EIDE BAILLY LLP 18081 BURT ST STE 200 OMAHA, NE 68022-4722

> COMBINED HEALTH AGENCIES DRIVE 212 SOUTH 74TH STREET, 205 OMAHA, NE 68114

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CLIENT'S COPY



CPAs & BUSINESS ADVISORS

December 20, 2022

Ms. Michelle Grossman, President/CEO Community Health Charities of Nebraska 212 South 74th Street, Suite 205 Omaha, NE 68114

Dear Michelle:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state where you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Wendy R. Cooley, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Ms. Michelle Grossman, President/CEO Community Health Charities of Nebraska 212 South 74th Street, Suite 205 Omaha, NE 68114

Prepared By:

Eide Bailly LLP 18081 Burt St Ste 200 Omaha, NE 68022-4722

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
File a	separate	application	tor eacr	n return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instruct print Image: construct				Taxpayer	^r identificatio	n number (T	ΓIN)	
•	COMBINED HEALTH AGENCIES DRIVE			23-7162972				
File by the due date f filing your return. Se	or Number, street, and room or suite no. If a P.O. box, so 212 SOUTH 74TH STREET 205	ee instruct	ions.					
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68114							
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0	1	
Applica	ation	Return	Application			Re	eturn	
ls For		Code	Is For			c	ode	
Form 9	90 or Form 990-EZ	01	Form 1041-A				08	
Form 4	720 (individual)	03	Form 4720 (other than individual)				09	
Form 9	90-PF	04	Form 5227				10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 9	90-T (trust other than above)	06	Form 8870				12	
Form 9	90-T (corporation)	07						
 If the If this box 1 the the	phone No. ► <u>402-614-8500</u> e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the organization named above. The extension is for the organization and a bove. The extension is for the organization and the extension is for the organization and a bove. The extension is for the organization and a bove. The extension is for the organization and a bove. The extension is for the organization and a bove. The extension is for the organization and a bove. The extension is for the organization and a bove. The extension and a bove a	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all membe	r the whole (ers the exter npt organizat	group, check nsion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$		0.	
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$		0.	
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by					
u	sing EFTPS (Electronic Federal Tax Payment System). See	<u>instructio</u>	ns	3c	\$		0.	
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payn	nent	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

			** PUBLIC DISCLOSURE COPY *	*	_
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	mΥ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2021
Der		- (III - T	Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspection
Α	For th	e 2021 calend	ar year, or tax year beginning $JUL 1$, 2021 and ending	<u>JUN 30, 2022</u>	
	Check if applicab	C Name o	forganization	D Employer identificati	on number
_					
	Chang		INED HEALTH AGENCIES DRIVE		
	chang	ge Doing b	usiness as	23-7162972	
	returr Final	n Number	and street (or P.O. box if mail is not delivered to street address)		~ ~
	returr termi	n	SOUTH 74TH STREET 205	402-614-85	
_	ated Amer		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,656,398.
	returr Appli		A, NE 68114	H(a) Is this a group return	
	tion pend		nd address of principal officer: MICHELLE GROSSMAN AS C ABOVE	for subordinates?	
-	Tax as	empt status:		H(b) Are all subordinates include [527] If "No." attach a list.	
				527 If "No," attach a list. H(c) Group exemption nu	
				ear of formation: 1971 M St	
	art I	Summary			
	1		e the organization's mission or most significant activities: IMPROVING	G LIVES BY RAIS	ING FUNDS
e			RASKA'S HEALTH CHARITIES THROUGH WORKP		
nan	2		x if the organization discontinued its operations or disposed of m		
Governance	3		ting members of the governing body (Part VI, line 1a)		41
			lependent voting members of the governing body (Part VI, line 1b)		41
2 2	5		of individuals employed in calendar year 2021 (Part V, line 2a)		7
/itie	6		of volunteers (estimate if necessary)		150
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
	` b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	1,619,933.	1,567,722.
Revenue	9		ce revenue (Part VIII, line 2g)	923.	1,079.
2eV	10		come (Part VIII, column (A), lines 3, 4, and 7d)	60,632.	49,684.
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,681,488.	1,618,485.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	1,140,134.	1,070,511.
	14		to or for members (Part IX, column (A), line 4)	412,515.	418,886.
Sec	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	<u> </u>
en s	10a	Protessional f	undraising fees (Part IX, column (A), line 11e)	0.	0•
Exnenses	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	88,387.	98,141.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,641,036.	1,587,538.
	19		expenses. Subtract line 18 from line 12	40,452.	30,947.
<u> </u>				Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)	1,956,493.	1,787,751.
Ass	21	-	(Part X, line 26)	1,058,290.	1,004,271.
Net	22		fund balances. Subtract line 21 from line 20	898,203.	783,480.
	art II	Signature		· · ·	· ·
Und	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kno	wledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		
_					

