Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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



For ca	For calendar year 2020 or tax year beginning , and ending								
Name of foundation						A Employer identification number			
		LTHY COMMUNITIES FOUNDAT		I.		36-4324067			
		nd street (or P.O. box number if mail is not delivered to street a	ddress)	· · · · · · · · · · · · · · · · · · ·	Room/suite	B Telephone number			
		RIVERSIDE ROAD, NO. 6				708-443-56			
		own, state or province, country, and ZIP or foreign p ERSIDE, IL 60546-2606	ostal code			C If exemption application is pe	ending, check here		
			Initial raturn of a fa	rmar publia ab	ority	D 1 Eoroign organizations			
G 01	G Check all that apply: Initial return Initial return of a former public charity Final return Amended return					D 1. Foreign organizations			
			_			2. Foreign organizations me check here and attach co	eting the 85% test,		
	0.01/	Address change	Name change						
H Check type of organization: X Section 501(c)(3) ex Section 4947(a)(1) nonexempt charitable trust				tion		E If private foundation stat			
		Invest value of all assets at end of year J Accounti]	X Accru		under section 507(b)(1)			
			her (specify)		ai	F If the foundation is in a			
		133,429,715. (Part I, colum		<u>s)</u>		under section 507(b)(1)			
Par				(b) Net inv	ootmont	(a) Adjusted pet	(d) Disbursements		
i ai		(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 inv		(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received				N/A			
	2	Check 🕨 🗴 if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	7,208.	7	,208.		STATEMENT 1		
	4	Dividends and interest from securities	2,559,345.	2,542	,033.		STATEMENT 2		
	5a	Gross rents							
		Net rental income or (loss)							
		Net gain or (loss) from sale of assets not on line 10	1,526,093.						
ne	b	Gross sales price for all 29,991,403.	· · ·						
evenue	7	Capital gain net income (from Part IV, line 2)		1,681	.,375.				
Å	8	Net short-term capital gain							
	9	Income modifications							
·	10a	Gross sales less returns and allowances							
		Less: Cost of goods sold							
	C	Gross profit or (loss)							
·	11	Other income	-252,157.		.,198.		STATEMENT 3		
·	12	Total. Add lines 1 through 11	3,840,489.		,418.				
1	3	Compensation of officers, directors, trustees, etc.	262,335.	39	,350.		222,985.		
		Other employee salaries and wages	607,622.		,779.		584,766.		
·	15	Pension plans, employee benefits	256,372.	17	,720.		149,578.		
. Ses	16a	Legal fees STMT 4	7,390.		0.		4,403.		
ens	b	Accounting fees STMT 5	34,408.		0.		28,750.		
Expenses		Other professional fees STMT 6	844,504.		,052.		54,199.		
ve.	17	Interest Taxes STMT 7	18,453.	12	,891.		0.		
5		Taxes STMT 7	7,215.	7	,300.		0.		
	19	Depreciation and depletion	56,130.		0.				
<u>ini</u>	20	Оссирапсу	58,168.		0.		58,168.		
	21	Travel, conferences, and meetings	57,125.		0.		56,067.		
ano	22	Printing and publications Other expenses STMT 8	000 000		0.0.5				
	23	Other expenses STMT 8	278,729.	395	,226.		279,442.		
<u>rati</u>	24	Total operating and administrative	0 400 454	010	210		1 420 250		
Dee	_	expenses. Add lines 13 through 23	2,488,451.	818	,318.		1,438,358.		
 		Contributions, gifts, grants paid	8,530,238.				8,656,396.		
2	26	Total expenses and disbursements.	11 010 000	010	210				
\rightarrow		Add lines 24 and 25	11,018,689.	818	,318.		10,094,754.		
2		Subtract line 26 from line 12:							
		Excess of revenue over expenses and disbursements	-7,178,200.	2 0 5 4	100				
		Net investment income (if negative, enter -0-)		3,251	,100.	27 / 2			
	C	Adjusted net income (if negative, enter -0-)				N/A			

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2020)

Form 990-PF (2020) HEALTHY COMMUNITIES FOUNDATION 36-4					4324067 Page 2		
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year			
	αιι	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	232,447.	480,619.			
	2	Savings and temporary cash investments	1,282,391.	3,810,738.	3,810,738.		
	3	Accounts receivable 22,654.					
		Less: allowance for doubtful accounts	691,174.	22,654.	22,654.		
	4	Pledges receivable 🕨					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
s	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges	7,405.	11,835.	11,835.		
As		Investments - U.S. and state government obligations					
		Investments - corporate stock					
		Investments - corporate bonds					
		Investments - land, buildings, and equipment: basis					
		Less: accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 10	127,690,331.	127,077,201.	127,077,201.		
	14	Land, buildings, and equipment: basis 723,973.					
		Less: accumulated depreciation STMT 11 > 127,824.	5,954.	596,149.	596,149.		
	15	Other assets (describe)	23,384.	1,430,519.	596,149. 1,430,519.		
		Total assets (to be completed by all filers - see the	/	596,149. 1,430,519.			
		instructions. Also, see page 1, item I)		133,429,715.			
	17	Accounts payable and accrued expenses	69,588.				
		Grants payable	376,658.				
		Deferred revenue					
tie		Loans from officers, directors, trustees, and other disqualified persons					
Liabilitie		Mortgages and other notes payable					
Lia	22	Other liabilities (describe ► <u>STATEMENT 12</u>)	13,881.	118,036.			
		· · · · · · · · · · · · · · · · · · ·					
	23	Total liabilities (add lines 17 through 22)	460,127.	464,015.			
		Foundations that follow FASB ASC 958, check here					
~		and complete lines 24, 25, 29, and 30.					
čě	24	Net assets without donor restrictions	129,472,959.	132,965,700.			
Fund Balances	25	Net assets with donor restrictions	- / /				
ñ		Foundations that do not follow FASB ASC 958, check here 🕨 🗌					
oun		and complete lines 26 through 30.					
orE	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds					
ţÀ	29	Total net assets or fund balances	129,472,959.	132,965,700.			
Re							
	30	Total liabilities and net assets/fund balances	129,933,086.	133,429,715.			
Ρ	art		llances				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29				
•		t agree with end-of-year figure reported on prior year's return)		1	129,472,959.		
2		amount from Part I, line 27a			-7,178,200.		
		r increases not included in line 2 (itemize) UNREALIZED	GAIN ON INVEST		11,475,818.		
		ines 1, 2, and 3			133,770,577.		
		eases not included in line 2 (itemize) >		ATEMENT 9 5	804,877.		

