Form **990** 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest inform

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OMB No. 1545-0047

Inspection

Internal Rev	enue Service	Go to www.	Irs.gov/Form990 for instructions and	a the lat	est inform	ation.		Inspection		
A For th	ne 2022 cal	endar year, or tax year beginning	07/01/2022 and e	nding				30/2023		
B Check if	appliaghts	C Name of organization					D Employer	identification number		
	applicable:	CENTER FOR HOUSING AN	ND HEALTH							
Addre	ess change	Doing business as					26-428	7202		
Name	change	Number and street (or P.O. box if ma	ail is not delivered to street address)	Room/sui	te	E Telephone	e number			
Initial	return	200 WEST MONROE STREE	ET		1150		(312)922-232			
Final I	return/terminated	City or town, state or province, coun	try, and ZIP or foreign postal code				G Gross rec	eipts \$		
Amen	ded return	CHICAGO, IL 60606						31,893,060.		
Applic	cation pending	F Name and address of principal office	<sup>r:</sup> PETER TOEPFER				a group return for			
		200 WEST MONROE STREE	ET1150, CHICAGO, IL 606	06		subordi H(b) Are all	nates? subordinates inc			
Tax-e	xempt status:		) (insert no.) 4947(a)(1) or		527	.,		st. See instructions.		
J Webs	•	WW.HOUSINGFORHEALTH.OF			021		exemption nu			
	of organizatio		Association Other		ar of format	., .	- ·	of legal domicile: IL		
Part I	-									
		•		NIODO						
1		•	r most significant activities: <u>CHH HC</u>					H.T.		
nce	TOAH	IOME AND HEALTH CARE,	BY BRIDGING THE HOUSING	j AND	HEALT	H CARE	•			
rna										
Governance 5 C	Check this		discontinued its operations or disp					et assets.		
			body (Part VI, line 1a)					7		
<sup>∞</sup> ຊ			he governing body (Part VI, line 1b)					7_		
Activities &			endar year 2022 (Part V, line 2a)					NONE		
÷. 6	Total num	ber of volunteers (estimate if neces	sary)				6	NONE		
∛ 7a			III, column (C), line 12					NONE		
b	Net unrela	ated business taxable income from	Form 990-T, Part I, line 11				. 7b			
						Prior Ye		Current Year		
. 8	Contributi	ons and grants (Part VIII, line 1h)				14,363	,424.	14,053,281.		
9 9 10		service revenue (Part VIII, line 2g)	11,729	,672.	17,800,612.					
a 10			es 3, 4, and 7d)				NONE	9,951.		
<u>د</u> 11			6d, 8c, 9c, 10c, and 11e)				NONE	29,216.		
12			equal Part VIII, column (A), line 12)			26,093	-	31,893,060.		
13			umn (A), lines 1-3)			21,414		27,311,731.		
14			mn (A), line 4)			21,111	NONE	NONE		
45						2 1 / 7	,905.			
			efits (Part IX, column (A), lines 5-10)			2,14/		2,846,432.		
			(A), line 11e)	• • • •	••		NONE	NONE		
		draising expenses (Part IX, column (I			_	1 1 0 0	C 4 7	1 614 200		
			a-11d, 11f-24e)		• •	1,192		1,614,399.		
18	•	· ·	Part IX, column (A), line 25)		· •	24,754		31,772,562.		
19	Revenue I	ess expenses. Subtract line 18 from	n line 12			1,338		120,498.		
Net Assets or Fund Balances 75 05 76 77 78 78 78 78 78 78 78 78 78 78 78 78					Begin	ning of Cur	rent Year	End of Year		
02 alarset		ets (Part X, line 16)				4,832	,538.	5,310,680.		
≝ <u></u> 21	Total liabi	lities (Part X, line 26)				1,929	,139.	2,286,783.		
ຊ <u>ື</u> 22	Net assets	s or fund balances. Subtract line 21	from line 20			2,903	,399.	3,023,897.		
Part II	Signat	ture Block								
Under pe	enalties of pe	rjury, I declare that I have examined th	is return, including accompanying schedule	es and st	atements, a	ind to the b	est of my ki	nowledge and belief, it is		
true, corr	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information of which	n prepare	r has any kr	nowledge.				
						1	1/15/2	023		
Sign	Signature of	of officer				Date				
Here	LAURTE	C WETTSTEAD	CFO							
		nt name and title	010							
	Print/Type	e preparer's name	Preparer's signature	Date		Check	if P	TIN		
Paid		I R GLOVER	STEVEN R GLOVER	05/	15/202			200253365		
Preparer			-	1						
Use Only			CO., LTD.			Firm's EIN		-2897372		
Month	Firm's add		, SUITE 400 DEERFIELD, IL 60015			Phone no.		7-205-5000		
								X Yes No		
For Pape	erwork Red	luction Act Notice, see the separat	e instructions.					Form <b>990</b> (2022)		
JSA										

CENTER FOR HOUSING AND HEALTH

For	m 990 (2022) Page <b>2</b>
Ρ	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHH HONORS EVERY PERSON'S RIGHT TO A HOME AND HEALTH CARE, BY
	BRIDGING THE HOUSING AND HEALTH CARE SYSTEMS, TO IMPROVE THE LIVES OF
	CHICAGOANS EXPERIENCING HOMELESSNESS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	WRAP AROUND CASE MANAGEMENT SERVICES FOR ITS PARTICIPANTS. OVER
	1,700 PAYMENTS PER MONTH ARE PROVIDED TO PRIVATE MARKET LANDLORDS
	TO PROVIDE HOUSING FOR ITS PARTICIPANTS, INCLUDING OTHER DIRECT
	CLIENT SUPPORT SUCH AS UTILITY ASSISTANCE, FOOD, AND
	TRANSPORTATION.
4h	(Code: ) (Expenses \$ 16,907,220. including grants of \$ ) (Revenue \$ 17,288,768. )
40	
	SEE SCHEDULE O
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Other and many complete an Ocheshile O b
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
-	Total program service expenses     30,838,952.
JSA 2E1	020 1.000 Form <b>990</b> (2022)

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<ul> <li>2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i>? See instructions</li> <li>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i></li> <li>4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i></li> <li>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,</li> </ul>	1 2 3 4 5 6 7 8	Yes X X	No X X X
<ul> <li><i>complete Schedule A</i></li> <li>Is the organization required to complete <i>Schedule B, Schedule of Contributors</i>? See instructions</li> <li>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I</li> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i></li> <li>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,</li> </ul>	2 3 4 5 6 7	X	x x
<ul> <li><i>complete Schedule A</i></li> <li>Is the organization required to complete <i>Schedule B, Schedule of Contributors</i>? See instructions</li> <li>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I</li> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i></li> <li>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,</li> </ul>	2 3 4 5 6 7		X
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<ul> <li>candidates for public office? If "Yes," complete Schedule C, Part I</li> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II</li> <li>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,</li> </ul>	4 5 6 7		X
<ul> <li>4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>.</li> <li>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,</li> </ul>	5 6 7		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5 6 7		
	6		X
assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	6		<u> </u>
	7		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	7		
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	7		
			X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			v
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		X
			Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	9		Х
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
or in quasi endowments? If "Yes," complete Schedule D, Part V	0		Х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
VII, VIII, IX, or X, as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	1a		X
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			37
	1b		Х
<ul> <li>c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> </ul>	1c		Х
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	1d		х
	1e	Х	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1f	х	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	2a	Х	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	2b		Χ
	3		<u>X</u>
14a Did the organization maintain an office, employees, or agents outside of the United States?       1         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,       1	4a		Х
fundraising, business, investment, and program service activities outside the United States, or aggregate			
	4b		Х
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	5		Х
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	6		Х
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	7		Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	8		Х
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	9		X
	0а 0ь		X
<ul> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</li> </ul>	0b		
	21	х	
	_		(2022)

Pad	6	4
- au	e	т.

	CENTER FOR HOUSING AND HEALTH 26-4287	202		
-	V Checklist of Required Schedules (continued)		F	Page <b>4</b>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		v
28	persons? If "Yes," complete Schedule L, Part III	27		X
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dert	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	. No
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE		. 53	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
v	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 2E1030			990	(2022)

#### CENTER FOR HOUSING AND HEALTH

	CENTER FOR HOUSING AND HEALTH 26-4287	202							
Form	990 (2022)		F	Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> NONE								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b							
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
h		Tu		- 21					
D	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>6</b> -		37					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	B Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9									
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
-	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
h	Enter the amount of reserves the organization is required to maintain by the states in which								
U	the organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15	excess parachute payment(s) during the year?	15		х					
		13							
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		77					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X					
	If "Yes," complete Form 6069.								