Sign Here	Signature of officer MICHELLE GROSSMAN, PRE Type or print name and title	Date						
Paid	Print/Type preparer's name WENDY R. COOLEY, CPA	Preparer's signature Date	e Check PTIN /20/22 self-employed P01523804					
Preparer	Firm's name EIDE BAILLY LLP	· · ·	Firm's EIN ► 45-0250958					
Use Only								
	OMAHA, NE 68022-	Phone no. 402 – 330 – 2660						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-09	132001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)							

		ED HEALTH AGENCIES DR	.IVE 23	-7162972 Page 2
Pa	t III Statement of Program S	-		_
		response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mis			TETRO
		RAISING FUNDS FOR NEB	RASKA'S HEALTH CHAR	ITIES
	THROUGH WORKPLACE G	IVING.		
2	Did the organization undertake any sid	nificant program services during the year	which were not listed on the	
2				Yes X No
	If "Yes," describe these new services	on Schedule O		
3		g, or make significant changes in how it co	nducts any program services?	Yes X No
•	If "Yes," describe these changes on S			
4		ervice accomplishments for each of its thr	ee largest program services, as meas	ured by expenses.
		ations are required to report the amount of		
	revenue, if any, for each program serv	ice reported.	-	
4a	(Code:) (Expenses \$1	.,406,672. including grants of \$	1,070,511.) (Revenue \$	1,079.)
	COMBINED HEALTH AGE	NCIES DRIVE (CHAD) CO	NNECTS EMPLOYEES AN	D EMPLOYERS
		O CHAD'S MEMBER CHARI		
		EER OPPORTUNITIES. TH		
		S THROUGH PAYROLL DED		
		PLACE. PARTICIPATING		
		ECONOMIC SECTORS, IN		
		ANIES/EMPLOYERS RANGE	FROM SMALL, LOCAL	EMPLOYERS TO
	LARGE MULTINATIONAL	COMPANIES.		
41				
4b	(Code:) (Expenses \$	including grants of \$)(Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$))
لم A	Other program assuince (Describe and	Schodulo ()		
4d	Other program services (Describe on \$ (Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	1,406,672.)
-10		-, -00,0,20		- 000 (200 (

Form	990	(2021)

Form 990 (2021) COMBINED HEALTH AGENCIES DRIVE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		X
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	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	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		A V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u></u>
16		16		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
18		18		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		- 23
19		19		х
20-	complete Schedule G, Part III	19 20a		X
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 23
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
	domostio government on raitin, column (-y, me r res, complete Schedule I, Parts I and II	21	41	

Form 990 (2021)

Form	990	(2021)
	330	

			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		X
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		X
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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 persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u>-</u> -
_	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	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	0-		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par		1 30	- 22	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			_
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	990 (2021) COMBINED HEALTH AGENCIES DRIVE 23-7162	972	Р	age 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 2a 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
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		Х
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		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

	excess parachute payment(s) during the year?	15	
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	

If "Yes," complete Form 6069.

COMBINED HEALTH AGENCIES DRIVE

Check if Schedule O contains a response or note to any line in this Part VI

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management			
			Yes	No
1a		11		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u></u>
	of officers, directors, trustees, or key employees to a management company or other person?		_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_	X
6	Did the organization have members or stockholders?	. 6	_	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. <u>7a</u>	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7 b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	. 10 a	۱ 	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b		121		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done			
13	Did the organization have a written whistleblower policy?			
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	x	
a	The organization's CEO, Executive Director, or top management official	. 15a		x
d	Other officers or key employees of the organization	. 15k)	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		x
L	taxable entity during the year?	16a	1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
Sec	exempt status with respect to such arrangements?	. 16k)	
17 19		(3)0 00		blo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these qualitable. Check all that apply	us only	, avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Down request Other (explain on Schedule O)			
40		and fire -	a oic'	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ano tina	icial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records F			
	212 S 74TH STREET, OMAHA, NE 68114			
	212 D / HIN DIREEL, OMAIN, NE 00114			