6 132,965,700. Form **990-PF** (2020)

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

	LTHY COMMUNITIES and Losses for Tax on Inv		CPP	ATTAC		4324067 FEMENTS	Page 3
(a) List and describe	the kind(s) of property sold (for exar irehouse; or common stock, 200 shs.	nple, real estate,	(b) Ho	w acquired Purchase	(c) Date acqu (mo., day, y	ired (d) Da	ite sold day, yr.)
1a			0-1	- Donation (mo., day, yr.) (mo., day, yr.)			
b							
C							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain o ((e) plus (f) i		
<u>a</u>							
<u>b</u>							
<u> </u>							
d e 29,991,403.		28,185,28	6			1 681	,375.
	g gain in column (h) and owned by t		0.		(I) Gaine (Col. (I		, 575.
	(j) Adjusted basis	(k) Excess of col. (i)			(I) Gains (Col. (I) ol. (k), but not le	ss than -0-) or	
(i) FMV as of 12/31/69	as of 12/31/69	over col. (j), if any			Losses (from	n col. (h))	
a							
b							
C							
d							
e						1,681	<u>,375.</u>
2 Capital gain net income or (net ca	lf gain, also enter			2		1 681	,375.
			·) –'			1,001	10101
3 Net short-term capital gain or (los	column (c). See instructions. If (loss		1				
Part I, line 8				3		N/A	
	nder Section 4940(e) for						
	ON 4940(e) REPEALED O	N DECEMBER 20, 20	19 - D		COMPLETE.		
1 Reserved						(1)	
(a) Reserved	(b) Reserved		(c) Reserved	4		(d) Reserved	
				1			
Reserved Reserved							
Reserved							
Reserved							
Reserved							
		•					
2 Reserved					. 2		
3 Reserved					3		
1 Received					4		
4 Reserved							
5 Reserved					5		
6 Reserved							
7 Reserved							
8 Reserved					8		DE
						Form 990	- PF (2020)

	1 990-PF (2020) HEALTHY COMMUNITIES FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 494	<u> 18 - see</u>	36-4 instr	4324067	1	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \blacktriangleright and enter "N/A" on line 1.		1130	uotionisj		
Ia						
ь	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Reserved		1		15,1	90
	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4%		-		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
U						
2	of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-))	2			0.
			2		15,1	
-	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4		<u>, , , , , , , , , , , , , , , , , , , </u>	0.
4			4 5		15,1	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		9		<u>, , , , , , , , , , , , , , , , , , , </u>	50.
	Credits/Payments:	,286.				
		<u>,200.</u> 0.				
		0.				
	Tax paid with application for extension of time to file (Form 8868) 6c Backup withholding erroneously withheld 6d	0.				
			-	-	70 D	96
	Total credits and payments. Add lines 6a through 6d		7		70,2	0.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		8			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			06
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	🕨	10	4	25,0	0.
	Enter the amount of line 10 to be: Credited to 2021 estimated tax rt VII-A Statements Regarding Activities 25,096. Ref	unded 🗩	11			0.
		• •			Voc	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate of				163	
	any political campaign?			<u>1a</u>		X X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for		tion	<u>1b</u>		
	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.					v
	Did the foundation file Form 1120-POL for this year?			<u>1c</u>		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0				
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on found	ation				
_	managers. ▶ \$0.					37
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 incor	poration, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					X X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				X	
	If "Yes," has it filed a tax return on Form 990-T for this year?				X	37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					X
-	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	• By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict wi				77	
_	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	rt XV		7	X	
-						
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	IL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designation of the second sec	,				
	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)	()				37
	year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV					X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	sses				X
				Form 99	U-PF	(2020)

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	art VII-A Statements Regarding Activities (continued)	007		raye
Fa	Statements Regarding Activities (continued)		Yes	No
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?			
	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 MARIA PESQUEIRA Telephone no. 708-44	3-5	<u>674</u>	
	Located at ► 19 RIVERSIDE ROAD, SUITE 6, RIVERSIDE, IL		-26	06
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		►	
	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A Yes	Na
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank,		res	No X
	securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country 🕨			
Pa	art VII-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
18	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? 📃 Yes 🗴 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Xes 📃 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
1	b) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	41		x
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
Ľ	before the first day of the tax year beginning in 2020?	1c		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)):			
8	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2020?			
	If "Yes," list the years ►,,,,,,,			
t	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.			
	•			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
t	b If "Yes," did it have excess business holdings in 2020 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 heldings acquired by sitt or beginning to (2) the lapse of the 10 \pm 15 \pm or 20 year first phase helding period2 (Use Form 4700)			
	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 2020.) N/A	01-		
	Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A I Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		x
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-+a		- 23
L	had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		x
	······			

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				.	
Part VII-B Statements Regarding Activities for Which Fe	orm 4720 May Be R	equired _{(contin}	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	🗌 Ye	es 🛛 No		
(2) Influence the outcome of any specific public election (see section 4955); or		ctly,			
any voter registration drive?		🗌 Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	🗌 Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,					
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax because it maintai	ned			
expenditure responsibility for the grant?	N	/A 🗌 Ye	es 🗌 No		
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	ay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax sl	helter transaction?	🗌 Ye	es 🛛 No 📘		
b If "Yes," did the foundation receive any proceeds or have any net income attribut				7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or				
excess parachute payment(s) during the year?		🗌 Ye	es X No		
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	agers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and th	-				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex account	pense t. other
(a) Name and address	to position	enter -0-)	compensation	allowa	inces
SEE STATEMENT 14		262,335.	37,350.		0.
		1		1	

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ELVA GONZALEZ – 19 RIVERSIDE ROAD	DIRECTOR OF F	INANCE		
#6, RIVERSIDE, IL 60546-2606	40.00	138,527.	19,500.	0.
NORA GARCIA - 19 RIVERSIDE ROAD #6,	DIRECTOR OF P	ROGRAMS		
RIVERSIDE, IL 60546-2606	40.00	128,457.	18,000.	0.
CHRISTINE M RAMIREZ - 19 RIVERSIDE	PROGRAM MANAG	ER		
ROAD #6, RIVERSIDE, IL 60546-2606	40.00	96,070.	14,250.	0.
JACQUELINE A RODRIGUEZ - 19	COMMUNICATION	S DIRECTO	R	
RIVERSIDE ROAD #6, RIVERSIDE, IL	40.00	90,681.	13,500.	0.
CLAUDIA PEREZ – 19 RIVERSIDE ROAD	GRANTS AND OP	ERATIONS 1	IANAGER	
#6, RIVERSIDE, IL 60546-2606	40.00	70,736.	10,545.	0.
Total number of other employees paid over \$50,000			►	1

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SYNERGY CONSTRUCTION GROUP		
	RENOVATION	626,225.
	INVESTMENT ADVISORY	
	FEES	118,691.
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica	l information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	·	
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
	F	orm 990-PF (2020)

Form 990-F	PF (2020)
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Ρ	art X Minimum Investment Return (All domestic foundations must complete this p	art. Foreign foun	dations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
·a	Average monthly fair market value of securities		1a	119,619,256.
	Average of monthly cash balances		1b	3,285,158.
	Fair market value of all other assets		1c	i
	Total (add lines 1a, b, and c)		1d	122,904,414.
	Reduction claimed for blockage or other factors reported on lines 1a and			· · ·
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	122,904,414.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,843,566.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	121,060,848.
6	Minimum investment return. Enter 5% of line 5		6	6,053,042.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operat	ing foundations an	d certain	
	foreign organizations, check here 🕨 🔝 and do not complete this part.)			
1	Minimum investment return from Part X, line 6		1	6,053,042.
	Tax on investment income for 2020 from Part VI, line 5	45,190.		
	Income tax for 2020. (This does not include the tax from Part VI.) 2b			4 - 4 - 4
C	Add lines 2a and 2b		2c	45,190.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	6,007,852.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	6,007,852.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	6,007,852.
P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
-	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	10,094,754.
	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	646,325.
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 V, line 8; and Part XIII, line 4		4	10,741,079.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			· · ·
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	10,741,079.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether		ualifies fo	· · ·
	4940(e) reduction of tax in those years.			

