	N/A	PC	GENERAL OPERATING SUPPORT	
NEIGHBORHOOD BRIDGE)				
720 GUNDERSON AVENUE				05.000
OAK PARK, IL 60304				25,000.
V F V P 3		7.0	ATTIVITY OF THE ATTIVITY OF THE POPULATION OF TH	
Y.E.M.B.A. 1207 S. SAWYER AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623				25,000.
,				,,,,,,
Total from continuation sheets				
Total il olii continuation sheets				

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

3a Grants and Contributions Paid During the Yea	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
YOUTH CROSSROADS, INC. 6501 STANLEY AVENUE BERWYN, IL 60402	N/A	PC	GENERAL OPERATING SUPPORT - FIS SPON FOR CIC COMM COLLAB	50,000.
YOUTH CROSSROADS, INC. 6501 STANLEY AVENUE BERWYN, IL 60402	N/A	PC	GENERAL OPERATING SUPPORT	130,000.
Total from continuation sheets				

3b Grants and Contributions Approved for Future Pa	ayment			
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
Name and address (home or business)	or substantial contributor	recipient		
CATHOLIC CHARITIES OF ARCHDIOCESE CHICAGO	N/A	PC	GENERAL OPERATING SUPPORT-BOARD MATCH	
721 NORTH LASALLE STREET	N/A		GENERAL OF ERATING SOFFORT BOARD MATCH	
CHICAGO, IL 60654				2,000.
CHICAGO CARES, INC.	N/A	₽C	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE	
641 W. LAKE STREET				
CHICAGO, IL 60661				50,000.
CHICAGO COMMUNITY TRUST 225 N. MICHIGAN AVENUE #2200	N/A	PC	GENERAL OPERATING SUPPORT-IL IMMIGRATION FUNDERS COLLABORATIVE	
CHICAGO, IL 60601			COMMINITY	200,000.
				,
CROSSROADS FUND	N/A	PC	GENERAL OPERATING SUPPORT	
3411 W. DIVERSEY AVE #20	, , <u></u>		32.2 31.2 351.2	
CHICAGO, IL 60647				10,000.
FOREFRONT	N/A	PC	GENERAL OPERATING SUPPORT-FISC SPONSOR FOR CAAIP	
200 WEST MADISON STREET, 2ND CHICAGO, IL 60606				10,000.
CHICAGO, III 00000				10,000.
WILLIAM AND MEDITATIVE DOLLAR DEGELDAR GROUP	7./3	n a	STANDAL ODDINATAS SADDODA	
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON STREET, SUITE 602	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60602				87,933.
HEALTHCARE ALTERNATIVE SYSTEMS	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	
2755 W. ARMITAGE				
CHICAGO, IL 60647				62,608.
Total from continuation sheets				981,195.

3b Grants and Contributions Approved for Future	Payment			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
wattle and address (notifie of business)	or substantial contributor	recipient		
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE	
228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604				125,000.
ILLINOIS COMMUNITY HEALTH WORKER ASSOCIATION 9038 S. UNIVERSITY AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60619				100,000.
LATINOS PROGRESANDO 3047 W. CERMAK	N/A	₽C	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60623				100,000.
MIDWAY MINISTRIES 4857 S. LOTUS AVE	N/A	₽C	CHARITABLE CONTRIBUTION-BOARD GIFT	
CHICAGO, IL 60638				1,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	
CHICAGO, IL 60608				67,654.
SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE	
CHICAGO, IL 60608				165,000.
Total from continuation sheets		I		