- orm 990 (2021)	CC
		 -

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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, 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)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do		Pos	ition	l than c		Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both	ı an	compensation	compensation	amount of	
	week		cer an I	id a di	irecto	r/trus [.] I	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC/	from the	
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	ual tr	ional		ploye	t corr		1099-NEC)		and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) MICHELLE GROSSMAN	40.00				×	1 0	ш				
PRESIDENT/CEO				х				97,090.	Ο.	25,457.	
(2) SHANNON CASTILLO	40.00										
DIRECTOR OF FINANCE				х				47,153.	Ο.	2,406.	
(3) JAMIE GUTIERREZ	1.00							-		-	
BOARD CHAIR		х		х				0.	Ο.	0.	
(4) MIKE WADE	1.00										
IMMEDIATE PAST BOARD CHAIR		Х		Х				0.	0.	0.	
(4) SCOTT MCLAIN	1.00										
LINCOLN BOARD CHAIR		Х		Х				0.	0.	0.	
(5) KATIE LOVE	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(6) STEPHANIE VANICEK	1.00										
TREASURER		Х		Х				0.	0.	0.	
(7) LARRY GUENTHER	1.00										
ALZHEIMER'S ASSN REP		Х						0.	0.	0.	
(8) KATHY NELLOR	1.00										
AMERICAN LUNG ASSOCIATION REP		Х						0.	0.	0.	
(9) CARLO RINALDI	1.00										
ARTHRITIS FOUNDATION REP		Х						0.	0.	0.	
(10) CALE FURSTENBERG	1.00										
CYSTIC FIBROSIS FOUNDATION REP		Х						0.	0.	0.	
(11) KRYSTI CUNNINGHAM	1.00										
JDRF NE-IA CHAPTER REP		Х						0.	0.	0.	
(12) CARLA DEVELDER	1.00										
NEBRASKA AIDS PROJECT REP		Х						0.	0.	0.	
(13) TODD DEFREECE	1.00										
MARCH OF DIMES REP		Х						0.	0.	0.	
(14) ELLEN DISALVO	1.00										
NEBRASKA COMMUNITY BLOOD BANK REP		Х						0.	0.	0.	
(15) GARY GEORGE	1.00										
NE HOSPICE & PALLIATIVE CARE ASSN RE		Х						0.	0.	0.	
(17) DAWN GONZALES	1.00										
SUSAN G. KOMEN GREAT PLAINS REP		Х						0.	0.	0.	
132007 12 00 21										Form 990 (2021)	

Form 990 (2021) COMBINED	HEALTH	AG	ΈN	CT	ES	5 D	RΤ	VE	23-71	629	172	Pa	ige 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0		•		(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable			imateo	Ч
Name and the	hours per					than c is both		compensation	compensation	,		ount c	
	week	offic	cer an	d a di	irecto	or/trust	tee)	from	from related			other	
	(list any	or						the	organizations				ion
	hours for	irect							(W-2/1099-MISC			ensat	
	related	or c	ee			sated		organization (W-2/1099-MISC/	•				
	organizations	ustee	trust		æ	bens		· ·	1099-NEC)		•	nizatio	
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				relate	
	line)	lividu	tituti	Officer	em l	ploy	Former				orgai	nizatio	ns
	,	lnc	lns	Off	Key	Hiç e m	Б			\rightarrow			
(18) KAREN CARSON	1.00												
TEAM JACK FOUNDATION REP		Х						0.		0.			Ο.
(19) CARRIE KEENE	1.00												
WEST CENTRAL BOARD CHAIR		x						0.		0.			0.
	1 0 0							· ·		~ 			0.
(20) PETER SENIOR	1.00												~
NE CHAPTER - NATIONAL HEMOPHILIA FND		Х						0.		0.			0.
(21) AMY JOHNSON	1.00												
NEBRASKA HEALTH CARE FNDTN REP		X						0.		0.			0.
(22) MARK LEHMAN	1.00												
	1.00							0		<u>^</u>			^
CHROHN'S & COLITIS FOUNDATION, NE-IA		Х						0.		0.			0.
(23) TODD MURPHY	1.00												
EPILEPSY FOUNDATION NE REP		Х						0.		0.			Ο.
(24) MARK RUSSELL	1.00												
BRAIN INJURY ALLIANCE NEBRASKA REP		x						0.		0.			0.
	1 0 0							· ·		~ 			0.
(25) TORI SORENSEN	1.00												~
UNITED CEREBRAL PALSY OF NEBRASKA RE		Х						0.		0.			0.
(26) CHAD TREMEL	1.00												
THE ALS ASSOCIATION MID-AMERICA REP		х						0.		0.			Ο.
1b Subtatal						-		144,243.		0.	27	,86	
1b Subtotal								0.		0.	47	,00	
c Total from continuation sheets to Part VI													0.
d Total (add lines 1b and 1c)				<u></u>				144,243.		0.	27	,86	5.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
												Yes	No
										E F			
3 Did the organization list any former officer,	-			•	-		Ŭ	• •	•				
line 1a? If "Yes," complete Schedule J for si	uch individual									L	3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsa	tion	and	oth	er compensation from th	ne organization				
and related organizations greater than \$150	000? If "Ves	"	mnle	oto 🤇	Sche	dule	I f	or such individual			4		Х
5 Did any person listed on line 1a receive or a										···	-		
	-				-			•			-		Х
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .					5		Λ
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compe	ensati	on froi	n	
the organization. Report compensation for t	he calendar ve	ear e	ndin	a w	ith c	or wit	thin	the organization's tax ve	ear.				
(A)	y			0				(B)			(C)		
Name and business	address	NC	ONE	1				Description of s	ervices	Co	ompen		
	addrood	INC		1			-	Becomption of a			mpon		
							-+						
							+						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than				