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI,			2010	
line 7				6,007,852.
2 Undistributed income, if any, as of the end of 2020:			5,167,190.	
a Enter amount for 2019 only b Total for prior years:			5,107,190.	
		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from				
Part XII, line 4: ► \$ <u>10,741,079.</u>				
a Applied to 2019, but not more than line 2a \dots			5,167,190.	
b Applied to undistributed income of prior				
years (Election required - see instructions) \dots		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			F F F 7 2 000
d Applied to 2020 distributable amount	0			5,573,889.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020 (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	0.			
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 2019. Subtract line				
4a from line 2a. Taxable amount - see instr. $_{\dots}$			0.	
f Undistributed income for 2020. Subtract				
lines 4d and 5 from line 1. This amount must				122 062
be distributed in 2021				433,963.
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)	U•			
8 Excess distributions carryover from 2015	0.			
not applied on line 5 or line 79 Excess distributions carryover to 2021.	0.			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				
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Form 990-PF (2020)

Form 990-PF (2020) HEALTHY	COMMUNITIES	FOUNDATION	1	36-43	24067 Page 10
Part XIV Private Operating Fo	oundations (see inst	ructions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that i	t is a private operating			
foundation, and the ruling is effective for	r 2020, enter the date of th	e ruling	►		
b Check box to indicate whether the found	lation is a private operating	foundation described in	section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
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 X, line 6, for each year listed					
c "Support" alternative test - enter:					
 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	rmation (Complete	e this part only if	the foundation	had \$5,000 or mor	e in assets
at any time during t	he year-see instru	ctions.)			
1 Information Regarding Foundation	n Managers:				
 a List any managers of the foundation who year (but only if they have contributed m 			butions received by the	foundation before the close	e of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portio	n of the ownership of a pai	tnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan, S	cholarship, etc., Pro	grams:		

Check here F is the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 16

SEE STATEMENT 15

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

c Any submission deadlines:

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

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Supplementary Information (continued) 3 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) or substantial contributor recipient a Paid during the year ACCESS COMMUNITY HEALTH NETWORK N/A РC GENERAL OPERATING 600 WEST FULTON STREET, SUITE 200 SUPPORT CHICAGO, IL 60661 180,000. GENERAL OPERATING ADLER UNIVERSITY N/A PC 17 N DEARBORN ST, 15TH FLOOR SUPPORT CHICAGO, IL 60602 27,500. AGING CARE CONNECTIONS N/A PC GENERAL OPERATING 111 W. HARRIS AVENUE SUPPORT LA GRANGE, IL 60525 60,000. AGING CARE CONNECTIONS N/A PC STRATEGIC INITIATIVE 111 W. HARRIS AVENUE GRANT - HEALTHCARE LA GRANGE, IL 60525 25,650. AGING CARE CONNECTIONS HEALTHCARE GRANT N/A PC 111 W. HARRIS AVENUE LA GRANGE, IL 60525 25,650. SEE CONTINUATION SHEET(S) ► 3a 8,656,396. Total **b** Approved for future payment EQUITY AND TRANSFORMATION N/A PC CONTRIBUTION ON BEHALF 10 W. 35TH STREET, SUITE 9C5 OF THE BOARD FOR CHICAGO, IL 60616 GENERAL OPERATING PURPOSES 500. THE CHICAGO COMMUNITY FOUNDATION N/A PC STRATEGIC INITIATIVE 225 N. MICHIGAN AVE., NO. 2200 COLLABORATIVE GRANT CHICAGO, IL 60601 250,000. 250,500. ► 3b Total

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Part XV

Part XVI-A

A Analysis of Income-Producing Activities

Enter groep amounte unlage otherwise indicated	Unrelated h	ousiness income	Exclude	d by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
-	coue		couc		
a b					
d e					
f	-				
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	7,208.	
4 Dividends and interest from securities		10,635.	14	7,208.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	901101				
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	57,927.	18	1,468,166.	
9 Net income or (loss) from special events					
0 Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a LITIGATION PROCEEDS			01	436.	
b UBIT PARTNERSHIP LOSS					
c THROUGH K-1	901101	-103,561.	01	-149,032.	
d					
e					
2 Subtotal. Add columns (b), (d), and (e)					0
3 Total. Add line 12, columns (b), (d), and (e)					3,840,489
See worksheet in line 13 instructions to verify calculations.	.)				
Part XVI-B Relationship of Activities	s to the Accom	plishment of Exe	empt P	Purposes	
Line No. Explain below how each activity for which in		volume (a) of Dart VI/I A	oontribut	ad importantly to the accomp	liahmant of
		()	contribut	ed importantly to the accomp	
▼ the foundation's exempt purposes (other the foundation's exempt purposes)					

Forn	1 990-PF (2020) HEALTHY COMMUNITIES FOUNDATION	36-4324067	Pa	ige 13
Pa	Information Regarding Transfers to and Transactions and Relationships With	Noncharitable		
1	Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		Х
	(2) Other assets	1a(2)		Х
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets			X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		Х
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	10		Х
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of complete the following schedule. Column (b) should always show the fair market value of complete the following schedule.		ets,	

a if the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no).	(b) Amount involved	(c) Name of noncharitable exempt organization		(d) Descriptio	(d) Description of transfers, transactions, and sharing arrangements			
	_			N/A					
	_								
	_								
	_								
	-								
	_								
	_								
	_								
in s	ection	idation directly or indirect 501(c) (other than sectio implete the following scho	n 501(c)(3)) or in sec edule.						Yes X No
		(a) Name of org	ganization		(b) Type	e of organization		(c) Description of re	elationship
		N/A							
Sign Here	and be	penalties of perjury, I declare t lief, it is true, correct, and com	nplete. Declaration of prep		axpayer) is	based on all informa	ation of which preparer h	has any knowledge.	May the IRS discuss this return with the preparer shown below? See instr.
	Sign	ature of officer or trustee		Dronoverla	Da	te	Title	Check if	
		Print/Type preparer's na		Preparer's si	gnature		Date	self- employed	PTIN
Paid		CHRISTOPHE PETERMANN		сир т сти	יסטסר	R PETER	11/12/21	Sell- ellipioyeu	P00097440
Prepa	arer	Firm's name PKF				N FEIER		Eirm's EIN > 2	7-1728945
Use C				DUATOR	,				, 1/20/10
	-	Firm's address ▶ 20	COMMERCE	DRIVE	#301	<u> </u>			
			ANFORD, N					Phone no. 90	8-272-6200

Form 990-PF (2020)