Form **2220**Department of the Treasury

Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Name

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

Employer identification number

HEALTHY COMMUNITIES FOUNDATION 36-4324067

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	Otan	, sat do not attach i	OIII 2220.			
							22 560
1	Total tax (see instructions)					1	22,560.
٠,	Personal holding company tax (Schedule PH (Form 1120), line	26)	included on line 1	2a			
	Look-back interest included on line 1 under section 460(b)(2)		-				
	contracts or section 167(g) for depreciation under the income			2b			
	contracts of Section 107(g) for depreciation under the income	10166	ast method			-	
	Credit for federal tax paid on fuels (see instructions)			2c			
	Total. Add lines 2a through 2c					2d	
	Subtract line 2d from line 1. If the result is less than \$500, do						
	does not owe the penalty					3	22,560.
4	Enter the tax shown on the corporation's 2022 income tax retu						
	or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 c	on line 5		4	28,179.
5	Required annual payment. Enter the smaller of line 3 or line $\!\!$	4. If	the corporation is require	d to skip line 4,			
_	enter the amount from line 3					5	22,560.
F	Part II Reasons for Filing - Check the boxes belo	w tha	t apply. If any boxes are o	checked, the corporation	must file Form 2	220	
_	even if it does not owe a penalty. See instructions.						
6	The corporation is using the adjusted seasonal installr						
7	The corporation is using the annualized income install						
8	X The corporation is a "large corporation" figuring its first art III Figuring the Underpayment	t req	uired installment based o	n the prior year's tax.			
•	art in Tiguring the Onderpayment	Т	(a)	/b)	(a)		(4)
9	Installment due dates. Enter in columns (a) through (d) the	\dashv	(a)	(b)	(c)		(d)
ð	15th day of the 4th (Form 990-PF filers: Use 5th month),						
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/23	06/15/23	09/15/	23	12/15/23
10	Required installments. If the box on line 6 and/or line 7		03/13/23	00/13/23	03/13/		12/13/23
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions						
	for the amounts to enter. If none of these boxes are checked,						
	enter 25% (0.25) of line 5 above in each column	10	1,947.	4,125.	3,9	17.	3,571.
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	151,731.				
	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		149,784.	145,6		141,742.
13	Add lines 11 and 12	145,6	59.	141,742.			
14	Add amounts on lines 16 and 17 of the preceding column	4		4.4			
15	Subtract line 14 from line 13. If zero or less, enter -0	145,6	59.	141,742.			
16	If the amount on line 15 is zero, subtract line 13 from line						
	14. Otherwise, enter -0-	16		0.		0.	
17	Underpayment. If line 15 is less than or equal to line 10,						
	subtract line 15 from line 10. Then go to line 12 of the next	_					
	column. Otherwise, go to line 18	17					
18	Overpayment. If line 10 is less than line 15, subtract line 10		1/0 70/	1/5 650	1/11 7	42	
Go	from line 15. Then go to line 12 of the next column	18 / if th	149,784.	145,659.	141,7	44.	
αU	or arrivion page 2 to figure the penalty. Do not go to Part IV	ıı ul	טוט מוט ווט כוונוונט טוו ווווו	o 11 - 110 penany is owed			

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

Part IV Figuring the Penalty

after the cl (C corpora and S corp Form 990- instead of Number of d date shown Number of d Underpayme Underpayme Underpayme Underpayme Number of d Underpayme Number of d Underpayme Underpayme Number of d Underpayme Underpayme Underpayme			(a)	(b)	(c)	(d)
O Number of didate shown of di	date of payment or the 15th day of the 4th month close of the tax year, whichever is earlier. rations with tax years ending June 30 rporations: Use 3rd month instead of 4th month. D-PF and Form 990-T filers: Use 5th month f 4th month.) See instructions	19				
date shown of date shown of date shown of date shown of date and the shown of date and t	days from due date of installment on line 9 to the					
2 Underpayme 3 Number of d 4 Underpayme 5 Number of d 6 Underpayme 7 Number of d 8 Underpayme 9 Number of d 0 Underpayme 1 Number of d 2 Underpayme 3 Number of d 4 Underpayme		20				
3 Number of d 4 Underpayme 5 Number of d 6 Underpayme 7 Number of d 8 Underpayme 9 Number of d 0 Underpayme 1 Number of d 2 Underpayme 3 Number of d 4 Underpayme	days on line 20 after 4/15/2023 and before 7/1/2023	21				
4 Underpayme 5 Number of d 6 Underpayme 7 Number of d 8 Underpayme 9 Number of d 0 Underpayme 1 Number of d 2 Underpayme 3 Number of d 4 Underpayme	nent on line 17 x Number of days on line 21 x 7% (0.07)	22	\$	\$	\$	\$
5 Number of d 6 Underpayme 7 Number of d 8 Underpayme 9 Number of d 0 Underpayme 1 Number of d 2 Underpayme 3 Number of d 4 Underpayme	days on line 20 after 6/30/2023 and before 10/1/2023	23				
6 Underpayme 7 Number of d 8 Underpayme 9 Number of d 0 Underpayme 1 Number of d 2 Underpayme 3 Number of d 4 Underpayme	nent on line 17 x N <u>umber of days on line 23 x</u> 7% (0.07)	24	\$	\$	\$	\$
7 Number of d 8 Underpayme 9 Number of d 0 Underpayme 1 Number of d 2 Underpayme 3 Number of d 4 Underpayme	days on line 20 after 9/30/2023 and before 1/1/2024	25				
8 Underpayme 9 Number of d 0 Underpayme 1 Number of d 2 Underpayme 3 Number of d 4 Underpayme	nent on line 17 x Number of days on line 25 x 8% (0.08)	26	\$	\$	\$	\$
 Number of d Underpayme Number of d Underpayme Number of d Underpayme Underpayme 	days on line 20 after 12/31/2023 and before 4/1/2024	27				
 Underpayme Number of d Underpayme Number of d Underpayme 	nent on line 17 x Number of days on line 27 x 8% (0.08)	28	\$	\$	\$	\$
 Number of d Underpayme Number of d Underpayme 	days on line 20 after 3/31/2024 and before 7/1/2024	29				
2 Underpayme3 Number of d4 Underpayme	nent on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
Number of d Underpayme	days on line 20 after 6/30/2024 and before 10/1/2024	31				
4 Underpayme	nent on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
	days on line 20 after 9/30/2024 and before 1/1/2025	33				
5 Number of d	nent on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
	days on line 20 after 12/31/2024 and before 3/16/2025	35				
6 Underpayme	nent on line 17 x N <u>umber of days on line 35 x</u> *%	36	\$	\$	\$	\$
7 Add lines 22	22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$