c ~ ~ ~ ~

Form 990 COMBINED									23-716	2972
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	c all 1	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L.				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	n pen				organizations
	below	dual t	utiona	_	i old m	st co	L.			organizationo
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) TERESA LAYTON	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(28) KERRY HEINRICH	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(29) SHARON BRODKEY	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(30) DAVE BUSHEY	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(31) MICHAEL DEMMAN	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(32) DREW FOSSUM	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(33) DAVID GILINSKY	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(34) BRIAN W. KRUSE	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(35) THOMAS MACY	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(36) LINDSAY PATT	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(37) STEVE PATTERSON	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(38) VINCE PILLE	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(39) GREG PORTER	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(40) AMBER PRESTON	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(41) MERV RIEPE	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(42) JIM SCHELBLE	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(43) JANE BEERMAN	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(44) JEN CUNNINGHAM	1.00									
DIRECTOR AT LARGE THROUGH 3/2022		Х						0.	0.	0.
		-								
		1								
Total to Dart VIII Soction A line to										
Total to Part VII, Section A, line 1c								1		L

	n 990 (2			D HE	ALTH AGENO	CIES DRIVE		23-7162	972 Page 9
Pa	rt VII	Statement of Re	venue						
		Check if Schedule O	contains	a respor	ise or note to any l	ine in this Part VIII			
						(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
ts ts	1 a	Federated campaigns		. 1a	1,104,246	•			
ran	b	Membership dues		1b					
<u></u>	с								
ifts ar A	d	Related organizations							
nii G	е	Government grants (contr							
ŝ	f	All other contributions, gifts,							
her		similar amounts not included			463,476				
Contributions, Gifts, Grants and Other Similar Amounts	a	Noncash contributions included in			•				
Don	h	Total. Add lines 1a-1f				1,567,722.			
0.0					Business Code				
	2 a	LEADERSHIP 25	TNC	OME	900099	1,079.	1,079.		
vice	z a b						1,0,50		
ser,	0								
ven Ven	C L								
Be	d								
Program Service Revenue	e								
-	•	All other program service				1,079.			
		Total. Add lines 2a-2f				1,079.			
	3	Investment income (includ				22,756.			22,756.
		other similar amounts) Income from investment of				22,750.			22,750.
	4			-	-				
	5	Royalties		(i) Real	(ii) Personal				
	•	0		() near	(1) 1 61301141	-			
		Gross rents	6a 6b			-			
		Less: rental expenses	60 60			-			
		Rental income or (loss) Net rental income or (loss)							
		Gross amount from sales of) Securitie	es (ii) Other				
	/ a			54,84		-			
	L	assets other than inventory Less: cost or other basis		<u>, , , , , , , , , , , , , , , , , , , </u>		-			
ø	D	and sales expenses	76 3	7,91	3				
venue				6,92		-			
0		Gain or (loss)	· · · · ·			26,928.			26,928.
Other Ro		Net gain or (loss) Gross income from fundraising				20,520.			20,520.
the	0 a	including \$	-						
0		contributions reported on							
		Part IV, line 18	,		80				
	h	Less: direct expenses			8b	-			
		Net income or (loss) from							
		Gross income from gamin		-					
	5 4	Part IV, line 19			9a				
	h	Less: direct expenses			9b	-			
		Net income or (loss) from							
		Gross sales of inventory, I		1					
	u	and allowances			10a				
	b	Less: cost of goods sold			10b	-			
		Net income or (loss) from							
	·			intentory	Business Code	e			
SNC	11 a								
nec	b								
ella 3Vel	c				_				
Miscellaneous Revenue	d	All other revenue							
Σ	e	Total. Add lines 11a-11d							
	12	Total revenue. See instruction			Þ	1,618,485.	1,079.	0.	49,684.

