

# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

**FOR THE YEAR ENDING**

DECEMBER 31, 2021

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**PREPARED FOR:**

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

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**PREPARED BY:**

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

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**AMOUNT DUE OR REFUND:**

BALANCE DUE OF \$30,619

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**MAKE CHECK PAYABLE TO:**

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

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$2,636,852. THIS MAY BE APPLIED TO TAX YEAR 2022 AND SUBSEQUENT YEARS.

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2021 or tax year beginning , and ending

Name of foundation <b>HEALTHY COMMUNITIES FOUNDATION</b>		<b>A Employer identification number</b> 36-4324067
Number and street (or P.O. box number if mail is not delivered to street address) <b>19 RIVERSIDE ROAD, NO. 6</b>	Room/suite	<b>B Telephone number</b> 708-443-5674
City or town, state or province, country, and ZIP or foreign postal code <b>RIVERSIDE, IL 60546-2606</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>142,715,442.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	108,169.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	159.	159.		STATEMENT 1
	<b>4</b> Dividends and interest from securities .....	2,729,444.	3,037,186.		STATEMENT 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	13,385,616.			
	<b>b</b> Gross sales price for all assets on line 6a .....	63,972,774.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		16,710,844.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	98,933.	37,303.		STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11 .....	16,322,321.	19,785,492.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	262,872.	39,431.		223,441.
	<b>14</b> Other employee salaries and wages .....	646,865.	20,817.		623,192.
	<b>15</b> Pension plans, employee benefits .....	264,921.	17,544.		212,399.
	<b>16a</b> Legal fees ..... <b>STMT 4</b>	8,151.	0.		11,391.
	<b>b</b> Accounting fees ..... <b>STMT 5</b>	35,625.	0.		47,533.
	<b>c</b> Other professional fees ..... <b>STMT 6</b>	924,962.	160,205.		120,719.
	<b>17</b> Interest .....	85,770.	468,847.		0.
	<b>18</b> Taxes ..... <b>STMT 7</b>	239,651.	60,992.		0.
	<b>19</b> Depreciation and depletion .....	109,991.	0.		
	<b>20</b> Occupancy .....	63,780.	0.		65,736.
	<b>21</b> Travel, conferences, and meetings .....	81,940.	0.		82,578.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses ..... <b>STMT 8</b>	149,903.	670,968.		145,529.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	2,874,431.	1,438,804.		1,532,518.
	<b>25</b> Contributions, gifts, grants paid .....	14,959,296.			8,219,796.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	17,833,727.	1,438,804.		9,752,314.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	-1,511,406.				
<b>b Net investment income</b> (if negative, enter -0-) .....		18,346,688.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		480,619.	7,144.	7,144.	
	2	Savings and temporary cash investments		3,810,738.	3,430,794.	3,430,794.	
	3	Accounts receivable	1,300.				
		Less: allowance for doubtful accounts		22,654.	1,300.	1,300.	
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			11,835.	21,604.	21,604.
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 9		127,077,201.	138,575,210.	138,575,210.	
14	Land, buildings, and equipment: basis	657,675.					
	Less: accumulated depreciation	STMT 10	171,517.	596,149.	486,158.	486,158.	
15	Other assets (describe)	STATEMENT 11)		1,430,519.	193,242.	193,232.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)			133,429,715.	142,715,452.	142,715,442.	
Liabilities	17	Accounts payable and accrued expenses		95,479.	150,900.		
	18	Grants payable		250,500.	6,990,000.		
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)	STATEMENT 12)		118,036.	122,895.	
23	<b>Total liabilities</b> (add lines 17 through 22)			464,015.	7,263,795.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions		132,965,700.	135,451,657.		
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds					
29	<b>Total net assets or fund balances</b>			132,965,700.	135,451,657.		
30	<b>Total liabilities and net assets/fund balances</b>			133,429,715.	142,715,452.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	132,965,700.
2	Enter amount from Part I, line 27a	2	-1,511,406.
3	Other increases not included in line 2 (itemize) <b>UNREALIZED GAIN ON INVESTMENTS</b>	3	3,997,363.
4	Add lines 1, 2, and 3	4	135,451,657.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	135,451,657.

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

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			
<b>63,972,774.</b>		<b>50,943,876.</b>	<b>16,710,844.</b>

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			
			<b>16,710,844.</b>

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	<b>16,710,844.</b>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	<b>N/A</b>