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

Form **2220** (2023)

Form 2220 (2023) 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.

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 2020	1a				
b Tax year beginning in 2021	1b				
2 ran year segg	1				
c Tax year beginning in 2022	1c				
Enter taxable income for each period for the tax year beginning in	·•				
2023. See the instructions for the treatment of extraordinary items	2				
2023. See the instructions for the treatment of extraordinary items					
2. Enter toyable income for the following periods	1 1	First 4 months	First 6 months	First 9 months	Entire year
3 Enter taxable income for the following periods.	1 H				
• Toy year haginning in 2000					
a Tax year beginning in 2020	3a				
b Tax year beginning in 2021	3b				
_	1 . 1				
c Tax year beginning in 2022	3c				
4 Divide the amount in each column on line 1a by the	1 1				
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the	1 1				
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the	1 1				
amount in column (d) on line 3c	6				
	1 1				
7 Add lines 4 through 6	7				
	1 1				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9с				
10 Figure the tax on the amt on In 9c using the instr for Form					
1120, Sch J, line 1, 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	112				
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c	1115				
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	"				
	1 1				
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** (2023)

HEALTHY COMMUNITIES FOUNDATION

FORM 990-PF Form 2220 (2023) 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
21 Enter taxable income for each annualization period. See					
instructions for the treatment of extraordinary items \hdots	21	93,392.	218,418.	479,072.	731,643.
22 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22	23a	560,352.	873,672.	958,144.	975,522.
b Extraordinary items (see instructions)	23b				
c Add lines 23a and 23b	23c	560,352.	873,672.	958,144.	975,522.
24 Figure the tax on the amount on line 23c using the					
instructions for Form 1120, Schedule J, line 1,			10 111	12 212	10 560
or comparable line of corporation's return	24	7,789.	12,144.	13,318.	13,560.
25 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	25				
26 Enter any other taxes for each payment period. See instr.	26				
27 Total tax. Add lines 24 through 26	27	7,789.	12,144.	13,318.	13,560.
28 For each period, enter the same type of credits as allowed		7,7030	12/111	13/3101	13/3001
on Form 2220, lines 1 and 2c. See instructions	28				
29 Total tax after credits. Subtract line 28 from line 27. If	<u> </u>				
zero or less, enter -0-	29	7,789.	12,144.	13,318.	13,560.
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31	1,947.	6,072.	9,989.	13,560.
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
32 If only Part I or Part II is completed, enter the amount in					
each column from line 19 or line 31. If both parts are					
completed, enter the smaller of the amounts in each					
column from line 19 or line 31	32	1,947.	6,072.	9,989.	13,560.
33 Add the amounts in all preceding columns of line 38. See instructions	33		1,947.	6,072.	9,989.
34 Adjusted seasonal or annualized income installments.	33		1,541.	0,072.	J, JOJ.
Subtract line 33 from line 32. If zero or less, enter -0-	34	1,947.	4,125.	3,917.	3,571.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in					
each column. Note: "Large corporations," see the					
instructions for line 10 for the amounts to enter	35	5,640.	5,640.	5,640.	5,640.
36 Subtract line 38 of the preceding column from line 37 of					
the preceding column	36		3,693.	5,208.	6,931.
37 Add lines 35 and 36	37	5,640.	9,333.	10,848.	12,571.
38 Required installments. Enter the smaller of line 34 or		,	•	•	•
line 37 here and on page 1 of Form 2220, line 10.					
See instructions	38	1,947.	4,125.	3,917.	3,571.