Form 9	90 (202	2) CENTER FOR HOUSING AND HEALTH 26-4287	202	F	Page <b>6</b>
Part	: VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
		Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A.	Governing Body and Management			
				Yes	No
1a	If the	the number of voting members of the governing body at the end of the tax year 1a 7 re are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar	-		
	comm	ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent 1b 7	-		
2	Did a	ny officer, director, trustee, or key employee have a family relationship or a business relationship with			
	•	her officer, director, trustee, or key employee?	2		X
3	Did th	e organization delegate control over management duties customarily performed by or under the direct			
	super	vision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4		e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		e organization have members or stockholders?	6		X
7a	Did th	e organization have members, stockholders, or other persons who had the power to elect or appoint			
		r more members of the governing body?	7a		X
b		iny governance decisions of the organization reserved to (or subject to approval by) members,			
		nolders, or persons other than the governing body?	7b		X
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during			
	-	ar by the following:			
а		overning body?	8a	X	
b		committee with authority to act on behalf of the governing body?	8b	Х	
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	X
Sect	ON B.	Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
			40-	163	
		e organization have local chapters, branches, or affiliates?	10a		X
b		s," did the organization have written policies and procedures governing the activities of such chapters,	104		
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a		e organization have a written conflict of interest policy? If "No," go to line 13	120	Λ	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give conflicts?	12b	Х	
с		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	descri	be on Schedule O how this was done	12c	Х	
13	Did th	e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	Х	
15	Did th	e process for determining compensation of the following persons include a review and approval by			
	indep	endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Х	
b	Other	officers or key employees of the organization	15b	Х	
	If "Yes	s" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a	taxable entity during the year?	16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	partic	pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		ization's exempt status with respect to such arrangements?	16b		
Secti	ion C.	Disclosure			
17	List th	e states with which a copy of this Form 990 is required to be filed,			
18	<u>(3)</u> s o	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- only) available for public inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website X Upon request Other <i>(explain on Schedule O)</i>	Г (sec	tion 5	01(c)
19		ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict on nancial statements available to the public during the tax year.	f inter	est p	olicy,
20		the name, address, and telephone number of the person who possesses the organization's books and record ANI NAVALTA 200 WEST MONROE STREET, SUITE 1150 CHICAGO, IL 60606	S		
JSA	312-	922-2322	Form	990	(2022)
2E1042					
	2222	TU 4116 05/08/2024 07:06:30 V22-7.11 23600.001 -FYE			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				<b>C)</b> sition			(D)	(E)	(F)
Name and title	Average	(do r	do not check			e than o	ne	Reportable	Reportable	Estimated amount
	hours	box,	unles	ss pe	erson	is both	an	compensation	compensation	of other
	per week	officer and a director/trustee)				or/trust	ee)	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SIMONE G. KOEHLINGER	0.50									
DIRECTOR	40.00	Х						NONE	155,838.	25,050.
(2) PETER TOEPFER	50.00									
EXECUTIVE DIRECTOR	40.00			Х				NONE	125,161.	6,258.
(3) CHRIS O'HARA	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(4) KULIVA WILBURN	0.50	-								
CHAIR	0.50	Х		Х				NONE	NONE	NONE
(5) CHAD THOMPSON	1.00	-								
TREASURER	1.00	Х		Х				NONE	NONE	NONE
(6) STEPHANIE ALTMAN	1.00									
DIRECTOR	NONE	X		Х				NONE	NONE	NONE
(7) DR PAVIELLA FOSTER	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) CHRISTY PRAHL	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) ALEJANDRO SEGURA	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) JOANNA TROTTER	0.50									
DIRECTOR	NONE	X		Х				NONE	NONE	NONE
<u>(11)</u>		-								
(12)										
(13)										
(14)										

Form 990 (2022)

#### CENTER FOR HOUSING AND HEALTH

For	m 990 (2022)												Page <b>8</b>
Pa	art VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	byee	es,	and I	Hig	hest Compensat	ed Emplo	yees (co	ontinued)	
	(A) Name and title	(B) Average hours per week (list any			Pos heck		e than c is both		<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F</b> ) Estima amour othe	ated nt of
		hours for related organizations below dotted line)	office of Individual trustee or director	a Institutional trustee	d Officer	tirect Key employee	or/true Highest compensated employee	tee) Former	When the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compen from organiz and re organiz	sation the ation lated
			-										
			-										
			-										
			-										
			-										
			-										
			-										
			-										
			-										
			-										
	Sub-total								NONE	280	,999.	3	1,308.
	c Total from continuation sheets to Part VII, S	-	•••	•••	•••	• •	• • •		NONE	200	NONE	<u>،</u>	NONE
	d Total (add lines 1b and 1c)						e) who	o re	NONE		<u>,999.</u> of	3	1,308.
	reportable compensation from the organization	n 🕨				NO	NE						
•	Did the energiantice list and former offic			4					lavias an binkaat			Y	es No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	X
4	For any individual listed on line 1a, is the organization and related organizations granizations	eater than	\$15	50,0	00?	P If	"Yes	S,"	nd other compens complete Schedu	ation from le J for	the such	4	v
5	<i>individual</i> . Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	from	n any	un					X
Se	for services rendered to the organization? If "Yestion B. Independent Contractors	es," comple	te Scr	neal	lie J	I TOP	sucn	per	son			5	X
1													
	(A) Name and business add	lress							(B) Description of se	rvices	Co	(C) mpensati	on
								+	, ,			•	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** NONE JSA 2E1055 1.000

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	000	(2022)

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		Check if Schedule O contains a resp	onse or note to any	y line in this Part V	/		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ς, ς,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰÊ	c	Fundraising events					
ťs, r A	d	Related organizations					
i al	e	Government grants (contributions) 1e	13,923,281.				
Sim's	f	All other contributions, gifts, grants,					
ž Č	'	and similar amounts not included above <b>1</b>	130,000.				
pu		Noncash contributions included in	150,000.				
i i c	g	lines 1a-1f 1g	¢				
and	h			14,053,281.			
-	h		Business Code	14,055,201.			
ġ		FLEXIBLE HOUSING POOL GRANTS	Dusiness Code	17,800,612.	17,800,612.		
vic	2a	FLEXIBLE HOUSING FOOL GRANIS		17,800,012.	17,800,012.		
Ser	b						
Ē	c						
gra Re	d		-				
Program Service Revenue	e						
α.	f	All other program service revenue		17 000 610			
	g	Total. Add lines 2a-2f		17,800,612.			
	3	Investment income (including dividends		0.051	0.051		
		other similar amounts)		9,951.	9,951.		
	4	Income from investment of tax-exempt bor		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NO	_				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
šev	с	Gain or (loss) 7c					
-	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from fundraising event	s	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities	S	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	a NONE				
	b	Less: cost of goods sold					
	c b	Net income or (loss) from sales of inventory		NONE			
ŝ			Business Code				
e ou:	11a	CONTRIBUTED NONFINANCIAL ASSETS		29,216.	29,216.		
ane	ы а Б						
slls	b						
Miscellaneous Revenue	c d	All other revenue					
Σ	e u			29,216.			
	12	Total revenue. See instructions		31,893,060.	17,839,779.		
				-=,0,0,000.	=		

Part IX Statement of Functional Expenses

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 3,021,583 3,021,583. and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 24,290,148. 24,290,148. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 131,420. 123,720. 7,700. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,715,012. 2,583,779. 131,233. NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . . . . . . NONE NONE Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 72,463. 70,149. 2,314. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 936,573. 205,372. 731,201. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion NONE 98,061. 81,996. 16,065. 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy 254,249 243,056 11,193. 16 73,969 85,833. 11,864. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 19 Conferences, conventions, and meetings NONE Interest NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization NONE 22 76,874. 74,528. 2,346. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a EQUIPMENT 33,115 31,825. 1,290. 19,781 **b** UTILITIES & TELEPHONE 19,129 652 12,554. c BANK FEES & OTHER 12,554 d EQUIPMENT LEASE & MAINTENANC 8,535. 8,946 411. 15,950 11,163. 4,787. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 31,772,562. 30,838,952. 933,610. NONE Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

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following SOP 98-2 (ASC 958-720)

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Page	1	1	

orm 990	CENTER FOR HOUSING AND HEALTH		26-4	287202 Page <b>11</b>
	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,021,017.	1	278,831.
2	Savings and temporary cash investments.	NONE	2	NON
3	Pledges and grants receivable, net	3,791,402.	3	5,014,364
4	Accounts receivable, net	121.	4	NON
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
7 (t	Notes and loans receivable, net	NONE	7	NON
ssets 8 2	Inventories for sale or use	NONE	8	NON
Ϋ  9	Prepaid expenses and deferred charges	19,998.	9	17,485
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
ł	b Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,832,538.	16	5,310,680.
17	Accounts payable and accrued expenses	31,143.	17	478,423
18	Grants payable	NONE	18	NON
19	Deferred revenue	1,399,970.	19	806,831
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
စ္ဆ 22	Loans and other payables to any current or former officer, director,			
Liabilities 55 75 75	trustee, key employee, creator or founder, substantial contributor, or 35%			
abi	controlled entity or family member of any of these persons	NONE	22	NON
<sup>[]</sup> 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	498,026.	25	1,001,529.
26	Total liabilities. Add lines 17 through 25	1,929,139.	26	2,286,783.
Ices	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
12 a	Net assets without donor restrictions	2,681,871.	27	2,923,897.
<u>m</u> 28	Net assets with donor restrictions.	221,528.	28	100,000.
Net Assets or Fund Balances	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
b 29	Capital stock or trust principal, or current funds		29	
30 ets	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	2,903,399.	32	3,023,897.
ž 33	Total liabilities and net assets/fund balances	4,832,538.	33	5,310,680.
		_,,,,,,,, .		Form <b>990</b> (2022)

CENTER FOR HOUSING AND HEALTH

Form 9	90 (2022)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	1,8	393,	060
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	1,7	772,	562
3	Revenue less expenses. Subtract line 2 from line 1	3				498
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,9	903,	399
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10		3,0	)23,	897
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		••	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed or	ıa			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	••	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		••	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b	X	

Form **990** (2022)

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(Form	990	)	