	Investment management lees	0,122.		0,722.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	2,518.	1,806.	482.	230.
		2,510.	1,000.		250.
12	Advertising and promotion	1 C 701	12 000	0.007	1 (70
13	Office expenses	16,781.	13,006.	2,097.	1,678.
14	Information technology				
15	Royalties				
16	Occupancy	26,687.	21,349.	2,669.	2,669.
17	Travel	3,956.	3,363.	395.	198.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	2,573.	2,316.	257.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,518.	2,014.	252.	252.
23	Insurance	4,402.	1,761.	2,201.	440.
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 0.)				
а	BAD DEBT EXPENSE	5,490.		5,490.	
b	CAMPAIGN EXPENSE	3,363.	3,195.	168.	
с	MEMBERSHIP DUES	1,273.	636.	573.	64.
d	MISCELLANEOUS	1,184.	192.	992.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,587,538.	1,406,672.	161,303.	19,563.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

Form 990 (2021) COMBINED HEAL Part IX Statement of Functional Expenses COMBINED HEALTH AGENCIES DRIVE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 080 511	1 000 511		
	and domestic governments. See Part IV, line 21	1,070,511.	1,070,511.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	174 042	01 060	02 201	0 700
_	trustees, and key employees	174,043.	81,960.	83,381.	8,702
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	200 606	170 614	20 507	1 205
7	Other salaries and wages	200,606.	170,614.	28,597.	1,395
8	Pension plan accruals and contributions (include	0 661	E 000	2 7 2 4	10
~	section 401(k) and 403(b) employer contributions)	8,654. 9,362.	5,882. 8,213.	2,724.	48
9	Other employee benefits	26,221.	17,787.	7,763.	1,149 671
0	Payroll taxes	20,221.	1/,/0/•	1,103.	0/1
1	Fees for services (nonemployees):				
	Management				
b		20,674.	2,067.	16,540.	2,067
	Accounting	20,074.	2,007.	10,540.	2,007
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	6,722.		6,722.	
f	Investment management fees	0,122•		0,122•	
g	Other. (If line 11g amount exceeds 10% of line 25,	2,518.	1,806.	482.	230
40	column (A), amount, list line 11g expenses on Sch 0.)	2,510.	1,000.	402.	230
12	Advertising and promotion	16,781.	13,006.	2,097.	1,678
13	Office expenses	10,701.	15,000.	2,057.	1,070
14 15	Information technology				
15 16	Royalties	26,687.	21,349.	2,669.	2,669
		3,956.	3,363.	395.	198
17 18	Travel Payments of travel or entertainment expenses	5,550.	5,505.		190
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,573.	2,316.	257.	
20		273731	2,5100		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,518.	2,014.	252.	252
23	Insurance	4,402.	1,761.	2,201.	440
23 24	Other expenses. Itemize expenses not covered	-,102.	_,,,,,,	_,,_	110
	above. (List miscellaneous expenses not love 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT EXPENSE	5,490.		5,490.	
b	CAMPAIGN EXPENSE	3,363.	3,195.	168.	
c	MEMBERSHIP DUES	1,273.	636.	573.	64
d	MISCELLANEOUS	1,184.	192.	992.	
	All other expenses	_,			
25	Total functional expenses. Add lines 1 through 24e	1,587,538.	1,406,672.	161,303.	19,563
26	Joint costs. Complete this line only if the organization	, ,		,	- , - , - , - , - , - , - , - , - , - ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

COMBINED HEA	ALTH AGEN	NCIES DRIVE
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23-7162972 Page 11