	IY COMMUNITIES FOUNDATION
Part IV	Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 29,991,403.		28,185,286.	1,806,117.
b			11,855.
			138,033.
<u>с</u> d е			-87,792.
е			529.
f			100.
g			-563,804.
h			39,569.
i			102,896.
i			8,797.
k			47,783.
			6,552.
m			293.
n			170,447.
0			· · · · ·
Complete only for assets show	ing gain in column (h) and owned by	the foundation on 12/31/69	(I) Losses (from col. (h))
			Gains (excess of col. (h) gain over col. (k),
(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	but not less than "-0-")
			but not less than "-0-")
a			but not less than "-0-") 1,806,117. 11,855.
a b			but not less than "-0-") 1,806,117. 11,855.
a			but not less than "-0-") 1,806,117.
a b c d			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529.
a b c d e			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792.
a b c d e f			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529. 100.
a b c d e			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529.
a b c d e f g			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529. 100. -563,804.
a b c d e f g			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529. 100. -563,804. 39,569. 102,896. 8,797.
a b c d e f g			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529. 100. -563,804. 39,569. 102,896. 8,797. 47,783.
a b c d e f g h i j			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529. 100. -563,804. 39,569. 102,896. 8,797. 47,783. 6,552.
a b c d e f g h i j			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529. 100. -563,804. 39,569. 102,896. 8,797. 47,783. 6,552. 293.
a b c d e f g h i j k l			but not less than "-0-") 1,806,117. 11,855. 138,033. -87,792. 529. 100. -563,804. 39,569. 102,896. 8,797. 47,783. 6,552.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 }	2	1,681,375.
	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):		
	If gain, also enter in Part I, line 8, column (c).		
	If (loss), enter "-0-" in Part I, line 8	3	N/A

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0

0

36-4324067

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ALIVIO MEDICAL CENTER	N/A	PC	GENERAL OPERATING	
066 W 21ST ST	.,		SUPPORT	
CHICAGO, IL 60608				180,50
ALIVIO MEDICAL CENTER	N/A	PC	RAPID RESPONSE COVID	
966 W 21ST ST	N/A		GRANT	
CHICAGO, IL 60608				7,50
TTUTO MEDICAL CENTER	NT / D	DC	STRATEGIC INITIATIVE	
ALIVIO MEDICAL CENTER 966 W 21ST ST	N/A	PC	GRANT - HEALTHCARE	
CHICAGO, IL 60608				45,00
ALIVIO MEDICAL CENTER 966 W 21ST ST	N/A	PC	HEALTHCARE GRANT	
CHICAGO, IL 60608				40,00
ALL OUR CHILDREN'S ADVOCACY CENTER	N/A	PC	GENERAL OPERATING SUPPORT	
3651 S. 79TH AVE JUSTICE, IL 60458			SUPPORT	27,50
ALLIANCE TO END HOMELESSNESS IN	N/A	PC	GENERAL OPERATING	
SUBURBAN COOK COUNTY			SUPPORT	
4415 W. HARRISON, SUITE 228				
HILLSIDE, IL 60162-1904				27,50
ARAB AMERICAN FAMILY SERVICES	N/A	PC	GENERAL OPERATING	
9044 S. OCTAVIA AVE.			SUPPORT	
BRIDGEVIEW, IL 60455				200,00
ARAB AMERICAN FAMILY SERVICES	N/A	₽C	RAPID RESPONSE COVID	
9044 S. OCTAVIA AVE.		Ĩ	GRANT	
BRIDGEVIEW, IL 60455				10,00
	NT / D	PC	CENTEDAL ODEDAMING	
AUSTIN COMING TOGETHER 5049 W HARRISON ST	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60644				30,00
DEDG DING GADE THO	N / D	DC	CENEDAL ODEDATING	
BEDS PLUS CARE, INC. 9601 EAST OGDEN AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
LA GRANGE, IL 60525				105,50
Total from continuation sheets	•	•	·	8,337,59

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Part XV Supplementary Information 3 Grants and Contributions Paid During the Yes				
Recipient	If recipient is an individual,	Eoundation	Durpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BEDS PLUS CARE, INC.	N/A	PC	RAPID RESPONSE COVID	
9601 EAST OGDEN AVENUE			GRANT	
LA GRANGE, IL 60525				10,00
BEDS PLUS CARE, INC.	N/A	PC	STRATEGIC INITIATIVE	
0601 EAST OGDEN AVENUE			GRANT - HEALTHCARE	27 50
A GRANGE, IL 60525				27,50
BEDS PLUS CARE, INC.	N/A	PC	HEALTHCARE GRANT	
9601 EAST OGDEN AVENUE				
LA GRANGE, IL 60525				27,50
BEYOND HUNGER	N/A	PC	RAPID RESPONSE COVID	
348 LAKE STREET			GRANT	
DAK PARK, IL 60301				7,50
		D.C.		
BEYOND HUNGER 848 LAKE STREET	N/A	PC	GENERAL OPERATING SUPPORT	
DAK PARK, IL 60301			SUFFORT	46,07
				,
BRIGHTON PARK NEIGHBORHOOD COUNCIL	N/A	PC	GENERAL OPERATING	
4477 S. ARCHER AVE.			SUPPORT	
CHICAGO, IL 60632				100,00
BUILD, INC.	N/A	PC	RAPID RESPONSE COVID	
5100 W. HARRISON STREET CHICAGO, IL 60644			GRANT	5,00
BUILD, INC.	N/A	PC	GENERAL OPERATING	
5100 W. HARRISON STREET			SUPPORT	
CHICAGO, IL 60644				200,00
CASA CENTRAL	N/A	PC	GENERAL OPERATING	
1343 N. CALIFORNIA AVE.		Ĩ	SUPPORT	
CHICAGO, IL 60622				55,50
CATHOLIC CHARITIES OF THE ARCHDIOCESE	N/A	PC	GENERAL OPERATING	
DF CHICAGO			SUPPORT	
721 N. LASALLE STREET				
CHICAGO, IL 60654				28,00

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3 Grants and Contributions Paid During the Y	ear (Continuation)			
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		
CENTER FOR INDEPENDENCE THROUGH	N/A	₽C	GENERAL OPERATING	
CONDUCTIVE EDUCATION, INC.			SUPPORT	
LOO W PLAINFIELD RD, STE 100				
COUNTRYSIDE, IL 60525				45,00
CHICAGO CARES, INC.	N/A	PC	CAPACITY BUILDING	
541 W. LAKE STREET			INITIATIVE GRANT	
CHICAGO, IL 60661				50,00
CHICAGO CITYWIDE LITERACY COALITION	N/A	PC	GENERAL OPERATING	
541 W. LAKE STREET, SUITE 200			SUPPORT	
CHICAGO, IL 60661				22,00
CHICAGO COMMUNITY TRUST	N/A	PC	STRATEGIC INITIATIVE -	
225 N. MICHIGAN AVE., NO. 2200			COLLABORATIVE GRANT	
CHICAGO, IL 60601				100,00
COALITION FOR SPIRITUAL AND PUBLIC	N/A	PC	GENERAL OPERATING	
LEADERSHIP	[·/		SUPPORT	
1701 S 1ST AVE., SUITE 407				
MAYWOOD, IL 60153				30,00
COMMUNITYHEALTH	N/A	PC	GENERAL OPERATING	
2611 W CHICAGO AVE			SUPPORT	
CHICAGO, IL 60622				280,00
DEVICES FOR THE DISABLED	N/A	PC	GENERAL OPERATING	
2743 W. 36TH PLACE			SUPPORT	
CHICAGO, IL 60632-1616				30,00
EL VALOR CORPORATION	N/A	PC	GENERAL OPERATING	
1850 W. 21ST ST.			SUPPORT	
CHICAGO, IL 60608				100,50
EL VALOR CORPORATION	N/A	PC	RAPID RESPONSE COVID	
1850 W. 21ST ST.			GRANT	_
CHICAGO, IL 60608				7,50
ENLACE CHICAGO	N/A	PC	GENERAL OPERATING	
2756 S. HARDING			SUPPORT	
CHICAGO, IL 60623 Total from continuation sheets				200,00