Form **2220** (2023)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF INTERE	ST ON SAVING	GS AND TE	EMPORA	ARY C	ASH I	NVESTMENTS	STATEMENT 1
SOURCE	REV	(A) REVENUE NE PER BOOKS			(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
INTEREST AND DIVIDE	INDS		L78,2	78.		178,278.	
TOTAL TO PART I, LINE 3		:	178,278.			178,278.	
FORM 990-PF	DIVIDENDS	AND INTE	EREST	FROM	SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	3	REV	A) ENUE BOOKS	(B) NET INVES MENT INCO	
INTEREST AND DIVIDENDS	2,858,290.	341,7	787.	2,51	6,503	. 2,504,89	97.
TO PART I, LINE 4	2,858,290.	341,7	787 .	2,51	6,503	2,504,89	97.
FORM 990-PF		OTHER	INCO	ИЕ			STATEMENT 3
DESCRIPTION			RE	(A) /ENUE BOOK		(B) NET INVEST- MENT INCOME	
PARTNERSHIP INCOME UBIT PARTNERSHIP GA		_		205,	0.	-67,538 0	3.
TOTAL TO FORM 990-F	TOTAL TO FORM 990-PF, PART I, LI		ZINE 11 205,003.		-67,538	B	
FORM 990-PF		LEGA	AL FE	ES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INV IT IN		(C) ADJUSTED NET INCOM	
LEGAL FEES		318	3.		0.		86
TO FM 990-PF, PG 1,	LN 16A	318			0.	-	86

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING AND TAX PREPARATION	53,730.	0.		51,230.	
TO FORM 990-PF, PG 1, LN 16B	53,730.	0.		51,230.	
FORM 990-PF C	THER PROFES	SIONAL FEES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
COMMUNICATIONS CONSULTANTS COMPUTER CONSULTANTS INVESTMENT ADVISORY FEES INVESTMENT CONSULTANTS OTHER CONSULTANTS PROGRAM CONSULTANTS	20,300. 23,460. 722,023. 116,102. 37,500. 10,000.	0. 0. 40,734. 116,102. 0.		10,300. 23,460. 0. 0. 37,500. 10,000.	
TO FORM 990-PF, PG 1, LN 16C	929,385. 156,836.			81,260.	
FORM 990-PF	TAX	ES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES STATE TAXES	12,391. 304.	12,572.		0. 230.	
TO FORM 990-PF, PG 1, LN 18	12,695.	12,572.		230.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	799.	799.		0.	
SOFTWARE LICENSING	34,216.	0.		33,469.	
INSURANCE	36,892.	0.		38,325.	
MEMBERSHIP DUES AND	,			•	
SUBSCRIPTIONS	51,718.	0.		51,565.	
OFFICE EQUIPMENT	8,239.			5,561.	
OFFICE EXPENSE	21,819.			20,893.	
PAYROLL PROCESSING FEES	1,162.	0.		1,162.	
TELEPHONE AND INTERNET	13,965.	0.		13,940.	
PROFESSIONAL DEVELOPMENT	21,230.			21,204.	
OTHER PARTNERSHIP EXPENSES	0.			0.	
HONORARIUM	4,650.			4,650.	
TO FORM 990-PF, PG 1, LN 23	194,690.	663,214.		190,769.	