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	<b>255,019.</b>
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	2	<b>0.</b>
3 Add lines 1 and 2 .....	3	<b>255,019.</b>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	<b>0.</b>
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....	5	<b>255,019.</b>
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021 .....	6a	<b>165,096.</b>
b Exempt foreign organizations - tax withheld at source .....	6b	<b>0.</b>
c Tax paid with application for extension of time to file (Form 8868) .....	6c	<b>60,000.</b>
d Backup withholding erroneously withheld .....	6d	<b>0.</b>
7 Total credits and payments. Add lines 6a through 6d .....	7	<b>225,096.</b>
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....	8	<b>696.</b>
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b> .....	9	<b>30,619.</b>
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	10	
11 Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition ..... If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year? .....		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....	X	
b If "Yes," has it filed a tax return on Form 990-T for this year? .....	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>IL</u>		
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 .....	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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ▶ <u>HCFDN.ORG</u>		
14 The books are in care of ▶ <u>ELVA GONZALEZ</u> Telephone no. ▶ <u>708-443-4516</u> Located at ▶ <u>19 RIVERSIDE ROAD, SUITE 6, RIVERSIDE, IL</u> ZIP+4 ▶ <u>60546-2606</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ..... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ..... ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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

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

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		
<b>d</b> 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 2021? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2021 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 2021.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</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 2021? .....	4b	X

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		262,872.	37,350.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ELVA GONZALEZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	CHIEF FINANCIAL OFFICER 40.00	138,778.	19,500.	0.
NORA GARCIA - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	DIRECTOR OF PROGRAMS 40.00	128,728.	18,000.	0.
CHRISTINE M RAMIREZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	SR. PROGRAM MGR OF HEALING 40.00	99,642.	14,438.	0.
JACQUELINE A RODRIGUEZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL	COMMUNICATIONS DIRECTOR 40.00	90,536.	13,500.	0.
CLAUDIA PEREZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546-2606	GRANTS AND OPERATIONS MANAGER 40.00	71,087.	10,545.	0.
<b>Total</b> number of other employees paid over \$50,000				1

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FIDUCIARY ADVISORS - 500 W. MADISON STREET, SUITE 1700, CHICAGO, IL 60661	INVESTMENT ADVISORY FEES	130,573.

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

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	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	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.



**Part IX** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	135,007,269.
b	Average of monthly cash balances .....	1b	3,694,169.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	138,701,438.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	138,701,438.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	2,080,522.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	136,620,916.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	6,831,046.

**Part X** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	6,831,046.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	255,019.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	2,697.
c	Add lines 2a and 2b .....	2c	257,716.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	6,573,330.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	6,573,330.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	6,573,330.

**Part XI** Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	9,752,314.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	9,752,314.

Form 990-PF (2021)

**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7 .....				6,573,330.
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only .....			433,963.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016 .....				
<b>b</b> From 2017 .....				
<b>c</b> From 2018 .....				
<b>d</b> From 2019 .....				
<b>e</b> From 2020 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <b>9,752,314.</b>				
<b>a</b> Applied to 2020, but not more than line 2a ...			433,963.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2021 distributable amount .....				6,573,330.
<b>e</b> Remaining amount distributed out of corpus	2,745,021.			
<b>5</b> Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	2,745,021.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022 .....				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	108,169.			
<b>8</b> Excess distributions carryover from 2016 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a .....	2,636,852.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017 ...				
<b>b</b> Excess from 2018 ...				
<b>c</b> Excess from 2019 ...				
<b>d</b> Excess from 2020 ...				
<b>e</b> Excess from 2021 ...	2,636,852.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum 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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

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

NONE

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

NONE

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 15

SEE STATEMENT 14

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

c Any submission deadlines:

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

**Part XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ACCESS COMMUNITY HEALTH NETWORK 600 W. FULTON CHICAGO, IL 60661	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
ADLER UNIVERSITY 17 N DEARBORN ST, 15TH FLOOR CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
AFFINITY COMMUNITY SERVICES 2850 S. WABASH AVE. #108 CHICAGO, IL 60616	N/A	PC	GENERAL OPERATING SUPPORT	500.
AGING CARE CONNECTIONS 111 W. HARRIS AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
AGING CARE CONNECTIONS 111 W. HARRIS AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	26,933.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>8,219,796.</b>
<b>b Approved for future payment</b>				
ALIVIO MEDICAL CENTER 966 W 21ST ST CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
ARAB AMERICAN FAMILY SERVICES 7000 W. 111TH ST.SUITE 300 WORTH, IL 60482	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
AUSTIN COMING TOGETHER 5049 W HARRISON ST CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	150,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>6,990,000.</b>



**Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash .....	1a(1)		X
(2) Other assets .....	1a(2)		X
<b>b</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 .....	1b(3)		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)		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	1c		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should 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) Description of transfers, transactions, and sharing arrangements
		N/A	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Signature of officer or trustee** \_\_\_\_\_ **Date** \_\_\_\_\_ **Title** **PRESIDENT**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER PETERMANN</b>	Preparer's signature <b>CHRISTOPHER PETER</b>	Date <b>11/15/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00097440</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES</b>			Firm's EIN ▶ <b>27-1728945</b>	
	Firm's address ▶ <b>20 COMMERCE DRIVE #301 CRANFORD, NJ 07016</b>			Phone no. <b>908-272-6200</b>	

HEALTHY COMMUNITIES FOUNDATION

**Part IV** Capital Gains and Losses for Tax on Investment Income

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

(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 63,659,670.		50,943,876.	12,715,794.
b			-8,460.
c			724,111.
d			-33,112.
e			1,526,939.
f			14,563.
g			160,476.
h			-3.
i			12,045.
j			225,524.
k			-61,428.
l			40,924.
m			122,467.
n			43,201.
o			15,160.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			12,715,794.
b			-8,460.
c			724,111.
d			-33,112.
e			1,526,939.
f			14,563.
g			160,476.
h			-3.
i			12,045.
j			225,524.
k			-61,428.
l			40,924.
m			122,467.
n			43,201.
o			15,160.