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3 Grants and Contributions Paid During the	Year (Continuation)			
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	
ENLACE CHICAGO	N/A	PC	RAPID RESPONSE COVID	
2756 S. HARDING			GRANT	10.00
CHICAGO, IL 60623				10,00
EQUAL HOPE	N/A	PC	GENERAL OPERATING	
300 S. ASHLAND AVE, STE 202	(v / 21		SUPPORT	
CHICAGO, IL 60607				191,00
EQUAL HOPE	N/A	PC	RAPID RESPONSE COVID	
300 S. ASHLAND AVE, STE 202			GRANT	
CHICAGO, IL 60607				7,50
		D.C.		
ERIE FAMILY HEALTH FOUNDATION, INC.	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60622-5646				180,00
ERIE NEIGHBORHOOD HOUSE	N/A	PC	GENERAL OPERATING	
1701 W. SUPERIOR ST.			SUPPORT	
CHICAGO, IL 60622				201,15
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR ST.	N/A	PC	RAPID RESPONSE COVID GRANT	
CHICAGO, IL 60622			GIANT	7,50
				,
ESPERANZA HEALTH CENTER	N/A	PC	GENERAL OPERATING	
2001 S CALIFORNIA AVE			SUPPORT	
CHICAGO, IL 60608				200,00
ESPERANZA HEALTH CENTERS 2001 S CALIFORNIA AVE	N/A	PC	RAPID RESPONSE COVID GRANT	
CHICAGO, IL 60608			STATA I	5,00
FAMILY FOCUS	N/A	PC	GENERAL OPERATING	
310 SOUTH PEORIA, SUITE 301			SUPPORT	
CHICAGO, IL 60607				120,00
FAMILY SERVICE AND MENTAL HEALTH	N/A	PC	RAPID RESPONSE COVID	
CENTER OF CICERO			GRANT	
5341 W CERMAK ROAD				
CICERO, IL 60804 Total from continuation sheets				7,50

36-4324067

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO 5341 W CERMAK ROAD	N/A	PC	GENERAL OPERATING SUPPORT	100.000
CICERO, IL 60804				130,000
FOREFRONT CHARITY 200 W. MADISON ST., 2ND FLOOR CHICAGO, IL 60606	N/A	PC	CAPACITY BUILDING GRANT - MISSION SUSTAINABILITY	10,000
FOREFRONT CHARITY 200 W. MADISON ST., 2ND FLOOR CHICAGO, IL 60606	N/A	PC	STRATEGIC INITIATIVE - COLLABORATIVE GRANT	60,000
FRIENDS OF THE PARKS 17 N. STATE ST., SUITE 1450 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	25,000
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	N/A	PC	RAPID RESPONSE COVID GRANT	7,500
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	43,000
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON STREET, SUITE 602 CHICAGO, IL 60602	N/A	₽C	STRATEGIC INITIATIVE GRANT - HEALTHCARE	88,158
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE CHICAGO, IL 60647	N/A	PC	HEALTHCARE GRANT	35,000
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE CHICAGO, IL 60647	N/A	PC	GENERAL OPERATING SUPPORT	125,000

36-4324067

Part XVSupplementary Information3Grants and Contributions Paid During the Yes				
Recipient	If recipient is an individual,	Foundation	Durness of succession	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEALTHCARE ALTERNATIVE SYSTEMS, INC.	N/A	PC	STRATEGIC INITIATIVE	
2755 W. ARMITAGE			GRANT - HEALTHCARE	
CHICAGO, IL 60647				45,000
HOUSING FORWARD	N/A	PC	GENERAL OPERATING	
1851 SOUTH 9TH AVENUE			SUPPORT	
MAYWOOD, IL 60153				45,000
HOUSING FORWARD	N/A	PC	RAPID RESPONSE COVID	
L851 SOUTH 9TH AVENUE			GRANT	
MAYWOOD, IL 60153				10,000
ILLINOIS COALITION FOR IMMIGRANTS AND	N/A	PC	GENERAL OPERATING	
REFUGEE RIGHTS			SUPPORT	
228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604				200,500
<u>.</u>				
ILLINOIS PARTNERS FOR HUMAN SERVICE	N/A	PC	GENERAL OPERATING	
33 WEST GRAND AVENUE, SUITE 300			SUPPORT	
CHICAGO, IL 60654				40,000
INNER-CITY MUSLIM ACTION NETWORK	N/A	PC	RAPID RESPONSE COVID	
2744 W. 63RD STREET			GRANT	
CHICAGO, IL 60629				7,500
INNER-CITY MUSLIM ACTION NETWORK 2744 W. 63RD STREET	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60629				200,000
INSTITUTO DEL PROGRESO LATINO 2520 S. WESTERN AVE	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60608			SOFFORT	127,000
LA BROCHA	N/A	PC	GENERAL OPERATING	
2824 W. 24TH BLVD. CHICAGO, IL 60623			SUPPORT	16,500
SHICKSO, II 00025				10,500
LATINO POLICY FORUM	N/A	PC	GENERAL OPERATING	
180 N. MICHIGAN AVE.,, STE. 1250			SUPPORT	
CHICAGO, IL 60601				50,000

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16121112 756359 1838520.000

36-4324067

3 Grants and Contributions Paid During the	Year (Continuation)			
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	
LATINOS PROGRESANDO	N/A	PC	GENERAL OPERATING	
3047 W. CERMAK			SUPPORT	E0.00
CHICAGO, IL 60623				50,00
LATINOS PROGRESANDO	N/A	PC	RAPID RESPONSE COVID	
3047 W. CERMAK			GRANT	
CHICAGO, IL 60623				7,50
LAWNDALE CHRISTIAN HEALTH CENTER	N/A	PC	GENERAL OPERATING	
3860 W OGDEN AVE CHICAGO, IL 60623			SUPPORT	180 00
				180,000
LEGAL COUNCIL FOR HEALTH JUSTICE	N/A	PC	GENERAL OPERATING	
17 N. STATE, SUITE 900			SUPPORT	
CHICAGO, IL 60602				80,00
LOYOLA UNIVERSITY CHICAGO	N/A	PC	GENERAL OPERATING	
820 N MICHIGAN AVE CHICAGO, IL 60611			SUPPORT	60,00
MACNEAL HOSPITAL	N/A	PC	GENERAL OPERATING	
3249 S. OAK PARK AVENUE			SUPPORT	
BERWYN, IL 60402				60,00
AND CODDC	N/A	PC		
MAPSCORPS 5307 S. HYDE PARK BLVD. 2FL	N/A	FC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60615				30,00
MICHAEL REESE HEALTH TRUST	N/A	PC	STRATEGIC INITIATIVE	
150 N. WACKER DRIVE			COLLABORATIVE GRANT	250 00
CHICAGO, IL 60606				250,00
MOBILE CARE CHICAGO	N/A	PC	GENERAL OPERATING	
321 N LOOMIS ST			SUPPORT	
CHICAGO, IL 60607				80,00
MUJERES LATINAS EN ACCION	N/A	PC	RAPID RESPONSE COVID	
2124 W. 21ST PLACE			GRANT	10 00
CHICAGO, IL 60608 Total from continuation sheets	1			10,00