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Total

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

								Inspection
Name	e of ti	he organization					Employer identif	ication number
CEN	ITE	R FOR HOUSING AND H						287202
Pa		Reason for Public Ch		<u> </u>			1	าร.
The	orga	anization is not a private fou			-	-		
1		A church, convention of ch					70(b)(1)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative		-				
4		A medical research organi		conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	)(iii). Enter the
_		hospital's name, city, and s						
5		An organization operated		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
~		section 170(b)(1)(A)(iv). (0			al :	470/	1. \ / 4 \ / 4 \ / \	
6		A federal, state, or local go	-			-		and the general public
7	X	An organization that norm	-	-	ipport in	om a go	vernmental unit or in	om the general public
0		described in <b>section 170(b</b> A community trust describe			Dort II.)			
8 9		An agricultural research or			-	onorator	t in conjunction with a	land-grant college
5		or university or a non-land-	-			-		
		university:	grant conege of ag		.iono). Ei		name, ony, and state e	
10		An organization that norma	ally receives (1) mo	ore than 331/3% of its	support	from co	ntributions. membersh	hip fees, and gross
		receipts from activities rela	ated to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its
		support from gross investme acquired by the organization	nent income and u on after June 30, 1	nrelated business tax 975. See section 509	able inco ( <b>a)(2)</b> , (C	ome (les: Complete	s section 511 tax) from	DUSINESSES
11		An organization organized						
12		An organization organized	and operated exclu	sively for the benefit o	of, to perf	form the	functions of, or to car	rry out the purposes of
		one or more publicly suppo	orted organizations	described in section 5	509(a)(1)	) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	_	the box on lines 12a throug	gh 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		<b>Type I.</b> A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	ees of the
	_	supporting organization.	-					
b		<b>Type II.</b> A supporting org						
		control or management			the sam	e persor	ns that control or mar	hage the supported
		organization(s). You mus						
С		Type III functionally inte						lly integrated with,
		its supported organization	. , .	•				
d		_ Type III non-functionally			-			
		that is not functionally int requirement (see instruction			-			u an allentiveness
е		Check this box if the orga	,	•				
C		functionally integrated, o					•••••••	n, rype m
f	En	ter the number of supported				ngamza		
g		ovide the following informati						
		ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	matructionay	
(A)								
(~)								
(B)								
(C)								
(D)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,305,644.	9,035,745.	13,855,986.	14,363,424.	14,053,281.	56,614,080.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	5,305,644.	9,035,745.	13,855,986.	14,363,424.	14,053,281.	56,614,080.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						NONE
6	Public support. Subtract line 5 from line 4						56,614,080.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5,305,644.	9,035,745.	13,855,986.	14,363,424.	14,053,281.	56,614,080.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						NONE
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,866.	3,550.			29,216.	38,632.
11	Total support. Add lines 7 through 10						56,652,712.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>	, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2022 (lin					14	99.93 <b>%</b>
15	Public support percentage from 2021 S						99.81 %
16a	331/3% support test - 2022. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch	
	box and stop here. The organization qu	•		•			
b	331/3% support test - 2021. If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•	•		
_	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organization						
	instructions						<u></u>

Schedule A (Form 990) 2022

26-4287202

Schedule	Δ	(Form	990)	202
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# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I	1	I	Γ	I
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		
<u></u>	organization, check this box and <b>stop here</b> .			<u></u>		<u></u>	••••
<u>3ec</u> 15	tion C. Computation of Public Supp Public support percentage for 2022 (line 8,	•	•	(f))		45	%
16	Public support percentage from 2021 Sche		•			15 16	%
	tion D. Computation of Investment					10	70
17	Investment income percentage for 2022 (lin			13 column (f))		17	%
18	Investment income percentage for 2022 (in Investment income percentage from 2021 States)					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga	-	-			••••••	
	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization of		•	•			
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

Yes No

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - **b** A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see ins</b>	structio	ons).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
•	•			Yes	No
2	Activ	ities Test. Answer lines 2a and 2b below.			