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

HEALTHY COMMUNITIES FOUNDATION

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a WELLINGTON TRUST CTF SMALL CAP OPPS PORTFOLIO			
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			899,539.
b	313,104.		313,104.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			899,539.
b			313,104.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) ..... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } .....	2	16,710,844.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A



**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALIVIO MEDICAL CENTER 966 W 21ST ST CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
ALIVIO MEDICAL CENTER 966 W 21ST ST CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	55,000.
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S. 79TH AVE JUSTICE, IL 60458	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S. 79TH AVE JUSTICE, IL 60458	N/A	PC	COVID RESPONSE GRANT	4,000.
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON STREET, SUITE 228 HILLSIDE, IL 60162	N/A	PC	GENERAL OPERATING SUPPORT	26,000.
ARAB AMERICAN FAMILY SERVICES 7000 W. 111TH ST.SUITE 300 WORTH, IL 60482	N/A	PC	GENERAL OPERATING SUPPORT	200,500.
AUSTIN COMING TOGETHER 5049 W HARRISON ST CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
<b>Total from continuation sheets</b>				<b>8,017,363.</b>

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BEDS PLUS CARE, INC. 9601 OGDEN AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	75,000.
BEDS PLUS CARE, INC. 9601 OGDEN AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	38,153.
BEYOND HUNGER 848 LAKE STREET OAK PARK, IL 60305	N/A	PC	GENERAL OPERATING SUPPORT	51,200.
BLACK UNITED FUND OF ILLINOIS INC. 1809 E. 71ST STREET 200 CHICAGO, IL 60649	N/A	PC	GENERAL OPERATING SUPPORT	200.
BORDERLESS MAGAZINE NFP 3432 W. DIVERSEY AVE. CHICAGO, IL 60647	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
BOXING OUT NEGATIVITY INC. 4059 W. 21ST STREET CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	300.
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE. CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	205,208.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BUILD, INC. 5100 W. HARRISON STREET CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
CASA CENTRAL 1343 N. CALIFORNIA AVE. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	56,000.
CATHOLIC CHARITIES OF ARCHDIOCESE OF CHICAGO 721 N. LASALLE ST. CHICAGO, IL 60654	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION, INC. 100 W PLAINFIELD RD, STE 100 COUNTRYSIDE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
CHICAGO CARES, INC. 641 W. LAKE STREET CHICAGO, IL 60661	N/A	PC	CAPACITY BUILDING INITIATIVE GRANT	50,000.
CHICAGO CITYWIDE LITERACY COALITION 641 W. LAKE STREET, SUITE 200 CHICAGO, IL 60661	N/A	PC	GENERAL OPERATING SUPPORT	22,000.
CITY BUREAU NFP 3619 S. STATE STREET CHICAGO, IL 60609	N/A	PC	COVID RESPONSE GRANT	10,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP 1701 S 1ST AVE., SUITE 407 MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	175,000.
CROSSROADS FUND 3411 W. DIVERSEY AVE. #20 CHICAGO, IL 60647	N/A	PC	CAPACITY BUILDING INITIATIVE GRANT	75,000.
DEVICES FOR THE DISABLED 2743 W. 36TH PLACE CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
EL VALOR CORPORATION 1850 W. 21ST ST. CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	75,200.
ENLACE CHICAGO 2756 S. HARDING AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
EQUAL HOPE 300 SOUTH ASHLAND AVENUE OAK PARK, IL 60607	N/A	PC	GENERAL OPERATING SUPPORT	176,500.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EQUITY AND TRANSFORMATION 10 W. 35TH STREET, SUITE 9C5 CHICAGO, IL 60616	N/A	PC	CONTRIBUTION ON BEHALF OF THE BOARD FOR GENERAL OPERATING PURPOSES	500.
EQUITY AND TRANSFORMATION 10 W. 35TH STREET, SUITE 9C5 CHICAGO, IL 60616	N/A	PC	GENERAL OPERATING SUPPORT	250.
ERIE FAMILY HEALTH FOUNDATION, INC. 1701 W. SUPERIOR ST., THIRD FLOOR CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR ST. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
ESPERANZA HEALTH CENTER 2001 S CALIFORNIA AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
EVERTHRIVE ILLINOIS 1006 S MICHIGAN AVE, SUITE 200 CHICAGO, IL 60605	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
FACING FORWARD TO END HOMELESSNESS 642 N KEDZIE AVE CHICAGO, IL 60612	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILY FOCUS 310 SOUTH PEORIA, SUITE 301 CHICAGO, IL 60607	N/A	PC	GENERAL OPERATING SUPPORT	90,000.
FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO 5341 W CERMAK ROAD CICERO, IL 60804	N/A	PC	GENERAL OPERATING SUPPORT	130,000.
FOREFRONT CHARITY 200 W. MADISON ST., 2ND FLOOR CHICAGO, IL 60606	N/A	PC	GENERAL OPERATING SUPPORT-COLLABORATIVE GRANT	125,000.
FRIENDS OF THE PARKS 67 E. MADISON ST., SUITE 1817 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
GAGE PARK LATINX COUNCIL 4455 SOUTH KING DRIVE SUITE 101 (B) CHICAGO, IL 60653	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
GAGE PARK LATINX COUNCIL 4455 SOUTH KING DRIVE SUITE 101 (B) CHICAGO, IL 60653	N/A	PC	COVID RESPONSE GRANT	10,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	31,000.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON STREET, SUITE 602 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	71,335.
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE CHICAGO, IL 60647	N/A	PC	GENERAL OPERATING SUPPORT	70,000.
HEALTHCARE ALTERNATIVE SYSTEMS, INC. 2755 W. ARMITAGE CHICAGO, IL 60647	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	42,000.
HOUSING FORWARD 1851 SOUTH 9TH AVENUE MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	45,000.
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS 228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604	N/A	PC	GENERAL OPERATING SUPPORT	150,000.
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS 228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604	N/A	PC	GENERAL OPERATING SUPPORT-HEALTH ADVOCATES ACADEMY	125,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ILLINOIS COMMUNITY HEALTH WORKER ASSOCIATION 9038 S. UNIVERSITY AVE. CHICAGO, IL 60619	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	125,000.
ILLINOIS PARTNERS FOR HUMAN SERVICE 33 WEST GRAND AVENUE, SUITE 300 CHICAGO, IL 60654	N/A	PC	GENERAL OPERATING SUPPORT	40,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	126,000.
ISKALI 1812 N 38TH AVENUE STONE PARK, IL 60165	N/A	PC	COVID RESPONSE GRANT	10,000.
LA BROCHA 2824 W. 24TH BLVD. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	16,500.
LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601	N/A	PC	GENERAL OPERATING SUPPORT	100,500.
<b>Total from continuation sheets</b> .....				