STATEMENT 9

FORM 990-PF

FORM 990-FF OTHER	TIMAESIMENIS		SIAIEMENI 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
400 CAPITAL CREDIT OPP FUND, LTD	FMV	1,423,736.	1,423,736.
ARGA EMERGING MARKETS EQUITY FUND	FMV	3,019,249.	3,019,249.
ARGONAUT PRIVATE EQUITY FUND IV	FMV	1,653,023.	1,653,023.
ARTISAN HIGH INCOME FUND	FMV	1,002,970.	1,002,970.
BLUE SEA CAPITAL FUND II, LP	FMV	2,381,234.	2,381,234.
BRANDYWINE GLOBAL OPP BOND FUND	FMV	1,161,099.	1,161,099.
BRECKINRIDGE SUSTAINABLE CORE	FMV	4,478,677.	4,478,677.
CAUSEWAY INTERNATIONAL VALUE	FMV	7,002,459.	7,002,459.
CENTANA GROWTH PARTNERS II, LP	FMV	1,339,699.	1,339,699.
CEVIAN CAPITAL II, LTD	FMV	1,756,006.	1,756,006.
COHEN & STEERS INSTL REALTY SHARES	FMV		
(CSRIX)		3,513,131.	3,513,131.
DAVIDSON KEMPNER INT'L (BVI), LTD	FMV	1,924,615.	1,924,615.
DODGE COX INCOME FUND (DODIX)	FMV	3,802,193.	3,802,193.
DWS INVESTMENT MANAGEMENT	FMV	18,099,855.	18,099,855.
DWS RREEF REAL ASSETS FUND (AAASX)	FMV	3,303,335.	3,303,335.
FIDELITY INFLATION PROTECTED BOND	FMV	1,012,799.	1,012,799.
FS EQUITY PARTNERS VIII, LP	FMV	1,278,403.	1,278,403.
GQG PARTNERS EMERGING MARKETS	FMV		
EQUITY FUND (GQGIX)		3,666,493.	3,666,493.
HARBOR MID CAP FUND INST (HMCLX)	FMV	5,801,216.	5,801,216.
HARDING LOEVNER INT'L EQUITY	FMV		
(HLMIX)		7,025,497.	7,025,497.
HBK MULTI-STRATEGY OFFSHORE FUND,	FMV		
LTD		2,005,684.	2,005,684.
JP MORGAN CORE BOND FUND I (WOBDX)	FMV	3,949,699.	3,949,699.
KINGSWOOD CAPITAL OPPORTUNITIES	FMV		
FUND I-A, LP		2,977,447.	2,977,447.
KINGSWOOD CAPITAL OPPORTUNITIES	FMV		
FUND II-A, LP		1,336,300.	1,336,300.
LITTLEJOHN FUND VI, LP	FMV	2,023,291.	2,023,291.
LUMINATE CAPITAL PARTNERS II, LP	FMV	1,124,689.	1,124,689.
LUMINATE CAPITAL PARTNERS III-A, LP	FMV	1,296,719.	1,296,719.
MEANINGFUL PARTNERS DC VEHICLE I,	FMV		
LP		1,679,298.	1,679,298.
MEANINGFUL PARTNERS DEDICATED	FMV		
CAPITAL VEHICLE II, LP		341,717.	341,717.
MIDOCEAN CREDIT OPP OFFSHORE FUND,	FMV		
LTD		77,427.	77,427.
MW EUREKA FUND	FMV	2,181,236.	2,181,236.
NEXPHASE CAPITAL FUND V-A, LP	FMV	62,207.	62,207.
P4G CAPITAL PARTNERS I-A, LP	FMV	2,709,825.	2,709,825.
PANGAEA TWO, LP	FMV	2,052,702.	
PSAM WORLDARB FUND, LTD	FMV	1,293,458.	
QUESTA CAPITAL PARTNERS I, LP	FMV	1,741,678.	1,741,678.
QUESTA CAPITAL PARTNERS II, LP	FMV	1,339,920.	1,339,920.
QUESTA CAPITAL PARTNERS III, LP	FMV	279,283.	279,283.
RED ARTS CAPITAL OPPORTUNITY FUND	FMV	F24 422	E24 422
I, LP		534,132.	534,132.
RESOURCE LAND VALUE IV, LLC	FMV	316,197.	316,197.
SEEDING & STRATEGIC CAPITAL FUND	FMV	1 000 504	1 000 504
II, LP		1,207,534.	1,207,534.