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11a 11b

11c

1

2

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Yes No

Yes No

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Se	ction A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Excess Distributions       Pre-2022       Amount for 2         1       Distributable amount for 2022 from Section C, line 6       Image: Section C, line 6       Image: Section C, line 6         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.       Image: Section C, line 7       Image: Section C, line 7         3       Excess distributions carryover, if any, to 2022       Image: Section C, line 7       Image: Section C, line 7         4       From 2017       Image: Section C, line 7       Image: Section C, line 7       Image: Section C, line 7         5       From 2017       Image: Section C, line 7         6       From 2021 from 2022 form Section C, line 3       Image: Section D, line 7       Image: Section C, line 7       Image: Section	1	le A (Form 990) 2022	<u> </u>	•		Page 7
1       Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity       1         2       Amounts paid to supported organizations to accomplish exempt purposes of supported organizations       3         3       Administrative exemptuse sasts       4         4       Amounts paid to acquire exemptuse assets       4         5       Qualified set-aside amounts (pror IRS approval required - provide details in Part V)       5         6       Other distributions (accomplish exempt use assets       6         7       Total annual distributions. Add lines 1 through 6.       7         8       Distributions to astentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.       8         9       Distributions (ace instructions)       Excess Distributions       8         9       Distributions (ace instructions)       (ii)       Underdistributions, firm, for years prior to 2022 (treasonable cause required - explain in Part V). See instructions.       9         1       Distributions any for years prior to 2022 (treasonable cause required - explain in Part V). See instructions.       9       10         10       Excess distributions of prior years       9       10       10         1       Distributions of prior years       10       10       10       10<			Supporting Organizat	ions (continued)		
2     Amounts paid to perform activity that directly turbrers exempt purposes of supported organizations, in excess of income from activity     2       3     Administrative expenses paid to accomplish exempt purposes of supported organizations     3       4     Amounts paid to acquire exempt-use assets     4       5     Causified set-aside amounts (prior IRS approval required - provide details in Part V)     5       6     Other distributions (describe in Part V). See instructions.     6       7     Total annual distributions. Add lines 1 through 6.     7       8     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.     7       9     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.     9       10     Line 8 amount divided by line 9 amount     10       11     Distribution Allocations (see instructions)     Excess Distributions     (ii)       11     Distributions carryover, if any, to 2022     1     1       12     Underdistributions carryover, if any, to 2022     1     1       13     Excess distributions carryover, if any, to 2022     1     1       14     From 2017     1     1     1       15     From 2017     1     1     1       16     From 2021     <	Secti					Current Year
organizations. in excess of income from activity     2       3     Administrative expenses paid to accomplish exempt purposes of supported organizations     3       4     Amounts paid to acquire exempt-use assets     4       5     Outlified set-aside amounts (pror IRS approval required - provide details in Part V)     5       6     Otter distributions (accomplish exempt-use assets     6       7     Total annual distributions. Add lines 1 through 6.     7       8     Distributable amount for 2022 from Section C, line 6     9       10     Line 8 amount divided by line 9 amount     10       10     Line 4 amount for 2022 from Section C, line 6     9       10     Distributable amount for 2022 from Section C, line 6     9       2     Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part V). See instructions.     10       3     Excess distributions carryover, if any, to 2022     2     2       4     From 2018     2     2       5     Form 2018     2     2       6     From 2018     2     2       7     Form 2019     2     2       4     Form 2021     2     2       6     From 2021     2     2       7     Form 2019     2     2       9     Applied to		· · · · · · · · · · · · · · · · · · ·			1	
3       Administrative expenses paid to accomplish exempt purposes of supported organizations       3         4       Amounts paid to acquire exempt-use assets       4         5       Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)       5         6       Other distributions (describe in Part V). See instructions.       6         7       Total annual distributions. Add lines 1 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       8         9       Distributions and lines 1 through 6.       7         10       Line 8 amount divided by line 9 amount       10         11       Distributions       10       Imferdistributions         11       Distributions, if any, for years prior to 2022       1         12       Underdistributions carryover, if any, to 2022       1         2       From 2017       1         2       From 2017       1         3       Excess distributions carryover, if any, to 2022       1         4       From 2017       1         5       From 2017       1       1         6       From 2017       1       1         7       Total of lines 3a thro	2		npt purposes of support	ed		
4       Amounts paid to acquire exempl-use assets       4         5       Qualified set-aside amounts (prior IRS approval required - provide details in Part V).       5         6       Otter distributions (describe in Part V). See instructions.       6         7       Total annual distributions to dethic supported organizations to which the organization is responsive (provide details in Part V). See instructions.       7         8       Distributions to attentine supported organizations to which the organization is responsive (provide details in Part V). See instructions.       8         9       Distributable amount (or 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       (i)         11       Distributable amount for 2022 from Section C, line 6       9         12       Underdistributions, if any, for years prior to 2022 (reassonable cause required - explain in Part V). See instructions.       10         13       Excess distributions carryover, if any, to 2022       1       1         14       From 2017       1       1       1         15       From 2018       1       1       1       1         16       From 2021       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>						
5       Cualified set-aside amounts (prior IRS approval required - provide details in Part VI)       5         6       Other distributions (describe in Part VI). See instructions.       6         7       Total annual distributions. Add lines 1 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       8         9       Distributable amount for 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       10         Section E - Distribution Allocations (see instructions)       (i)       Underdistributions Pre-2022         1       Distributable amount for 2022 from Section C, line 6       9       10         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.       9       10         3       Excess distributions carryover, if any, to 2022       10       10       10         4       From 2017       10       10       10       10         5       Excess distributions of prior years       10       10       10       10         4       From 2017       10       10       10       10       10       10         5       Griom 2020       10       10<	3		zations	-		
6       Other distributions (describe in Part V). See instructions.       6         7       Total annual distributions. Add lines 1 through 6.       7         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.       8         9       Distributable amount for 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       10         Section E - Distributions (fary, for years prior to 2022 (reasonable cause required - explain in Part V). See instructions.       (ii)       Underdistributions         3       Excess distributions, if any, for years prior to 2022 (reasonable cause required - explain in Part V). See instructions.       6       6         3       Excess distributions carryover, if any, to 2022       6       6       7         a       From 2017       6       6       7       7         b       From 2018       7       7       7       7       7         a       From 2017       6       7 <th></th> <th></th> <th></th> <th>-</th> <th></th>				-		
7     Total annual distributions. Add lines 1 through 6.     7       8     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.     8       9     Distributable amount for 2022 from Section C, line 6     9       10     Line 8 amount divided by line 9 amount     10       Section E - Distribution Allocations (see instructions)     (i)     Underdistributions Pre-2022     (ii)       1     Distributable amount for 2022 from Section C, line 6     9     (iii)     Distributable amount for 2022 from Section C, line 6       2     Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part V). See instructions.     10     (iii)       3     Excess distributions carryover, if any, to 2022     2     2       4     From 2017     2     2       5     Rom 2017     2     2       6     From 2017     2     2       7     Total of lines 3 attrough 3e     2     2       9     Applied to underdistributions of prior years     4       10     Applied to underdistributable amount     2       11     Caryover from 2017 not applied (see instructions)     2       19     Remainder. Subtract lines 3g, 3h, and 3i from line 3f.     3       4     Distributable amount     2 <t< th=""><th></th><th>~ · · · ·</th><th>rovide details in <b>Part VI</b>)</th><th></th><th>-</th><th></th></t<>		~ · · · ·	rovide details in <b>Part VI</b> )		-	
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       8         9       Distributable amount for 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       10         Section E - Distribution Allocations (see instructions)       Excess Distributions       (ii) Underdistributions Pre-2022         1       Distributable amount for 2022 from Section C, line 6       9         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.       9         3       Excess distributions carryover, if any, to 2022       9         6       From 2019       9         7       Total of lines 3a through 8e       9         9       Applied to underdistributions of prior years       9         10       Excess (distributable amount       10         11       Carryover from 2017 not applied (see instructions)       10         11       Carryover from 2017 not applied (see instructions)       10         12       Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       10         14       Distributions for 2022 from section C, line 6       10         15       Remainder. Subtract lines 3g, and, and 3i from line 4.       10		· · · · ·			-	
(provide details in Part V). See instructions.       8         9       Distributable amount for 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       10         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions, Pre-2022         1       Distributable amount for 2022 from Section C, line 6					7	
9       Distributable amount for 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       10         Section E - Distribution Allocations (see instructions)       Excess Distributions       (i) Excess Distributions       (ii) Underdistributions         1       Distributable amount for 2022 from Section C, line 6       (ii)       (iii)       (iii)         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part V). See instructions.       (iii)       (iii)       (iii)         3       Excess distributions carryover, if any, to 2022       (iii)       (iii)       (iii)         4       From 2018       (iii)       (iii)       (iii)       (iii)         5       From 2018       (iii)       (iii)       (iii)       (iii)       (iii)         6       From 2018       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiiiii)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	8		the organization is resp	onsive		
10       Line 8 amount divided by line 9 amount       10         Section E - Distribution Allocations (see instructions) <b>(i) (c) Excess Distributions (iii) (d) </b>					-	
Section E - Distribution Allocations (see instructions)       (i)       Underdistributions       (iii)       Distributable         1       Distributable amount for 2022 from Section C, line 6       (i)       Underdistributions       Pre-2022         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part V), See instructions.       (ii)       (iii)       Distributable         3       Excess distributions carryover, if any, to 2022       (iii)       (iii)       (iiii)         4       From 2017       (iiii)       (iiii)       (iiii)       (iiii)         5       From 2017       (iiiii)       (iiiii)       (iiiii)       (iiiii)         6       From 2017       (iiiiiiii)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					-	
Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2022       Distributable Amount for 2         1       Distributable amount for 2022 from Section C, line 6       Image: Comparison of the co	10	Line 8 amount divided by line 9 amount	1		10	
2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2022         a       From 2017	Secti	on E - Distribution Allocations (see instructions)	Underdistributions	s	(iii) Distributable Amount for 2022	
(reasonable cause required - explain in Part VI). See instructions.       Image: Second	1					
instructions.       instructions.         3       Excess distributions carryover, if any, to 2022         a       From 2017         b       From 2018         c       From 2019         d       From 2021         f       Total of lines 3a through 3e         g       Applied to underdistributions of prior years         h       Applied to 2022 distributable amount         i       Carryover from 2017 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4       Distributions for 2022 from         Section D, line 7:       \$         a       Applied to 2022 distributable amount         c       Remaining underdistributions of prior years         b       Applied to 2022 distributable amount         c       Remaining underdistributions of prior years         b       Applied to 2022 distributable amount         c       Remaining underdistributions for years prior to 2022, if any. Subtract lines 4a and 4b from line 4.         c       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         c       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See in	2					
3       Excess distributions carryover, if any, to 2022         a       From 2017		(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
a       From 2017		instructions.				
b       From 2018	3	· · · · · · · · · · · · · · · · · · ·				
c       From 2019	а	From 2017				
d       From 2020	b	From 2018				
e       From 2021	C	From 2019				
f       Total of lines 3a through 3e         g       Applied to underdistributions of prior years         h       Applied to 2022 distributable amount         i       Carryover from 2017 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4       Distributions for 2022 from Section D, line 7: \$         a       Applied to underdistributions of prior years         b       Applied to 2022 distributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	d					
g Applied to underdistributions of prior years       i         h Applied to 2022 distributable amount       i         i Carryover from 2017 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       i         4 Distributions for 2022 from Section D, line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2022 distributable amount       i         c Remainder. Subtract lines 4a and 4b from line 4.       i         5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       i         6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       i         7 Excess distributions carryover to 2023. Add lines 3j and 4c.       i       i         8 Breakdown of line 7:       i       i       i         a Excess from 2018       i       i       i         b Excess from 2019       i       i       i       i         a Excess from 2020       i       i       i       i       i         a Excess from 2021       i       i       i       i       i       i       i       i       i	e					
h       Applied to 2022 distributable amount         i       Carryover from 2017 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4       Distributions for 2022 from         Section D, line 7:       \$         a       Applied to underdistributions of prior years         b       Applied to 2022 distributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI.</i> See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	f					
i       Carryover from 2017 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4       Distributions for 2022 from Section D, line 7: \$         a       Applied to underdistributions of prior years         b       Applied to 2022 distributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7: a Excess from 2018         6       Rems from 2019         c       Excess from 2019         d       Excess from 2020	g	··· · · · · · · · · · · · · · · · · ·				
j       Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4       Distributions for 2022 from Section D, line 7:         a       Applied to underdistributions of prior years         b       Applied to 2022 distributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2020         d       Excess from 2020		•••				
4       Distributions for 2022 from Section D, line 7:       \$         a       Applied to underdistributions of prior years       >         b       Applied to 2022 distributable amount       >         c       Remainder. Subtract lines 4a and 4b from line 4.       >         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       >         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       >         7       Excess distributions carryover to 2023. Add lines 3j and 4c.       >         8       Breakdown of line 7:       >         a       Excess from 2018       >         b       Excess from 2020       >         d       Excess from 2021       >	i					
Section D, line 7:\$aApplied to underdistributions of prior yearsbApplied to 2022 distributable amountcRemainder. Subtract lines 4a and 4b from line 4.5Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.6Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.7Excess distributions carryover to 2023. Add lines 3j and 4c.8Breakdown of line 7:aExcess from 2018bExcess from 2019cExcess from 2020dExcess from 2021	j					
a       Applied to underdistributions of prior years	4					
b       Applied to 2022 distributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2020         c       Excess from 2020         d       Excess from 2021						
c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	a					
5       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       Image: Construct of the second	b					
any. Subtract lines 3g and 4a from line 2. For result         greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021						
greater than zero, explain in Part VI. See instructions.       6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       6         7       Excess distributions carryover to 2023. Add lines 3j and 4c.       6         8       Breakdown of line 7:       6         a       Excess from 2018       6         b       Excess from 2019       6         c       Excess from 2020       6         d       Excess from 2021       6	5					
6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Image: Comparison of Comparison						
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.7Excess distributions carryover to 2023. Add lines 3j and 4c.8Breakdown of line 7: a Excess from 2018bExcess from 2018cExcess from 2020dExcess from 2021						
Part VI. See instructions.Part VI. See instructions.7Excess distributions carryover to 2023. Add lines 3j and 4c.Part VI. See instructions carryover to 2023. Add lines 3j and 4c.8Breakdown of line 7:Part VI. See instructionsaExcess from 2018Part VI. See instructionsbExcess from 2018Part VI. See instructionsbExcess from 2019Part VI. See instructionscExcess from 2020Part VI. See instructionsdExcess from 2021Part VI. See instructions	6	-				
7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021		<b>.</b>				
and 4c.       and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021						
8         Breakdown of line 7: <th>7</th> <th></th> <th></th> <th></th> <th></th> <th></th>	7					
a         Excess from 2018         a         a           b         Excess from 2019         a         a           c         Excess from 2020         a         a           d         Excess from 2021         a         a						
b         Excess from 2019           c         Excess from 2020           d         Excess from 2021						
c         Excess from 2020           d         Excess from 2021						
d Excess from 2021						
e Excess from 2022						
	e	Excess from 2022				Sahadula A (Earm 000) 2022