36-4324067

3 Grants and Contributions Paid During the Y	ear (Continuation)			
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)	or substantial contributor	recipient		
UJERES LATINAS EN ACCION	N/A	PC	STRATEGIC INITIATIVE	
2124 W. 21ST PLACE CHICAGO, IL 60608			GRANT - HEALTHCARE	62 17
				62,47
UJERES LATINAS EN ACCION	N/A	₽C	HEALTHCARE GRANT	
124 W. 21ST PLACE				
HICAGO, IL 60608				52,50
UJERES LATINAS EN ACCION	N/A	PC	GENERAL OPERATING	
2124 W. 21ST PLACE 2HICAGO, IL 60608			SUPPORT	251,23
				231,23
IAMI METRO SUBURBAN	N/A	PC	GENERAL OPERATING	
12 HARRISON STREET			SUPPORT	
AK PARK, IL 60304				150,00
NEW MOMS, INC. 5317 W. CHICAGO AVE.	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60651				90,50
AK PARK RIVER FOREST INFANT WELFARE	N/A	PC	GENERAL OPERATING	
SOCIETY	N/ 21		SUPPORT	
320 LAKE STREET				
DAK PARK, IL 60302				140,00
ASO - WEST SUBURBAN ACTION PROJECT 415 W NORTH AVE, SUITE D	N/A	PC	GENERAL OPERATING SUPPORT	
ELROSE PARK, IL 60160			SULINI	20,00
CC COMMUNITY WELLNESS CENTER	N/A	PC	GENERAL OPERATING	
4 LAKE STREET			SUPPORT	100.00
DAK PARK, IL 60302				180,00
PILLARS COMMUNITY HEALTH	N/A	₽C	GENERAL OPERATING	
23 CALENDAR AVENUE			SUPPORT	
A GRANGE, IL 60525				200,00
PILLARS COMMUNITY HEALTH	N/A	PC	CAPACITY BUILDING	
23 CALENDAR AVENUE			GRANT	36 00
LA GRANGE, IL 60525 Total from continuation sheets	1	1	-1	36,00

36-4324067

3 Grants and Contributions Paid During the	Year (Continuation)			
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	
PROVISO PARTNERS FOR HEALTH	N/A	₽C	GENERAL OPERATING	
2160 SOUTH FIRST AVENUE			SUPPORT	
MAYWOOD, IL 60153				48,50
QUINN CENTER OF ST. EULALIA	N/A	PC	GENERAL OPERATING	
L845 SOUTH 9TH AVENUE			SUPPORT	
MAYWOOD, IL 60153				30,00
QUINN CENTER OF ST. EULALIA	N/A	PC	RAPID RESPONSE COVID	
1845 SOUTH 9TH AVENUE			GRANT	
MAYWOOD, IL 60153				5,00
SARAH'S INN 1547 CIRCLE AVENUE	N/A	PC	GENERAL OPERATING SUPPORT	
FOREST PARK, IL 60130			DUTIONI	90,00
SARGENT SHRIVER NATIONAL CENTER ON	N/A	PC	RAPID RESPONSE COVID	
POVERTY LAW			GRANT	
57 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603				5,00
SARGENT SHRIVER NATIONAL CENTER ON	N/A	PC	GENERAL OPERATING	
POVERTY LAW			SUPPORT	
67 E. MADISON ST., SUITE 2000				
CHICAGO, IL 60603				2,00
SHRIVER CENTER ON POVERTY LAW 57 E. MADISON ST., SUITE 2000	N/A	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60603				150,00
SINAI URBAN HEALTH INSTITUTE	N/A	PC	GENERAL OPERATING	
1500 S. FAIRFIELD AVE., F-125			SUPPORT	
CHICAGO, IL 60608				140,50
	NT / D	D.C.		
SISTERHOUSE 25 WASHINGTON BOULEVARD	N/A	PC	GENERAL OPERATING SUPPORT	
DAK PARK, IL 60304				35,00
SOUTHWEST ORGANIZING PROJECT	N/A	PC	GENERAL OPERATING	
2558 W. 63RD ST.			SUPPORT	~ ~ ~
CHICAGO, IL 60629 Total from continuation sheets				60,00

36-4324067

Part XVSupplementary Information3Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
SUBURBAN PRIMARY HEALTH CARE COUNCIL	N/A	PC	GENERAL OPERATING	
2225 ENTERPRISE DRIVE, SUITE 2507			SUPPORT	
WESTCHESTER, IL 60154				50,000
TALLER DE JOSE	N/A	PC	GENERAL OPERATING	
2831 W 24TH BLVD.			SUPPORT	
CHICAGO, IL 60623				30,000
TELPOCHCALLI COMMUNITY EDUCATION	N/A	PC	RAPID RESPONSE GRANT -	
PROJECT			FOOD INSECURITY	
2832 W. 24TH BLVD.				
CHICAGO, IL 60623				5,000
THE CHICAGO COMMUNITY TRUST	N/A	PC	STRATEGIC INITIATIVE	
225 N. MICHIGAN AVE., NO. 2200			COLLABORATIVE GRANT	
CHICAGO, IL 60601				575,000
THE LATINO ALZEHIMER'S AND MEMORY	N/A	PC	RAPID RESPONSE COVID	
DISORDERS ALLIANCE			GRANT	
6112 W. CERMAK RD.				
CICERO, IL 60804				7,500
THE LATINO ALZHEIMER'S AND MEMORY	N/A	PC	GENERAL OPERATING	
DISORDERS ALLIANCE			SUPPORT	
6112 W. CERMAK RD.				
CICERO, IL 60804				45,000
UNITED CEREBRAL PALSY SEGUIN OF	N/A	PC	GENERAL OPERATING	
GREATER CHICAGO	(v/ 21		SUPPORT	
3100 SOUTH CENTRAL AVENUE				
CICERO, IL 60804-3987				85,000
UNITED WAY OF METROPOLITAN CHICAGO	N/A	PC	COLLABORATIVE GRANT -	
333 SOUTH WABASH AVE., 30TH FLOOR			EMERGENCY RESPONSE TO	
CHICAGO, IL 60604			COVID-19	100,000
URBAN COMMUNITY ARTS NETWORK, LTD.	N/A	PC	GENERAL OPERATING	
3605 W FILLMORE STREET			SUPPORT	
CHICAGO, IL 60624				100,500
WAY BACK INN, INC.	N/A	PC	GENERAL OPERATING	
104 OAK ST.			SUPPORT	
MAYWOOD, IL 60153-1676				80,000

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3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient		Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
NEST COOK YMCA	N/A	PC	GENERAL OPERATING	
255 MARION STREET			SUPPORT	
DAK PARK, IL 60302				60,00
COGACARE	N/A	PC	GENERAL OPERATING SUPPORT	
1808 W. CHICAGO AVE, #2R CHICAGO, IL 60622			SUPPORT	18,00
				10,00
YOUTH CROSSROADS, INC.	N/A	PC	GENERAL OPERATING	
3401 GUNDERSON			SUPPORT	
BERWYN, IL 60402				180,00
YOUTH CROSSROADS, INC.	N/A	PC	RAPID RESPONSE COVID	
3401 GUNDERSON			GRANT	
BERWYN, IL 60402				5,00

Form	2220
	ment of the Treasury Revenue Service

Underpayment of Estimated Tax by Corporations

FORM 990-PF

OMB No. 1545-0123

2020

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

Name

e				Employer ide	ntification number	
	HEALTHY	COMMUNITIES	FOUNDATION	36-	4324067	
e: (e: 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					

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

Part I Required Annual Payment			
1 Total tax (see instructions)		1	45,190.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	20		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The condoes not owe the penalty		45,190.	
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the to or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4		
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to ski	•		45 100
enter the amount from line 3			45,190.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked even if it does not owe a penalty. See instructions.	i, the corporation mus	t file Form 2220	
6 The corporation is using the adjusted seasonal installment method.			