**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE IL UNIDOS	250,000.
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE IL EXELLERATOR FUND	100,000.
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE, SUITE 900 CHICAGO, IL 60602	N/A	PC	GENERAL OPERATING SUPPORT	80,000.
LOYOLA UNIVERSITY CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	N/A	PC	GENERAL OPERATING SUPPORT	55,000.
MACNEAL HOSPITAL 3249 OAK PARK AVENUE BERWYN, IL 60402	N/A	PC	GENERAL OPERATING SUPPORT	38,500.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MAPSCORPS 5307 S. HYDE PARK BLVD. 2FL CHICAGO, IL 60615	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
MICHAEL REESE HEALTH TRUST 150 N. WACKER DRIVE CHICAGO, IL 60606	N/A	PC	HEALTH FIRST FUND	250,000.
MOBILE CARE CHICAGO 239 W. ROOT STREET CHICAGO, IL 60609	N/A	PC	GENERAL OPERATING SUPPORT	80,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	202,127.
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT-COMMUNITY HEALTH WORKERS	60,000.
NAMI METRO SUBURBAN PO BOX 977 OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	131,000.
NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	N/A	PC	GENERAL OPERATING SUPPORT	75,500.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OAK PARK RIVER FOREST COMMUNITY FOUNDATION 1049 LAKE STREET, SUITE 204 OAK PARK, IL 60301	N/A	PC	GENERAL OPERATING SUPPORT-CHGO LATINOS IN PHILANTHROPY	10,000.
OAK PARK RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE STREET OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
PARKINSONS FOUNDATION INC. 200 SE 1ST STREET NO 800 MIAMI, FL 33131	N/A	PC	GENERAL OPERATING SUPPORT	515.
PCC COMMUNITY WELLNESS CENTER 14 LAKE STREET OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
PROVISO PARTNERS FOR HEALTH 602 N 3RD AVE MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	40,000.
PUERTO RICAN AGENDA OF CHICAGO 1650 W. NORTH AVE. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	1,500.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
QUINN CENTER OF ST. EULALIA 1845 SOUTH 9TH AVENUE MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
RUSH UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN STREET 265 CHICAGO, IL 60612	N/A	PC	GENERAL OPERATING SUPPORT	1,000.
SARAH'S INN 1547 CIRCLE AVENUE FOREST PARK, IL 60130	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., SUITE 2000 CHICAGO, IL 60603	N/A	PC	GENERAL OPERATING SUPPORT	101,000.
SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE., F-125 CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
SISTERHOUSE 25 WASHINGTON BOULEVARD OAK PARK, IL 60304	N/A	PC	GENERAL OPERATING SUPPORT	35,000.
SOUTHWEST ORGANIZING PROJECT 2558 W. 63RD ST. CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	100,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TALLER DE JOSE 2831 W 24TH BLVD. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 840 S. WOOD ST., M/C 787, ROOM 101 CHICAGO, IL 60612	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	23,125.
THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE., NO. 2200 CHICAGO, IL 60601	N/A	PC	2020 CHICAGOLAND WORKFORCE FUNDERS ALLIANCE COLLABORATIVE GRANT	250,000.
THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE., NO. 2200 CHICAGO, IL 60601	N/A	PC	IL IMMIGRATION FUNDER COLLABORATIVE	250,000.
THE FIREHOUSE DREAM 511 SAINT CHARLES RD MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	30,000.
THE LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE 6112 W. CERMAK RD. CICERO, IL 60804	N/A	PC	GENERAL OPERATING SUPPORT	60,000.
THE WAREHOUSE PROJECT AND GALLERY 7704 W. 62ND PLACE SUMMIT, IL 60501	N/A	PC	GENERAL OPERATING SUPPORT	16,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE WAREHOUSE PROJECT AND GALLERY 7704 W. 62ND PLACE SUMMIT, IL 60501	N/A	PC	COVID RESPONSE GRANT	10,000.
UCAN 3605 W FILLMORE STREET CHICAGO, IL 60624	N/A	PC	GENERAL OPERATING SUPPORT	91,000.
URBAN GROWERS COLLECTIVE 1200 W 35TH ST #118 CHICAGO, IL 60609	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
WAY BACK INN, INC. 104 OAK ST. MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	50,000.
WEST COOK YMCA 255 S. MARION ST. OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	61,000.
WORKING BIKES 2434 S. WESTERN AVENUE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	250.
YEMBA INC 230 MADISON ST. OAK PARK, IL 60302	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YOGACARE 1808 W. CHICAGO AVE, #2R CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	25,000.
YOGACARE 1808 W. CHICAGO AVE, #2R CHICAGO, IL 60622	N/A	PC	COVID RESPONSE GRANT	5,000.
YOUTH CROSSROADS, INC. 6501 STANLEY AVENUE BERWYN, IL 60402	N/A	PC	GENERAL OPERATING SUPPORT	130,500.