Schedule A (Form 990) 2022

SCHEE	DULE D
(Form	990)

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

2

OMB No. 1545-0047

Depa	rtment of the Treasury		Attach to Form 990.			Open to Pu	blic
	nal Revenue Service	Go to www.irs.gov/l	Form990 for instructions and	the latest inform		Inspection	
Name	e of the organization				Employer identificat	ion number	
CEN		ING AND HEALTH			26-42872	02	
Pa		tions Maintaining Donor Adv			r Accounts.		
	Complete	e if the organization answered	"Yes" on Form 990, Part	t IV, line 6.			
			(a) Donor advised fu	nds	(b) Funds and o	other accounts	
1	Total number at e	nd of year					
2	Aggregate value c	of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor		ne assets held	in donor advised		
	-	inization's property, subject to the	-			Yes	No
6	-	on inform all grantees, donors, a	-	-			
-	-	purposes and not for the bene					
	-	nissible private benefit?				Yes	No
Pa		tion Easements.					
		e if the organization answered	"Yes" on Form 990. Part	t IV. line 7.			
1		servation easements held by the					
		n of land for public use (for example			of a historically imp	ortant land are	a
		of natural habitat	,		of a certified histor		
		n of open space					
2		through 2d if the organization he	eld a qualified conservation	contribution ir	n the form of a cons	ervation	
_		last day of the tax year.				End of the Tax Y	/ear
а		onservation easements			2a		
b		tricted by conservation easements			2b		
c	-	vation easements on a certified			2c		
d		vation easements included in (c)			20		
u		e listed in the National Register			2d		
3		rvation easements modified, tra				nization durin	a tho
3			nsieneu, releaseu, exiingu	ished, or term	inated by the orga		y the
	tax year		ruction accoment is located				
4 5		where property subject to conse ation have a written policy reg			tion bandling of		
5		orcement of the conservation ea					No
6							
6	Starr and volunteer	hours devoted to monitoring, insp	ecting, nanoling of violations	, and enforcing	conservation easeme	ents during the	year
7	Amount of overage		ting handling of violations	and anfaraing a		anto dunina the	
'	Amount of expens	es incurred in monitoring, inspec	ling, handling of violations, a	and enforcing c	conservation easeme	ents during the	year
8		vation easement reported on line 2	2(d) above esticity the require	omanta of agat	ion 170/h)/1)/P)/i)		
0		-	• •				]
9		)(4)(B)(ii)? cribe how the organization re				Ves L	J No
9	•	id include, if applicable, the text					
		ounting for conservation easeme		gamzations m		that describes	5 the
Pa		tions Maintaining Collections		ures or Othe	er Similar Assets		
1 0		if the organization answered					
1.0	•				in atatamant and h	alanaa ahaat y	worko
1a	of art, historical t	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibition	on, education,	or research in fur	therance of p	oublic
b	art, historical treas	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, ed	n its revenue s ucation, or res	statement and balan search in furtheranc	nce sheet wor e of public se	ks of rvice,
		ded on Form 990, Part VIII, line 1			\$		
		d in Form 990, Part X					
2		n received or held works of a					
-	-	required to be reported under F				. gain, provide	2 110
а		on Form 990, Part VIII, line 1.			\$		

Fo	or Paperwork Reduction Act Notice, see the Instructions for Form 990. Sc	hedule D (Form 990) 2022
<u>t</u>	b Assets included in Form 990, Part X	\$
6	a Revenue included on Form 990, Part VIII, line 1	Þ

For Pa	perwork Re	duction	Act Notice, see th	e Instructions f	or Form 990.		
JSA							
2E1268	1.000						
	2222TU	4116	05/08/2024	07:06:30	V22-7.11	23600.001	-FYE

Schee				NG AND H							287202	Page <b>2</b>
Ра	rt III Organizations Maintain			-								,
3	Using the organization's acquisitie collection items (check all that app		sion, and o	other recor	_	-			-	nake sigr	nificant us	e of its
а	Public exhibition			d	-	or excha						
b	Scholarly research			e	Other							
С	Preservation for future gene											
4	Provide a description of the orga	nization's	collections	s and expla	ain how t	they fur	ther t	the org	ganization'	s exempt	t purpose	in Part
	XIII.											
5	During the year, did the organization											
	assets to be sold to raise funds rat			ained as pa	irt of the	organiza	ation's	s collec	ction?		Yes	No
Pa	tt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.			es" on For	m 990, F	Part IV,	line 9	9, or re	eported a	n amour	nt on Forr	n
1a	Is the organization an agent, trus	stee, custo	odian or o	ther interm	nediary fo	or contr	ributio	ons or	other ass	ets not		
	included on Form 990, Part X?				-					[	Yes	No
b	If "Yes," explain the arrangement									L		
						[				Amount		
с	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an an	nount on F	orm 990,	Part X, line	21, for e	escrow d	or cus	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement	in Part XII	I. Check h	ere if the e	xplanatior	has be	en pro	ovided	on Part XII			
Ра	rt V Endowment Funds.											
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV,	line '	10.				
		<b>(a)</b> Cur	rent year	<b>(b)</b> Pric	r year	(c) Two	o years	back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage				e (line 1g,	, column	i (a)) h	neld as	:			
а	Board designated or quasi-endowr			%								
b	Permanent endowment	%										
С	Term endowment%			4000/								
0	The percentages on lines 2a, 2b, a						ار مر م	a alua lu		44		
3a	Are there endowment funds not in	the posse		ne organiza	ation that	are nei	u anu	admin	listered for	the	Ve	s No
	organization by:										3a(i)	-5 110
	(i) Unrelated organizations										3a(ii)	
h	(ii) Related organizations If "Yes" on line 3a(ii), are the relat										3b	
4	Describe in Part XIII the intended	•					. · • •				50	
	rt VI Land, Buildings, and Eq				wittent tu	nus.						
Гa	Complete if the organiz	ation ans	wered "Y	es" on Fo	rm 990,	Part IV,	, line	11a. S	See Form	990, Pa	rt X, line	10.
	Description of property			r other basis stment)	(b) Cost	or other ba other)	asis		cumulated eciation	(d	I) Book value	•
1a	Land		(IIIVES	ounent)	(C			uepro	ecialiUII			
ıa b	Buildings											
c	Leasehold improvements											
d	Equipment											
e u	Other	Г										
Tota	I. Add lines 1a through 1e. (Columi		equal For	n 990, Part	X, colum	n (B), lin	ne 10c	.)				

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. Complete if the organization answe	red "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX         Other Assets.           Complete if the organization answe	red "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(u)	Description	
	Description	
(1)	Description	
(1) (2)		
(1) (2) (3)		
(1) (2) (3) (4)		
(1) (2) (3)		
(1) (2) (3) (4) (5)		
(1) (2) (3) (4) (5) (6)		
(1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. ( Part X Other Liabilities.	B) line 15.).	art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. ( Part X Other Liabilities. Complete if the organization answe line 25.	B) line 15.).	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. ( Part X Other Liabilities. Complete if the organization answe line 25.	<i>B) line 15.)</i>	art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. ( Part X Other Liabilities. Complete if the organization answe line 25. 1. (a) Des	<i>B) line 15.)</i>	art IV, line 11e or 11f. See Form 990, Part X,
<ul> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col. (</li> <li>Part X Other Liabilities. Complete if the organization answe line 25.</li> <li>1. (a) Des</li> <li>(1) Federal income taxes</li> </ul>	<i>B) line 15.)</i>	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. ( Part X Other Liabilities. Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2)DUE TO AIDS FOUNDATION OF CHICAGO	<i>B) line 15.)</i>	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. ( Part X Other Liabilities. Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2)DUE TO AIDS FOUNDATION OF CHICAGO (3)	<i>B) line 15.)</i>	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. ( Part X Other Liabilities. Complete if the organization answe line 25. 1. (a) Des (1) Federal income taxes (2)DUE TO AIDS FOUNDATION OF CHICAGO (3) (4)	<i>B) line 15.)</i>	art IV, line 11e or 11f. See Form 990, Part X, (b) Book value
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Schedu	le D (Form 990) 2022 CENTER FOR HOUSING AND HEALTH	26-	4287202 Page <b>4</b>
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	31,893,060.
1	Total revenue, gains, and other support per audited financial statements	-	51,095,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	31,893,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,893,060.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	31,772,562.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
е 3		2e 3	31,772,562.
	Subtract line 2e from line 1		31,772,562.
3			31,772,562.
3 4	Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:		31,772,562.
3 4 a	Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)		31,772,562.
3 4 a b	Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	3 4c	31,772,562.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

PART X, LINE 2:

MANAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE UNCERTAIN

TAX POSITIONS

Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I	Grants ar	nd Other /	Assistance f	o Organiza	tions,		OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.         Cattach to Form 990.         Complete if the organization answered "Yes" on Form 990.         Complete if the organization 990.         Complete if the organization 990.         Complete if the organization 1000000000000000000000000000000000000	(Form 990) G				ຉ⋒ <b>ຐຐ</b>			
Department of the Tressary Internal Revenues Service         Control of the Latest Information.         Control of the Latest Information.           Central Revenues Service         Employer identification number         26-4287202           Part I General Information on Grants and Assistance         26-4287202           Part I General Information on Grants and Assistance         26-4287202           Part I General Information on Grants and Assistance         Image: Control of the grants or assistance, and the selection ortheria used to award the grants or assistance?         Image: Control of the Grants and Cher Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Forr Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.           1 (a) Name address of organization or address of organization and address of organization and address of organization or governments. Complete if the organization or answered "Yes" on Forr Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.           1 (a) Name ad address of organization or governments. Rome was address of organization and address of organization and the grants and Other Set III. Information.         (a) Description of nonceash assistance (b) Amount of easi (b) Amount of easi (c) Amount of easi (c			•					
Internal Revenue Service         Co to www.irs.gov/Form990 for the latest information.         IDSPECTURE           Name of the organization         26-4287202         26-4287202           Part I         General Information on Grants and Assistance         26-4287202           1         Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Comparison of the comparization answered "Yes" on Form           2         Describe in Part IV the organization procedures for monitoring the use of grant funds in the United States.         Image: Comparization answered "Yes" on Form           Part II         Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance and address of commutation or government         (b) EIN         (c) ICC section of applicability of the use of case of the applicability of the use of case of applicability and address of commutation or assistance         (c) Obstend of valuation or ances and assistance in concesh assistance or assistance assistance and address of commutation or assistance and address of commutation or applicability applicability in the use of applicability of the use of applicability of the use of applicability applicability of the use of applicability applicability of the use of applicability of the use of applicability in the use of applicability applicability of the use of a		•	-					Open to Public
Name of the organization         Employer identification number           CENTER FOR HOUSING AND HEALTH         26-4287202           Part II         General Information on Grants and Assistance         26-4287202           1         Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Complexity of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Complexity of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Complexity of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Complexity of the grants or assistance, and the selection criteria used to award the grants or assistance?         Image: Complexity of the grants or assistance, and the selection criteria used to award the grants or assistance or monitoring the use of grant funds in the United States.           Part II         Grants and Other Assistance to Domestic Organization or governments         Complexity of additional space is needed.         (f) Purpose           1 (a) Name and address of provide the display of the grants or assistance in grant assistance         (f) HC section of government         (g) Description of or government         (g) Description of or government         (g) Description of or assist addition of the grants or assistance         (g) Description of or assist addition of the grant or assistance         (g) Description of or assist addition of the grants or assist		Go to	o www.irs.gov/	Form990 for the la	test information.			Inspection
Part1       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of Compari	Name of the organization						Employer identifica	ion number
Part1       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Comparison of Compari	CENTER FOR HOUSING AND HEALTH						26-4287202	
1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Control of the organization and the organization's procedures for monitoring the use of grant funds in the United States.         PartIII       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (a) Description of noncash assistance (b) Method of valuation or government).       (b) ElN       (c) IRC section or government       (d) Amount of cash oncesh assistance (b) Method of valuation on government).       (b) Description of noncash assistance (b) Method of valuation on government).       (b) Description of noncash assistance (b) Method of valuation on government).       (d) Description of noncash assistance (b) Method of valuation on government).       (e) Description of noncash assistance (b) Description of noncash assistance on or assist method (b) Method of valuation on government).       (f) Description of noncash assistance (b) Description of noncash assistance on or assist method (b) Method of valuation on government.       (f) Description of noncash assistance (b) Description of noncash assistance (b) Description of noncash assistance on or assist method (b) Method of valuation on government.       (f) Description of noncash assistance (b) Descripti Method of valuation on government.		nd Assistanc	e					
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2882 WEST JACKSON BOULEVARD36-3382973352,797.ASSIST AGENC(5) HEARTLAND HEALTH OUTREACH36-3775696279,984.ASSIST AGENC208 SOUTH LASALLE STREET CHICAGO, IL 6060436-3775696279,984.ASSIST AGENC(6) HOUSING FORWARD36-387666047,326.ASSIST AGENC1851 SOUTH NINTH AVE MAYWOOD, IL 6015336-387666047,326.ASSIST AGENC(7) INNER VOICE, INC.36-329814359,581.ASSIST AGENC212 WEST VAN BUREN STREET CHICAGO, IL 6060736-329814359,581.ASSIST AGENC(8) LA CASA NORTE36-4041525175,357.ASSIST AGENC(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES36-3318158134,257.ASSIST AGENC410 NORTH RAVENSWOOD, SUITE 10136-3318158134,257.ASSIST AGENC(10) FRIMO CENTER FOR WOMEN AND CHILDREN36-296600639,539.ASSIST AGENC6212 SOUTH SANGAMON STREET36-296600639,539.ASSIST AGENC		36-3799834		133,860.				ASSIST AGENCY'S HOME
(5) HEARTLAND HEALTH OUTREACHassist Agend208 SOUTH LASALLE STREET CHICAGO, IL 6060436-3775696279,984.Assist Agend(6) HOUSING FORWARD36-387666047,326.Assist Agend1851 SOUTH NINTH AVE MAYWOOD, IL 6015336-387666047,326.Assist Agend(7) INNER VOICE, INC.36-329814359,581.Assist Agend212 WEST VAN BUREN STREET CHICAGO, IL 6060736-329814359,581.Assist Agend(8) LA CASA NORTE36-4041525175,357.Assist AgendLA CASA NORTE CHICAGO, IL 6064736-4041525175,357.Assist Agend(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES36-3318158134,257.Assist Agend4410 NORTH RAVENSWOOD, SUITE 10136-3318158134,257.Assist Agend(10) PRIMO CENTER FOR WOMEN AND CHILDREN36-296600639,539.Assist Agend6212 SOUTH SANGAMON STREET36-296600639,539.Assist Agend								
208 SOUTH LASALLE STREET CHICAGO, IL 6060436-3775696279,984.ASSIST AGENC(6) HOUSING FORWARD16015336-387666047,326.ASSIST AGENC1851 SOUTH NINTH AVE MAYWOOD, IL 6015336-387666047,326.ASSIST AGENC(7) INNER VOICE, INC.212 WEST VAN BUREN STREET CHICAGO, IL 6060736-329814359,581.ASSIST AGENC(8) LA CASA NORTE		36-3382973		352,797.				ASSIST AGENCY'S HOME
(6) HOUSING FORWARD36-387666047,326.ASSIST AGENC1851 SOUTH NINTH AVE MAYWOOD, IL 6015336-387666047,326.ASSIST AGENC(7) INNER VOICE, INC.212 WEST VAN BUREN STREET CHICAGO, IL 6060736-329814359,581.ASSIST AGENC(8) LA CASA NORTE36-4041525175,357.ASSIST AGENCLA CASA NORTE CHICAGO, IL 6064736-4041525175,357.ASSIST AGENC(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES36-3318158134,257.ASSIST AGENC(10) PRIMO CENTER FOR WOMEN AND CHILDREN36-296600639,539.ASSIST AGENC								
1851 SOUTH NINTH AVE MAYWOOD, IL 6015336-387666047,326.ASSIST AGENG(7) INNER VOICE, INC.36-329814359,581.ASSIST AGENG212 WEST VAN BUREN STREET CHICAGO, IL 6060736-329814359,581.ASSIST AGENG(8) LA CASA NORTE36-4041525175,357.ASSIST AGENG(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES36-318158134,257.ASSIST AGENG(10) PRIMO CENTER FOR WOMEN AND CHILDREN36-296600639,539.ASSIST AGENG6212 SOUTH SANGAMON STREET36-296600639,539.ASSIST AGENG		36-3775696		279,984.				ASSIST AGENCY'S HOME
(7) INNER VOICE, INC.36-329814359,581.ASSIST AGENC212 WEST VAN BUREN STREET CHICAGO, IL 6060736-329814359,581.ASSIST AGENC(8) LA CASA NORTE36-4041525175,357.ASSIST AGENCLA CASA NORTE CHICAGO, IL 6064736-4041525175,357.ASSIST AGENC(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES36-3318158134,257.ASSIST AGENC(10) PRIMO CENTER FOR WOMEN AND CHILDREN36-296600639,539.ASSIST AGENC6212 SOUTH SANGAMON STREET36-296600639,539.ASSIST AGENC	(6) HOUSING FORWARD							
212 WEST VAN BUREN STREET CHICAGO, IL 60607       36-3298143       59,581.       ASSIST AGENO         (8) LA CASA NORTE		36-3876660		47,326.				ASSIST AGENCY'S HOME
(8) LA CASA NORTE36-4041525175,357.ASSIST AGENCLA CASA NORTE CHICAGO, IL 6064736-4041525175,357.ASSIST AGENC(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES36-3318158134,257.ASSIST AGENC4410 NORTH RAVENSWOOD, SUITE 10136-3318158134,257.ASSIST AGENC(10) PRIMO CENTER FOR WOMEN AND CHILDREN36-296600639,539.ASSIST AGENC	(7) INNER VOICE, INC.							
LA CASA NORTE CHICAGO, IL 60647       36-4041525       175,357.       ASSIST AGENO         (9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES       36-3318158       134,257.       ASSIST AGENO         4410 NORTH RAVENSWOOD, SUITE 101       36-3318158       134,257.       ASSIST AGENO         (10) PRIMO CENTER FOR WOMEN AND CHILDREN       36-2966006       39,539.       ASSIST AGENO		36-3298143		59,581.				ASSIST AGENCY'S HOME
(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES         4410 NORTH RAVENSWOOD, SUITE 101       36-3318158         134,257.         (10) PRIMO CENTER FOR WOMEN AND CHILDREN         6212 SOUTH SANGAMON STREET         36-2966006	(8) LA CASA NORTE							
4410 NORTH RAVENSWOOD, SUITE 101     36-3318158     134,257.     ASSIST AGENCE       (10) PRIMO CENTER FOR WOMEN AND CHILDREN     6212 SOUTH SANGAMON STREET     36-2966006     39,539.     ASSIST AGENCE		36-4041525		175,357.				ASSIST AGENCY'S HOME
(10) PRIMO CENTER FOR WOMEN AND CHILDREN     36-2966006     39,539.     Assist Agence	(9) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES							
6212 SOUTH SANGAMON STREET         36-2966006         39,539.         ASSIST AGENCE	4410 NORTH RAVENSWOOD, SUITE 101	36-3318158		134,257.				ASSIST AGENCY'S HOME
	(10) PRIMO CENTER FOR WOMEN AND CHILDREN							
(11) RENAISSANCE SOCIAL SERVICE, INC.	6212 SOUTH SANGAMON STREET	36-2966006		39,539.				ASSIST AGENCY'S HOME
	(11) RENAISSANCE SOCIAL SERVICE, INC.							
2501 WEST WASHINGTON BOULEVARD 36-3900116 492,623.	2501 WEST WASHINGTON BOULEVARD	36-3900116		492,623.				ASSIST AGENCY'S HOME
(12) THE BOULEVARD	(12) THE BOULEVARD	_						
3456 WEST FRANKLIN BLVD CHICAGO, IL 60624         36-4075641         182,075.         ASSIST AGENCE	3456 WEST FRANKLIN BLVD CHICAGO, IL 60624	36-4075641		182,075.				ASSIST AGENCY'S HOME
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>		-	-					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								OMB No. 1545-0047
	Co	implete if the or	-	ach to Form 990.		, line 21 of 22.		Open to Public
Department of the Treasury Internal Revenue Service		Goto		Form990 for the la				Inspection
Name of the organization		0010	, www.ii3.gov/i		itest mormation.		Employer identificat	-
CENTER FOR HOUSING AN	אד עראו דע						26-4287202	
	nformation on Grants a	and Assistance	, ,				20-4207202	
the selection crit 2 Describe in Part	zation maintain records to eria used to award the gra IV the organization's proc nd Other Assistance to	ants or assistance cedures for mon	e? itoring the use	of grant funds in the	e United States.			
	ne 21, for any recipien	-	•					es on Form 990,
1 (a) Name and	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE NIGHT MINISTRY	Y							
1735 NORTH ASHLAND AVI		36-3145764		488,579.				ASSIST AGENCY'S HOME
(2) THRESHOLDS, INC.								
4101 NORTH RAVENSWOOD	AVENUE	38-2063018		201,237.				ASSIST AGENCY'S HOME
(3) UNITY PARENTING								
600 WEST CERMAK RD CH	ICAGO, IL 60616	36-4029502		190,511.				ASSIST AGENCY'S HOME
(4) WESTSIDE HEALTH AN	UTHORITY							
5053 WEST CHICAGO AVE	CHICAGO, IL 60651	36-3789879		32,643.				ASSIST AGENCY'S HOME
_(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	er of section 501(c)(3) ar er of other organizations							·