7 The corporation is using the annualized income installment method.

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

Part III Figuring the Underpayment

9	Installment due dates. Enter in columns (a) through (d) the		(a)	(b)	(C)	(d)
J	15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	07/15/20	07/15/20	09/15/20	12/15/20
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	11,298.	11,297.	11,298.	11,297.
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	40,286.		30,000.	
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		28,988.	17,691.	36,393.
13	Add lines 11 and 12	13		28,988.	47,691.	36,393.
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	40,286.	28,988.	47,691.	36,393.
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					
	from line 15. Then go to line 12 of the next column	18	28,988.	17,691.	36,393.	
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owed	i.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2020)

012801 02-02-21

FORM 990-PF

Form 2220 (2020)

Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.							
	(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.							
	Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
)	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
1	Number of days on line 20 after 4/15/2020 and before 7/1/2020	21						
2	Underpayment on line 17 x Number of days on line 21 x 5% (0.05) 366	22	\$	\$	\$		\$	
3	Number of days on line 20 after 6/30/2020 and before 10/1/2020	23						
1	Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 366	24	\$	\$	\$		\$	
5	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25						
6	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 366	26	\$	\$	\$		\$	
7	Number of days on line 20 after 12/31/2020 and before 4/1/2021	27						
8	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365	28	\$	\$	\$		\$	
9	Number of days on line 20 after 3/31/2021 and before 7/1/2021	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
1	Number of days on line 20 after 6/30/2021 and before 10/1/2021 $\qquad \ldots$	31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2021 and before 1/1/2022	33						
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
5	Number of days on line 20 after 12/31/2021 and before 3/16/2022	35						
6	Underpayment on line 17 x Number of days on line 35 x %	36	\$	\$	\$		\$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
3	Penalty. Add columns (a) through (d) of line 37. Enter the to	otal h	ere and on Form 1120.	line 34; or the compara	ble			
	line for other income tax returns			,		38	\$	0

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2020)

012802 02-02-21

FORM 990-PF INTERE	ST ON SAVII					· · · · · · · · · · · · · · · · · · ·	
SOURCE			(A) REVENU PER BOO			(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDE	NDS		7	7,208. 7,208.			
TOTAL TO PART I, LI	NE 3		7	,208.		7,208.	
FORM 990-PF	DIVIDEND	S AND	INTERES	ST FROM	I SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	G	PITAL AINS IDENDS	REV	A) ENUE BOOKS	(B) NET INVES MENT INCO	
INTEREST AND DIVIDENDS	2,559,345		0.	. 2,55	9,345	. 2,542,03	33.
TO PART I, LINE 4	2,559,345	•	0 .	. 2,55	9,345	. 2,542,03	33.
FORM 990-PF		= 01	HER INC	COME			STATEMENT 3
		TO	F	COME (A) REVENUE ER BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTED
FORM 990-PF DESCRIPTION PARTNERSHIP LOSS LITIGATION PROCEEDS UBIT PARTNERSHIP LO			F	(A) REVENUE	3. 0. 436.	NET INVEST-	(C) ADJUSTED NET INCOME
DESCRIPTION ————————————————————————————————————	SS THROUGH	K-1		(A) REVENUE ER BOOK	0. 436. 593.	NET INVEST- MENT INCOME -161,634 436	(C) ADJUSTED NET INCOME
DESCRIPTION PARTNERSHIP LOSS LITIGATION PROCEEDS UBIT PARTNERSHIP LO TOTAL TO FORM 990-P	SS THROUGH	K-1 LINE		(A) REVENUE ER BOOK -252, -252,	0. 436. 593.	NET INVEST- MENT INCOME -161,634 436 0	(C) ADJUSTED NET INCOME
DESCRIPTION PARTNERSHIP LOSS LITIGATION PROCEEDS UBIT PARTNERSHIP LO TOTAL TO FORM 990-P FORM 990-PF	SS THROUGH	K-1 LINE (A EXPEN	II LEGAL H	(A) REVENUE ER BOOK -252, -252,	25 0. 436. 593. 157.	NET INVEST- MENT INCOME -161,634 436 0	(C) ADJUSTED NET INCOME STATEMENT 4
DESCRIPTION 	SS THROUGH	K-1 LINE (A EXPEN PER B	II LEGAL H	(A) REVENUE ER BOOK -252, -252, FEES FEES (B) NET INV	25 0. 436. 593. 157.	NET INVEST- MENT INCOME -161,634 436 0 -161,198 (C) ADJUSTED	(C) ADJUSTED NET INCOME STATEMENT 4

36-4324067

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	34,408.	0.		28,750.	
 TO FORM 990-PF, PG 1, LN 16B 	34,408.	0.		28,750.	

FORM 990-PF	OTHER PROFES	SIONAL FEES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMMUNICATIONS AND SOCIAL MEDIA CONSULTANTS PROGRAM CONSULTANTS COMPUTER CONSULTANTS OTHER CONSULTANTS INVESTMENT CONSULTANTS INVESTMENT ADVISORY FEES	15,245. 22,000. 10,800. 12,154. 118,691. 665,614.	0. 0. 0. 0. 118,691. 206,361.		15,245. 22,000. 10,800. 6,154. 0. 0.
TO FORM 990-PF, PG 1, LN 160	c 844,504.	325,052.		54,199.

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	7,215.	7,300.		0.	
TO FORM 990-PF, PG 1, LN 18	7,215.	7,300.		0.	

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 8
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
BANK CHARGES	4.	4.		0.
SOFTWARE LICENSING	20,758.	0.		20,758.
INSURANCE	17,647.	0.		18,657.
DUES AND SUBSCRIPTIONS	59,164.	0.		59,164.
OFFICE EQUIPMENT	104,211.	0.		104,420.
OFFICE EXPENSE	25,541.	0.		25,039.
PAYROLL PROCESSING FEES	838.	0.		838.
TELEPHONE AND INTERNET	10,528.	0.		10,528.
CAPACITY BUILDING	38,166.	0.		38,166.
PROFESSIONAL DEVELOPMENT	1,872.	0.		1,872.
OTHER PARTNERSHIP EXPENSES	0.	395,222.		0.
TO FORM 990-PF, PG 1, LN 23	278,729.	395,226.		279,442.

FORM 990-PF	OTHER DECREASE;	S IN NET ASSETS OR 1	FUND BALANCES	STATEMENT 9
DESCRIPTION				AMOUNT
TO ADJUST BEG STATEMENTS	INNING NET ASSET:	5 TO AGREE TO FINANO	CIAL	804,877.
TOTAL TO FORM	990-PF, PART II	I, LINE 5		804,877.