OTHER INVESTMENTS

STATEMENT(S) 9 40

HEALTHY COMMUNITIES FOUNDATION			36-4324067	
SENATOR GLOBAL OPP OFFSHORE FUND,	FMV			
LTD		560,055.		
SER CAPITAL PARTNERS I-A, LP	FMV	849,917.	849,917.	
TRUEBRIDGE CAPITAL PARTNERS FUND	VI FMV			
(CAYMAN), LP		1,117,981.	1,117,981.	
VALINOR CAPITAL PARTNERS OFFSHORE	, FMV			
LTD		272,445.	272,445.	
VISTRIA FUND IV (FT), LP	FMV	1,786,418.	1,786,418.	
WELLINGTON SMALL CAP OPPORTUNITIE	S FMV	4 4 = 0 4 4 0	4 4 = 0 4 4 0	
FUND		4,170,440.		
WOLVERINE FLAGSHIP FUND LTD	FMV	1,797,054.		
WOODLINE OFFSHORE FUND, LTD	FMV	1,867,840.	1,867,840.	
TOTAL TO FORM 990-PF, PART II, LI	NE 13	117,598,282.	117,598,282.	
			CDAMENEN 10	
FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	R INVESTMENT	STATEMENT 10	
FORM 990-PF DEPRECIATION OF ASS DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
	COST OR	ACCUMULATED DEPRECIATION		
DESCRIPTION ———— FURNITURE AND EQUIPMENT	COST OR OTHER BASIS 4,739. 646,325.	ACCUMULATED DEPRECIATION 4,739.	BOOK VALUE	
DESCRIPTION FURNITURE AND EQUIPMENT LEASEHOLD IMPROVEMENT	COST OR OTHER BASIS 4,739. 646,325.	ACCUMULATED DEPRECIATION 4,739. 377,023.	BOOK VALUE 0. 269,302.	
DESCRIPTION FURNITURE AND EQUIPMENT LEASEHOLD IMPROVEMENT TOTAL TO FM 990-PF, PART II, LN 1	COST OR OTHER BASIS 4,739. 646,325. 4 651,064.	ACCUMULATED DEPRECIATION 4,739. 377,023.	BOOK VALUE 0. 269,302. 269,302.	
DESCRIPTION FURNITURE AND EQUIPMENT LEASEHOLD IMPROVEMENT TOTAL TO FM 990-PF, PART II, LN 1 FORM 990-PF DESCRIPTION	COST OR OTHER BASIS 4,739. 646,325. 4 651,064. OTHER ASSETS BEGINNING OF YR BOOK VALUE	ACCUMULATED DEPRECIATION 4,739. 377,023. 381,762. END OF YEAR BOOK VALUE	BOOK VALUE 0. 269,302. 269,302. STATEMENT 11 FAIR MARKET VALUE	
DESCRIPTION FURNITURE AND EQUIPMENT LEASEHOLD IMPROVEMENT TOTAL TO FM 990-PF, PART II, LN 1 FORM 990-PF DESCRIPTION TAX DEPOSITS	COST OR OTHER BASIS 4,739. 646,325. 4 651,064. OTHER ASSETS BEGINNING OF YR BOOK VALUE 80,694.	ACCUMULATED DEPRECIATION 4,739. 377,023. 381,762. END OF YEAR BOOK VALUE 90,662.	BOOK VALUE 0. 269,302. 269,302. STATEMENT 11 FAIR MARKET VALUE 90,662.	
DESCRIPTION FURNITURE AND EQUIPMENT LEASEHOLD IMPROVEMENT TOTAL TO FM 990-PF, PART II, LN 1 FORM 990-PF DESCRIPTION	COST OR OTHER BASIS 4,739. 646,325. 4 651,064. OTHER ASSETS BEGINNING OF YR BOOK VALUE	ACCUMULATED DEPRECIATION 4,739. 377,023. 381,762. END OF YEAR BOOK VALUE	BOOK VALUE 0. 269,302. 269,302. STATEMENT 11 FAIR MARKET VALUE	

	OF OFFICERS, DIFFOUNDATION MANAGE	STATEMENT 12		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
MARIA PESQUEIRA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	PRESIDENT 40.00	283,711.	42,557.	600.
AMALIA S. RIOJA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	CHAIR, BOARD MI 4.00	EMBER	0.	0.
CRAIG HUFFMAN 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	TREASURER, BOAI	RD MEMBER	0.	0.
CARL BERGETZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	VICE CHAIR, BOA	ARD MEMBER 0.	0.	0.
JOSEPH W. MCINERNEY 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	SECRETARY, BOAI	RD MEMBER 0.	0.	0.
GRACE HOU 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
ELYSE FORKOSH CUTLER 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
CHARLES W. MULANEY, JR. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
ANNE MARIE MURPHY, PH.D. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER TH	HRU 6/23 0.	0.	0.
DR. YESENIA YEPEZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.

HEALTHY COMMUNITIES FOUNDATION			36-4324067		
CARONINA GRIMBLE 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.	
ELVA GONZALEZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	CHIEF FINANCIAL 40.00	OFFICER 202,836.	29,970.	600.	

TOTALS	INCLUDED	ON	990-PF,	PAGE	6,	PART VII	486,547.	72,527.	1,200.

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.