#### CENTER FOR HOUSING AND HEALTH

26-4287202

### Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance						
1 DIRECT CLIENT SUPPORT	816		24,290,148.	FMV	HOUSING AND HEALTH A						
2											
3											
4											
5											
6											
7											
<b>Part IV</b> Supplemental Information. Provide the information.											

PART I, LINE 2:

#### THE ORGANIZATION MAINTAINS DETAILED RECORDS OF ALL GRANTS AWARDED AND

MONITORS AGENCIES' USE OF GRANT FUNDS BY REQUIRING DETAILED REPORTS AND

SUBSTANTIATION.

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE WITH

FUNDING SOURCE REGULATIONS.

SCHEDULE J Compensation Information					OMB No. 1545-0047			047
(Forr	n 990)	For certain Officers, Dire	ectors	, Trustees, Key Employees, and Highest	-	എന	<b>99</b>	
				nsated Employees swered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury	A	Attacl	h to Form 990.		Open t		
	Revenue Service of the organization	Go to www.irs.gov/Form9	90 101	r instructions and the latest information.	Employer identifica		ectio	n
		USING AND HEALTH			26-4287			
Part		ns Regarding Compensation			20 120,	202		
							Yes	No
1a		propriate box(es) if the organization pro				rm		
	990, Part VII,	Section A, line 1a. Complete Part III to	provi	ide any relevant information regardin	g these items.			
		ss or charter travel		Housing allowance or residence for				
		or companions		Payments for business use of perso				
		emnification and gross-up payments		Health or social club dues or initiati				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	xpens	ses described above? If "No," con	nplete Part III	to		
	explain		•••		•••••••••••••••••••••••••••••••••••••••	. 1b		
2	•	anization require substantiation prior stees, and officers, including the CEC			•			
						. 2		
2								
3	organization's	n, if any, of the following the organizations CEO/Executive Director. Check all that ization to establish compensation of the	at ap	ply. Do not check any boxes for method	ods used by a			
		isation committee		Written employment contract				
	· · ·	pendent compensation consultant X Compensation survey or study						
		m 990 of other organizations						
4	During the year	ar, did any person listed on Form 990, or a related organization:	, Part					
а		verance payment or change-of-control p	avme	ent?		. 4a		X
b		or receive payment from a supplemen						Х
с		or receive payment from an equity-bas						Х
		y of lines 4a-c, list the persons and p						
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) of	rgani	izations must complete lines 5-9.				
5	-	listed on Form 990, Part VII, Secting on the revenues of:	ion A	A, line 1a, did the organization pa	ay or accrue a	any		
а		ion?						X
b		rganization?				. 5b		X
c		e 5a or 5b, describe in Part III. listed on Form 990, Part VII, Secti	ion (	A line to did the organization of	or occasion -			
6	compensation	n contingent on the net earnings of:			-			
а		ion?						X
b		rganization?				. 6b		X
		e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Sectio						v
8		described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII,				·   -		X
0		I contract exception described in				ibe		
			-					x
9		ine 8, did the organization also fol						
-								
Regulations section 53.4958-6(c)?           For Paperwork Paduation Act Notice, see the Instructions for Form 900								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

CENTER FOR HOUSING AND HEALTH

26-4287202

Page **2** 

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation compensation compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SIMONE G. KOEHLINGER	(i)							
1 DIRECTOR	(ii)	155,838.			7,931.	17,119.	180,888.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization CENTER FOR HOUSING AND HEAL'TH

### FORM 990, PART I, LINE 1,

DESCRIPTION OF ORGANIZATION MISSION: SYSTEMS TO IMPROVE THE LIVES OF

CHICAGOANS EXPERIENCING HOMELESSNESS

#### FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE.

#### FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES AN ANNUAL ASSESSMENT OF ANY POTENTIAL CONFLICTS

OF INTEREST.

NO EMPLOYEE SHALL ORIGINATE, PARTICIPATE IN OR VOTE ON ANY TRANSACTION INVOLVING CHH IN WHICH SUCH EMPLOYEE HAS A CONFLICT OF INTEREST.

AN EMPLOYEE WILL BE DEEMED TO HAVE A CONFLICT OF INTEREST IF THE EMPLOYEE OR A RELATED PARTY HAS A MATERIAL FINANCIAL INTEREST IN OR IS AFFILIATED WITH ANY ENTITY THAT PROPOSES TO ENTER INTO ANY TRANSACTION OR BUSINESS WITH THE COMPANY OR SUCH EMPLOYEE WOULD OTHERWISE MATERIALLY BENEFIT, DIRECTLY OR INDIRECTLY, FROM THE TRANSACTION. AN "ENTITY" INCLUDES SERVICE PROVIDER COUNCIL (SPC) MEMBERS, AS WELL AS OTHER PARTNER AGENCIES OR VENDORS.

TO EFFECTUATE THIS POLICY, EACH EMPLOYEE SHALL DISCLOSE ANY CONFLICT OF INTEREST SUCH EMPLOYEE OR RELATED PARTY HAS REGARDING ANY TRANSACTION TO BE CONSIDERED BY CHH. ON AN ANNUAL BASIS, EACH EMPLOYEE SHALL SUBMIT A DISCLOSURE LIST ON WHICH THE EMPLOYEE LISTS ALL ENTITIES IN WHICH SUCH

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

CENTER FOR HOUSING AND HEALTH

EMPLOYEE OR A RELATED PARTY HAS A MATERIAL FINANCIAL INTEREST. WITH RESPECT TO MEMBERS OF AN EMPLOYEE'S FAMILY LIVING OUTSIDE THE HOUSEHOLD, THE EMPLOYEE SHALL DISCLOSE SUCH CONFLICTS OF WHICH THE EMPLOYEE HAS ACTUAL KNOWLEDGE. IN ADDITION, ALL EMPLOYEES SHALL ANNUALLY SIGN A STATEMENT AFFIRMING THAT THEY HAVE READ THIS POLICY, AGREE TO COMPLY WITH THE POLICY AND ACKNOWLEDGES THEY ARE NOT AWARE OF ANY VIOLATIONS OR DISCLOSE ANY KNOWN VIOLATIONS.