**Total from continuation sheets** .....

**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE. CHICAGO, IL 60632	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
BUILD, INC. 5100 W. HARRISON STREET CHICAGO, IL 60644	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
CHICAGO CARES, INC. 641 W. LAKE STREET CHICAGO, IL 60661	N/A	PC	CAPACITY BUILDING INITIATIVE GRANT	75,000.
COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP 1701 S 1ST AVE., SUITE 407 MAYWOOD, IL 60153	N/A	PC	GENERAL OPERATING SUPPORT	120,000.
ENLACE CHICAGO 2756 S. HARDING AVE. CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
EQUAL HOPE 300 SOUTH ASHLAND AVENUE OAK PARK, IL 60607	N/A	PC	GENERAL OPERATING SUPPORT	350,000.
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR ST. CHICAGO, IL 60622	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
<b>Total from continuation sheets</b>				<b>6,040,000.</b>



**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ESPERANZA HEALTH CENTER 2001 S CALIFORNIA AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
FOREFRONT CHARITY 200 W. MADISON ST., 2ND FLOOR CHICAGO, IL 60606	N/A	PC	GENERAL OPERATING SUPPORT-COLLABORATIVE GRANT	125,000.
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS 228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604	N/A	PC	GENERAL OPERATING SUPPORT-HEALTH ADVOCATES ACADEMY	125,000.
ILLINOIS COALITION FOR IMMIGRANTS AND REFUGEE RIGHTS 228 S. WABASH AVE, SUITE 800 CHICAGO, IL 60604	N/A	PC	GENERAL OPERATING SUPPORT	300,000.
ILLINOIS COMMUNITY HEALTH WORKER ASSOCIATION 9038 S. UNIVERSITY AVE. CHICAGO, IL 60619	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT	125,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INSTITUTE FOR LATINO PROGRESS 2520 S. WESTERN AVE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	250,000.
LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601	N/A	PC	GENERAL OPERATING SUPPORT-STRATEGIC INITIATIVE GRANT IL UNIDOS	250,000.
LATINO POLICY FORUM 180 N. MICHIGAN AVE.,, STE. 1250 CHICAGO, IL 60601	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525	N/A	PC	GENERAL OPERATING SUPPORT	400,000.
SOUTHWEST ORGANIZING PROJECT 2558 W. 63RD ST. CHICAGO, IL 60629	N/A	PC	GENERAL OPERATING SUPPORT	200,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE 6112 W. CERMAK RD. CICERO, IL 60804	N/A	PC	GENERAL OPERATING SUPPORT	120,000.