FORM 990-PF

36 - 4324067

STATEMENT 10

VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FMV		
	5 111 327	5,111,327.
FMV	5,111,527.	5,111,5276
	4,403,322.	4,403,322
FMV	0 100 007	0 100 007
FMV	9,106,027.	9,106,027
1 11 V	9,002,961.	9,002,961.
FMV		
	4,438,847.	4,438,847
FMV		
	22,421,402.	22,421,402
FMV		
	2,933,058.	2,933,058
FMV	1 389 616.	1,389,616
FMV	1,000,010.	1,505,010
	10,274,794.	10,274,794
FMV	1 601 501	1,621,591
FMV	1,021,591.	1,021,591
	10,235,244.	10,235,244
FMV		
EM77	1,692,543.	1,692,543
FMV	1,614,832.	1,614,832
FMV	1,203,103.	1,203,103
FMV		278,550
	580,938.	580,938
1.11.0	32,123.	32,123
FMV	4,427,277.	4,427,277
FMV	579,272.	579,272
μΜΛ	1 282 261	1,282,261
FMV	509,111.	509,111
FMV	25,833.	25,833
FMV	72,076.	72,076.
	METHOD FMV FMV FMV FMV FMV FMV FMV FMV FMV FMV	VALUATION METHOD BOOK VALUE FMV 5,111,327. FMV 4,403,322. FMV 9,106,027. FMV 9,002,961. FMV 4,438,847. FMV 22,421,402. FMV 2,933,058. FMV 1,389,616. FMV 1,621,591. FMV 1,621,591. FMV 1,622,543. FMV 1,692,543. FMV 1,614,832. FMV 1,614,832. FMV 278,550. FMV 32,123. FMV 32,123. FMV 4,427,277. FMV 509,111. FMV 509,111.

OTHER INVESTMENTS

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HEADINI COMMONITIES FOUNDATION			30-4324007
CAPITAL TODAY CHINA GROWTH FUND, LP	FMV	602,424.	602,424.
CAPULA GLOBAL RELATIVE VALUE FUND,	FMV		
LTD		1,228,012.	1,228,012.
CEVIAN CAPITAL II, LTD	FMV	1,182,813.	1,182,813.
DAVIDSON KEMPNER INT'L (BVI), LTD	FMV	1,719,881.	1,719,881.
FIELD STREET OFFSHORE FUND, LTD	FMV	867,080.	867,080.
FS EQUITY PARTNERS VIII, LP	FMV	276,339.	276,339.
GLOUSTON PRIVATE EQUITY OPPS II, LP	FMV	432,203.	432,203.
HARVEST MLP INCOME FUND III, LLC	FMV	3,068,330.	3,068,330.
HBK MULTI-STRATEGY OFFSHORE FUND,	FMV	5,000,550.	5,000,550.
LTD	LHA	1,167,529.	1,167,529.
	TENAS Z	649,323.	649,323.
LITTLEJOHN FUND VI, LP	FMV		
LUMINATE CAPITAL PARTNERS II, LP	FMV	699,942.	699,942.
MEANINGFUL PARTNERS DC VEHICLE I,	FMV		
		508,315.	508,315.
METROPOLITAN REAL ESTATE PARTNERS	FMV	415 210	445 040
IV-A, LP		415,319.	415,319.
MIDOCEAN CREDIT OPP OFFSHORE FUND,	FMV	4 999 679	4 4 4 4 4 7 4
LTD		1,008,670.	1,008,670.
MW EUREKA FUND	FMV	1,841,490.	1,841,490.
P4G CAPITAL PARTNERS I-A, LP	FMV	198,336.	198,336.
PANGAEA TWO, LP	FMV	3,005,164.	3,005,164.
PIMCO BRAVO FUND ONSHORE FEEDER I,	FMV		
LP		21,235.	21,235.
PSAM WORLDARB FUND, LTD	FMV	1,308,873.	1,308,873.
QUESTA CAPITAL PARTNERS I, LP	FMV	1,425,712.	1,425,712.
RESOURCE LAND VALUE IV, LLC	FMV	820,760.	820,760.
SCULPTOR OVERSEAS FUND II, LTD	FMV	184.	184.
SEEDING & STRATEGIC CAPITAL FUND	FMV		
II, LP		272,177.	272,177.
SENATOR GLOBAL OPP OFFSHORE FUND,	FMV		
LTD		1,459,372.	1,459,372.
SUVRETTA OFFSHORE FUND, LTD	FMV	1,428,217.	1,428,217.
TRUEBRIDGE CAPITAL PARTNERS FUND VI	FMV		
(CAYMAN), LP		113,639.	113,639.
VALINOR CAPITAL PARTNERS OFFSHORE,	FMV		
LTD		1,837,423.	1,837,423.
WEISS MULTI-STRAT PARTNERS	FMV		
(CAYMAN), LTD		3,500,295.	3,500,295.
WELLINGTON SMALL CAP OPPORTUNITIES	FMV		
FUND		2,423,818.	2,423,818.
QUESTA CAPITAL PARTNERS II, LP	FMV	358,218.	358,218.
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TOTAL TO FORM 990-PF, PART II, LINE 13		127,077,201.	127,077,201.
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36-4324067

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT LEASEHOLD IMPROVEMENT	77,648. 646,325.	73,964. 53,860.	3,684 592,465
-		127,824.	596,149
TOTAL TO FM 990-PF, PART II, LN 14			
	ER LIABILITIES	BOY AMOUNT	STATEMENT 12 EOY AMOUNT
FORM 990-PF OTH			STATEMENT 12

FORM 990-PF	OTHER ASSETS		STATEMENT 13
DESCRIPTION	BEGINNING OF	END OF YEAR	FAIR MARKET
	YR BOOK VALUE	BOOK VALUE	VALUE
TAX DEPOSITS	23,384.	78,738.	78,738.
INVESTMENT PROCEEDS RECEIVABLE	0.	1,351,781.	1,351,781.
TO FORM 990-PF, PART II, LINE 15	23,384.	1,430,519.	1,430,519.

	- LIST OF OFFICERS, DIRECT ES AND FOUNDATION MANAGERS	PORS	STAT	EMENT 14
NAME AND ADDRESS		IPEN- FION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MARIA PESQUEIRA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	PRESIDENT 40.00 26	52,335.	37,350.	0.
GRACE HOU 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	CHAIR, BOARD MEMBER 4.00	R 0.	0.	0.
AMALIA S. RIOJA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	VICE CHAIR, BOARD M 1.00	4EMBER 0.	0.	0.
JOSEPH W. MCINERNEY 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	TREASURER, BOARD ME 4.00	EMBER 0.	0.	0.
CARL BERGETZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	SECRETARY, BOARD ME 4.00	EMBER 0.	0.	0.
ELYSE FORKOSH CUTLER 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
CRAIG HUFFMAN 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
CHARLES W. MULANEY, JR. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
ANNE MARIE MURPHY, PH.D. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
DR. YESENIA YEPEZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.

16121112 756359 1838520.000

HEALTHY COMMUNITIES FOUNDATION			36-4324067	
CARONINA GRIMBLE 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER H 1.00	BEGAN 01/01/20 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	262,335.	37,350.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 15

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 2020 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/INFO-REGARDING-OUR-2020-GRANT-CYCLE/

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 PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 16

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.