EMPLOYEES SHALL NOT BE THE RESPONSIBLE STAFF PERSON FOR ANY TRANSACTION IN WHICH THEY HAVE A CONFLICT OF INTEREST.

CHH SHALL MAINTAIN A RECORD OF ALL TRANSACTIONS IN WHICH AN EMPLOYEE HAS A CONFLICT OF INTEREST AND THE PROCEDURES FOLLOWED IN EACH INSTANCE.

#### FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION REQUIRES REVIEW BY THE EXECUTIVE COMMITTEE, THE USE OF COMPARABLE DATA, AS WELL AS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

#### FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

#### FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR HOUSING AND HEALTH

Employer identification number 26-4287202

#### FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) 2022     P       Name of the organization     Employer identification number					
Name of the organization	Employer identification number				
CENTER FOR HOUSING AND HEALTH	26-4287202				

FORM 990, PART III - PROGRAM SERVICE

### LINE 4B, PROGRAM SERVICE

CHH CONTINUED ITS WORK AS THE ADMINISTRATOR OF THE INNOVATIVE FLEXIBLE HOUSING POOL. IN PARTNERSHIP WITH COOK COUNTY HEALTH, DFSS, UNIVERSITY OF ILLINOIS HEALTH, MERIDIAN, MHN, ADVOCATE AURORA HEALTH, BLUE CROSS BLUE SHIELD, PRITZKER, AND OTHER HOSPITAL SYSTEMS, OVER 500 PEOPLE WHO EXPERIENCED HOMELESSNESS NOW HAVE SAFE HOMES OR ARE IN THE PROCESS OF GETTING HOMES. A MULTI-MILLION DOLLAR INVESTMENT FROM THE CITY OF CHICAGO TO SUPPORT THE FLEXIBLE HOUSING POOL PROGRAM HELPED EXPAND AND FOCUS ON SECURING PERMANENT HOUSING FOR YOUNG ADULTS AGES 18 TO 24 YEARS OLD, SOME OF WHOM HAVE CHILDREN IN THEIR HOUSEHOLD. THESE YOUNG FAMILIES WHO PREVIOUSLY EXPERIENCED HOUSING INSECURITY NOW NOT ONLY HAVE FURNISHED HOMES, BUT THEY ALSO HAVE ACCESS TO RESOURCES INCLUDING DIAPERS AND PARENTING CLASSES.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR HOUSING AND HEALTH

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				-	
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)	-				
(6)					

### Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1) AIDS FOUNDATION OF CHICAGO 36-3412054							
200 WEST MONROE STREET, SUITE CHICAGO, IL 60606	ASSIST HOUSIN	IL	501(C)(3)	LINE 7	N/A		х
(2)							
(3)							
(4)							
(5)							
	-						
(6)							
(7)							
· · /	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 26-4287202

ation.		

Schedule R (Form 990) 2022

CENTER FOR HOUSING AND HEALTH

26-4287202

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Page **2** 

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
i ait iii	because it had one or more related organizations treated as a partnership during the tax year.

	because it had one or	more related org	anization	is irealed as a p	armership during th	e lax year.						
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
					,			Yes No		Yes	No	
(1)		-										
(2)		-										
(3)		-										
(4)		-										
(5)		-										
(6)		-										
(7)		-										

## Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2022

#### Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	-		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	· ·	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	· ·	1b		Х
С	Gift, grant, or capital contribution from related organization(s).		1c	Х	
	Loans or loan guarantees to or for related organization(s)		1d		Х
	Loans or loan guarantees by related organization(s)		1e		X
f	Dividends from related organization(s)		1f		Х
g	Sale of assets to related organization(s)		1g		Х
h	Purchase of assets from related organization(s)		1h		Х
i	Exchange of assets with related organization(s).		1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)		1j		Х
-					
k	Lease of facilities, equipment, or other assets from related organization(s)	L	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)		11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s).		1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х	
	Sharing of paid employees with related organization(s)		10	Х	
р	Reimbursement paid to related organization(s) for expenses.		1p		Х
	Reimbursement paid by related organization(s) for expenses		1q		Х
•					
r	Other transfer of cash or property to related organization(s)		1r		Х
s	Other transfer of cash or property from related organization(s).		1s		Х
2		n thres	holds	S	
	(a) (b) (c) (c)		(d)		
	5 · · · · · · · · · · · · · · · · · · ·	ethod of amoun			ıg

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(5)

(6)

JSA

AIDS FOUNDATION OF CHICAGO

AIDS FOUNDATION OF CHICAGO

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AIDS FOUNDATION OF CHICAGO

9,204,103.

2,846,432.

648,534.

697,080.

FMV

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#### 26-4287202

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(state or foreign income (related, country) unrelated, excluded from tax under		501(c)(3) organizations?		(f) (g) Share of Share of total income assets		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)	_												
(2)													
(3)													
(4)	_												
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 CENTER FOR HOUSING AND HEALTH

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

For Office Use Only PMT #	ILLINOIS CHARITABLE ORGANIZATION Attorney General KWAME RAOUL	State of Illinois	-	T Form AG990-IL Revised 1/19
	Charitable Trust Bureau, 100 We		<u> </u>	# 01065002
ANT	11th Floor, Chicago, Illinois	60601	00	# 01065003 Check all items attached:
AMT	Report for the Fiscal Period:		X	Copy of IRS Return
	ŀ	Make Checks	v	Audited Financial Statements
	Beginning 7 / 1 / 202	2 Payable to		Copy of Form IFC
INIT		the Illinois Charity		\$15.00 Annual Report Filing Fee
	& Ending <u>6 / 30 / 202</u>	3 Bureau Fund		\$100.00 Late Report Filing Fee
Federal ID # <u>26-4287202</u>	MO DAY YR			MO DAY YR
Are contributions to the organiza	ation tax deductible? X Yes No	Date Organization	was c	
LEGAL		Year-end amounts		
NAME CENTER FOR HC	DUSING AND HEALTH	A) ASSETS	A) \$	5,310,680.
MAIL				
ADDRESS 200 WEST MONR	COE STREET	B) LIABILITIES	B) \$	2,286,783.
CITY, STATE CHICAGO, IL		C) NET ASSETS	C) \$	3,023,897.
ZIP CODE 60606				
	ENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	56.%	D) \$	17,930,612.
	· · · · · · · · · · · · · · · · · · ·			
E) GOVERNMENT GRANTS 8	MEMBERSHIP DUES	44.%	E) \$	13,923,281.
F) OTHER REVENUES		%	F) \$	39,167.
	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	4.000/		21 002 000
II. SUMMARY OF ALL EXP	100%	G) \$	31,893,060.	
H) OPERATING CHARITABLE		11.%	H) \$	3,527,221.
.,				
I) EDUCATION PROGRAM S	ERVICE EXPENSE	%	I) \$	
J) TOTAL CHARITABLE PR	OGRAM SERVICE EXPENSE (ADD H & I)	11.%	J) \$	3,527,221.
	D TO PROGRAM SERVICES (INCLUDED IN J):	86.%	К) \$	27,311,731.
K) GRANTS TO OTHER CHAF	RITABLE ORGANIZATIONS	80.%	1() 5	2/,511,751.
L) TOTAL CHARITABLE PR	OGRAM SERVICE EXPENDITURE (ADD J & K)	97.%	L) \$	30,838,952.
M) MANAGEMENT AND GENE		3.%	M) \$	933,610.
N) FUNDRAISING EXPENSE		%	N) \$	NONE
O) TOTAL EXPENDITURES	THIS PERIOD (ADD L, M, & N)	100%	O) \$	31,772,562.
	ID FUNDRAISER AND CONSULTANT ACTIVITIES:			
(Attach Attorney General Report of PROFESSIONAL FUNDRAISE	Individual Fundraising Campaign - Form IFC. One for each PFR.)		1	
P) TOTAL AMOUNT RAISED E	3Y PAID PROFESSIONAL FUNDRAISERS	100%	P) \$	
Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$	
R) NET RECEIVED BY THE CH PROFESSIONAL FUNDRAISI		%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	
S) TOTAL AVIOUNT AID TO			- Ο) φ	
IV. COMPENSATION TO TH	IE (3) HIGHEST PAID PERSONS DURING THE YEA	AR:		
T) NAME, TITLE:			T) \$	
U) NAME, TITLE:		U) \$		
V) NAME, TITLE:			V) \$	ist on back side of instructions
	M DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) C AND INDIVIDUAL SERVICES	CODE CATEGORIES	W) #	ist on back side of instructions CODE 111
X) DESCRIPTION:	THE THEIT FOR SERVICED		X) #	
Y) DESCRIPTION:			Y) #	

	26-4287202		
IF TH	HE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		x
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		x
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		x
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4.		x
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.		x
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6.		x
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		x
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$;	-	
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		x
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		x
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		x
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: BANK OF AMERICA - CHICAGO, IL		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: LEILANI NAVALTA - 312-922-2322		

#### ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE: 1.) REPORTS ARE DUE WITHIN SIX	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
MONTHS OF YOUR FISCAL YEAR END.			
2.) FOR FEES DUE SEE INSTRUCTIONS.	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A			
\$100.00 PENALTY.	STEVEN R GLOVER		05/15/2024
	PREPARER (PRINT NAME)	SIGNATURE	DATE

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