**Total from continuation sheets** .....

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**HEALTHY COMMUNITIES FOUNDATION**

Employer identification number

**36-4324067**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization  <b>HEALTHY COMMUNITIES FOUNDATION</b>	Employer identification number  <b>36-4324067</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>MACNEAL MEMORIAL HOSPITAL ASSOCIATION</b>  19 RIVERSIDE ROAD  RIVERSIDE, IL 60546-2606	\$ 108,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HEALTHY COMMUNITIES FOUNDATION</b>	Employer identification number  <b>36-4324067</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>HEALTHY COMMUNITIES FOUNDATION</b>	Employer identification number  <b>36-4324067</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**Underpayment of Estimated Tax by Corporations**

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

**2021**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

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

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	<b>255,019.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
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 .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>255,019.</b>
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>45,190.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>45,190.</b>

<b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty. See instructions.	
6 <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.	
7 <input checked="" type="checkbox"/> The corporation is using the annualized income installment method.	
8 <input checked="" type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.	

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>05/15/21</b>	<b>06/15/21</b>	<b>09/15/21</b>	<b>12/15/21</b>
10 <b>Required installments.</b> 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 .....	<b>10</b>	<b>3,193.</b>	<b>32,384.</b>	<b>5,114.</b>	<b>175,418.</b>
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	<b>40,096.</b>		<b>10,000.</b>	<b>115,000.</b>
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column	<b>12</b>		<b>36,903.</b>	<b>4,519.</b>	<b>9,405.</b>
13 Add lines 11 and 12 .....	<b>13</b>		<b>36,903.</b>	<b>14,519.</b>	<b>124,405.</b>
14 Add amounts on lines 16 and 17 of the preceding column	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>40,096.</b>	<b>36,903.</b>	<b>14,519.</b>	<b>124,405.</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>0.</b>	<b>0.</b>	
17 <b>Underpayment.</b> 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 .....	<b>17</b>				<b>51,013.</b>
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	<b>36,903.</b>	<b>4,519.</b>	<b>9,405.</b>	

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



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			<b>696.</b>

\* 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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

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

Part I Adjusted Seasonal Installment Method

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

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1a-1c, 3a-3c), calculations for percentages (4-6), and final tax calculations (7-19).

**Part II** <sup>\*\*</sup> Annualized Income Installment Method

		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions) .....	20				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....	21	153,127.	1,279,754.	1,951,607.	11,660,561.
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	918,762.	5,119,016.	3,903,214.	15,547,376.
b	Extraordinary items (see instructions) .....	23b				
c	Add lines 23a and 23b .....	23c	918,762.	5,119,016.	3,903,214.	15,547,376.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return .....	24	12,771.	71,154.	54,255.	216,109.
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	12,771.	71,154.	54,255.	216,109.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....	29	12,771.	71,154.	54,255.	216,109.
30	Applicable percentage .....	30	25%	50%	75%	100%
31	Multiply line 29 by line 30 .....	31	3,193.	35,577.	40,691.	216,109.

**Part III** Required Installments

		1st	2nd	3rd	4th	
		installment	installment	installment	installment	
<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.						
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 .....	32	3,193.	35,577.	40,691.	216,109.
33	Add the amounts in all preceding columns of line 38. See instructions .....	33		3,193.	35,577.	40,691.
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- ..	34	3,193.	32,384.	5,114.	175,418.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter .....	35	11,298.	116,212.	63,755.	63,755.
36	Subtract line 38 of the preceding column from line 37 of the preceding column .....	36		8,105.	91,933.	150,574.
37	Add lines 35 and 36 .....	37	11,298.	124,317.	155,688.	214,329.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....	38	3,193.	32,384.	5,114.	175,418.

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

**FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) <b>HEALTHY COMMUNITIES FOUNDATION</b>					Identifying Number <b>36-4324067</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/21	3,193.	3,193.			
05/15/21	-15,000.	-11,807.			
05/15/21	-25,096.	-36,903.			
06/15/21	32,384.	-4,519.			
06/16/21	-10,000.	-14,519.			
09/15/21	5,114.	-9,405.			
12/15/21	175,418.	166,013.			
12/15/21	-115,000.	51,013.	106	.000082192	444.
03/31/22	0.	51,013.	45	.000109589	252.

Penalty Due (Sum of Column F). ..... 696.

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

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDENDS	159.	159.	
TOTAL TO PART I, LINE 3	159.	159.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDENDS	3,042,548.	313,104.	2,729,444.	3,037,186.	
TO PART I, LINE 4	3,042,548.	313,104.	2,729,444.	3,037,186.	

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP GAIN	0.	36,881.	
LITIGATION PROCEEDS	422.	422.	
UBIT PARTNERSHIP GAIN THROUGH K-1	98,511.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	98,933.	37,303.	

## FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	8,151.	0.		11,391.
TO FM 990-PF, PG 1, LN 16A	8,151.	0.		11,391.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND TAX PREPARATION	35,625.	0.		47,533.
TO FORM 990-PF, PG 1, LN 16B	35,625.	0.		47,533.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMMUNICATIONS AND SOCIAL MEDIA CONSULTANTS	12,363.	0.		12,363.
PROGRAM CONSULTANTS	15,000.	0.		15,000.
COMPUTER CONSULTANTS	11,090.	0.		11,090.
OTHER CONSULTANTS	45,856.	0.		51,856.
INVESTMENT CONSULTANTS	131,858.	131,858.		0.
INVESTMENT ADVISORY FEES	678,385.	28,347.		0.
EXECUTIVE SEARCH FIRM	30,410.	0.		30,410.
TO FORM 990-PF, PG 1, LN 16C	924,962.	160,205.		120,719.

## FORM 990-PF

## TAXES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	39,426.	60,992.		0.
FEDERAL EXCISE TAX	200,225.	0.		0.
TO FORM 990-PF, PG 1, LN 18	239,651.	60,992.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	639.	639.		0.
SOFTWARE LICENSING	23,922.	0.		23,922.
INSURANCE	22,684.	0.		24,050.
DUES AND SUBSCRIPTIONS	42,076.	0.		41,576.
OFFICE EQUIPMENT	21,661.	0.		21,661.
OFFICE EXPENSE	9,568.	0.		9,967.
PAYROLL PROCESSING FEES	912.	0.		912.
TELEPHONE AND INTERNET	10,340.	0.		10,340.
CAPACITY BUILDING	7,491.	0.		7,491.
PROFESSIONAL DEVELOPMENT	8,716.	0.		3,716.
OTHER PARTNERSHIP EXPENSES	0.	670,329.		0.
HONORARIUM	1,894.	0.		1,894.
TO FORM 990-PF, PG 1, LN 23	149,903.	670,968.		145,529.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
400 CAPITAL CREDIT OPP FUND, LTD	FMV	1,366,370.	1,366,370.
ALLIED INVENTORS FUND, LLC	FMV	195,576.	195,576.
ARGA EMERGING MARKETS EQUITY FUND	FMV	4,860,690.	4,860,690.
ARGONAUT PRIVATE EQUITY FUND IV	FMV	1,084,987.	1,084,987.
ARTISAN HIGH INCOME FUND	FMV	1,361,104.	1,361,104.
BLUE SEA CAPITAL FUND II, LP	FMV	1,103,097.	1,103,097.
BRECKINRIDGE SUSTAINABLE CORE	FMV	5,288,059.	5,288,059.
CANAAN NATURAL GAS FUND IX	FMV	25,833.	25,833.
CANAAN NATURAL GAS FUND X	FMV	72,076.	72,076.
CAPITAL TODAY CHINA GROWTH FUND, LP	FMV	443,262.	443,262.
CENTANA GROWTH PARTNERS II, LP	FMV	270,784.	270,784.
CEVIAN CAPITAL II, LTD	FMV	1,448,848.	1,448,848.
DAVIDSON KEMPNER INT'L (BVI), LTD	FMV	1,827,343.	1,827,343.
DODGE COX INCOME FUND (DODIX)	FMV	5,370,724.	5,370,724.
DWS INVESTMENT MANAGEMENT	FMV	28,194,891.	28,194,891.
DWS RREEF REAL ASSETS FUND (AAASX)	FMV	4,245,104.	4,245,104.
FIDELITY REAL ESTATE INDEX FUND (FSRX)	FMV	5,680,535.	5,680,535.
FS EQUITY PARTNERS VIII, LP	FMV	674,062.	674,062.
GQG PARTNERS EMERGING MARKETS EQUITY FUND (GQGIX)	FMV	4,659,059.	4,659,059.
HARDING LOEVNER INT'L EQUITY (HLMIX)	FMV	10,439,763.	10,439,763.
HBK MULTI-STRATEGY OFFSHORE FUND, LTD	FMV	1,802,385.	1,802,385.
JP MORGAN CORE BOND FUND I (WOBDX)	FMV	5,395,533.	5,395,533.
KINGSWOOD CAPITAL OPPORTUNITIES FUND I-A, LP	FMV	2,007,084.	2,007,084.
LITTLEJOHN FUND VI, LP	FMV	1,270,878.	1,270,878.
LUMINATE CAPITAL PARTNERS II, LP	FMV	954,511.	954,511.
LUMINATE CAPITAL PARTNERS III-A, LP	FMV	599,511.	599,511.
MEANINGFUL PARTNERS DC VEHICLE I, LP	FMV	1,021,799.	1,021,799.
METROPOLITAN REAL ESTATE PARTNERS IV-A, LP	FMV	376,799.	376,799.
MIDOCEAN CREDIT OPP OFFSHORE FUND, LTD	FMV	1,081,290.	1,081,290.
MW EUREKA FUND	FMV	2,029,326.	2,029,326.
OAKMARK INT'L FUND (OAKIX)	FMV	9,981,154.	9,981,154.
P4G CAPITAL PARTNERS I-A, LP	FMV	154,442.	154,442.
PANGAEA TWO, LP	FMV	3,196,175.	3,196,175.
PGIM GLOBAL TOTAL RETURN (PGTQX)	FMV	2,673,625.	2,673,625.
PIMCO BRAVO FUND ONSHORE FEEDER I, LP	FMV	3,912.	3,912.
PIMCO INT'L BOND FUND (UNHEDGED) (PFUAX)	FMV	1.	1.
PIMCO STOCKPLUS SMALL FUND (PSCSX)	FMV	4,725,931.	4,725,931.
PSAM WORLDARB FUND, LTD	FMV	1,442,317.	1,442,317.
Q-BLK PRIVATE CAPITAL II PARALLEL, LP	FMV	147,419.	147,419.
QUESTA CAPITAL PARTNERS I, LP	FMV	1,839,377.	1,839,377.
QUESTA CAPITAL PARTNERS II, LP	FMV	701,514.	701,514.



## HEALTHY COMMUNITIES FOUNDATION

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RESOURCE LAND VALUE IV, LLC	FMV	466,887.	466,887.
SEEDING & STRATEGIC CAPITAL FUND II, LP	FMV	629,449.	629,449.
SENATOR GLOBAL OPP OFFSHORE FUND, LTD	FMV	2,099,152.	2,099,152.
SER CAPITAL PARTNERS I-A, LP	FMV	365,595.	365,595.
SUVRETTA OFFSHORE FUND, LTD	FMV	1,708,025.	1,708,025.
TREND MACRO OFFSHORE, LTD	FMV	1,424,696.	1,424,696.
TRUEBRIDGE CAPITAL PARTNERS FUND VI (CAYMAN), LP	FMV	1,031,250.	1,031,250.
VALINOR CAPITAL PARTNERS OFFSHORE, LTD	FMV	272,984.	272,984.
VISTRIA FUND IV (FT), LP	FMV	348,224.	348,224.
WEISS MULTI-STRAT PARTNERS (CAYMAN), LTD	FMV	1,746,204.	1,746,204.
WELLINGTON SMALL CAP OPPORTUNITIES FUND	FMV	5,385,719.	5,385,719.
WOLVERINE FLAGSHIP FUND LTD	FMV	1,579,875.	1,579,875.
WOODLINE OFFSHORE FUND, LTD	FMV	1,500,000.	1,500,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		138,575,210.	138,575,210.

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

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	11,350.	9,936.	1,414.
LEASEHOLD IMPROVEMENT	646,325.	161,581.	484,744.
TOTAL TO FM 990-PF, PART II, LN 14	657,675.	171,517.	486,158.

## FORM 990-PF OTHER ASSETS STATEMENT 11

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
TAX DEPOSITS	78,738.	80,694.	80,684.
INVESTMENT PROCEEDS RECEIVABLE	1,351,781.	112,548.	112,548.
TO FORM 990-PF, PART II, LINE 15	1,430,519.	193,242.	193,232.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PENSION PAYABLE	89,359.	122,895.
CAPITAL REQUIREMENTS	28,677.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	118,036.	122,895.

FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIA PESQUEIRA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	PRESIDENT 40.00	262,872.	37,350.	0.
AMALIA S. RIOJA 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	CHAIR, BOARD MEMBER 4.00	0.	0.	0.
CRAIG HUFFMAN 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	TREASURER, BOARD MEMBER 4.00	0.	0.	0.
CARL BERGETZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	VICE CHAIR, BOARD MEMBER 4.00	0.	0.	0.
JOSEPH W. MCINERNEY 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	SECRETARY, BOARD MEMBER 4.00	0.	0.	0.
GRACE HOU 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	CHAIR, BOARD MEMBER 1.00	0.	0.	0.
ELYSE FORKOSH CUTLER 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
CHARLES W. MULANEY, JR. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
ANNE MARIE MURPHY, PH.D. 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.
DR. YESENIA YEPEZ 19 RIVERSIDE ROAD #6 RIVERSIDE, IL 60546-2606	BOARD MEMBER 1.00	0.	0.	0.

HEALTHY COMMUNITIES FOUNDATION

36-4324067

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

BOARD MEMBER  
1.00

0.

0.

0.

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

262,872.

37,350.

0.

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

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

EMAIL ADDRESS

MPESQUEIRA@HCFDN.ORG

FORM AND CONTENT OF APPLICATIONS

ONLINE GRANTS PORTAL: TO APPLY FOR FUNDING IN THE 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/](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](https://hcfdn.org)

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

FORM 990-PF

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

STATEMENT 15

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.