2 Savings and temporary cash investments 8,372. 2 9,005 3 Piedges and grants receivable, net 931,948. 3 1,034,787 4 Accounts 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 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 6 7 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 6, 240. 9 2, 155 10a 24, 140. 10b 13, 524. 12, 599. 10c 10, 616 11 Investments - publicly traded securities 10b 13, 524. 12, 599. 10c 10, 616 13 Investments - publicly traded securities 63, 328. 16 58, 388 14 Intangible assets 10b 13, 524. 12, 77, 751 14 Intangible assets 1, 956, 493. 16	Ia		Dalance Sheet						
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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 25 26 Total liabilities. Add lines 17 through 25 1,058,290. 26 1,004,271 Organizations that follow FASB ASC 958, check here ▶ X									
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of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,058,290. 26 Organizations that follow FASB ASC 958, check here ► X X									
26 Total liabilities. Add lines 17 through 25 1,058,290. 26 Organizations that follow FASB ASC 958, check here ► X				,				25	
Organizations that follow FASB ASC 958, check here X		26				1,058,	290.		1,004,271.
			<u> </u>	ck here		· · ·			
27 Net assets without donor restrictions -432,045. 27 -507,601 28 Net assets with donor restrictions 1,330,248. 28 1,291,081 0 organizations that do not follow FASB ASC 958, check here □ 1 1 28 29 Capital stock or trust principal, or current funds 29 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30	es			· —					
28 Net assets with donor restrictions 1,330,248.28 1,291,081 Organizations that do not follow FASB ASC 958, check here □ 1 1 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30	anc	27				-432,	045.	27	-507,601.
Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30	Bal				Γ	1,330,	248.		1,291,081.
and complete lines 29 through 33. and complete lines 29 through 30.	lpu								
b29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund30	μ								
30 Paid-in or capital surplus, or land, building, or equipment fund	ğ	29						29	
	sets								
31 Retained earnings, endowment, accumulated income, or other funds	Ass								
32 Total net assets or fund balances 898,203.32 783,480	Vet	32				898,	203.		783,480.
33 Total liabilities and net assets/fund balances 1,956,493. 33 1,787,751	-								1,787,751.

Form **990** (2021)

Part X Balance Sheet

Form	990	(2021
1.01111	000	

	1990 (2021) COMBINED HEALTH AGENCIES DRIVE	23-716	52972	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,618		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,587	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		,94	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	898	<u> </u>	
5	Net unrealized gains (losses) on investments	5	-140	,73	30.
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	- 4	.,94	40.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	783	,48	30.
Pa	rt XII Financial Statements and Reporting				
	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," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form		0001)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of	ame of the organization Employer identification number							
	COMB	INED HEALTH	H AGENCIES DE	RIVE			2	3-7162972
Part I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
6	A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).		
7 X		-					e general r	oublic described in
• []	section 170(b)(1)(A)(vi). (C	•	indi part of ito capport if	om a gove			io gonorar r	
8	A community trust describe		1)(A)(vi). (Complete Parl	· II.)				
9	An agricultural research org			-	ed in coniu	nction with a	land-orant	college
	or university or a non-land-g				-		-	-
	university:	, , ,			, <u>,</u>		5	
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from
	activities related to its exem							
	income and unrelated busir		-					-
	See section 509(a)(2). (Cor		(,		
11	An organization organized a	. ,	vely to test for public sat	ety. See	section 50)9(a)(4).		
12	An organization organized a	-		•			rry out the	purposes of one or
	more publicly supported or	-	-	-			•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga						-	giving
	the supported organization		-	•	-			
	organization. You must c							
b	Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hav	ing
	control or management o	-				-		-
	organization(s). You mus			·				
с	Type III functionally inte	-		in connect	tion with, a	nd functional	ly integrate	d with,
	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally		-				ted organiz	ation(s)
	that is not functionally int						-	
	requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga						I, Type III	
	functionally integrated, or							
f Ent	ter the number of supported c	organizations	, , , , , , , , , , , , , , , , , , , ,	0 0				
g Pro	ovide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								

COMBINED HEALTH AGENCIES DRIVE

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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1610812.	1787595.	1555897.	1619933.	1567722.	8141959.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	1610812.	1787595.	1555897.	1619933.	1567722.	8141959.	
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)						150,954.	
1	Public support. Subtract line 5 from line 4.						7991005.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	1610812.	1787595.	1555897.	1619933.	1567722.	8141959.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	15,247.	18,999.	19,807.	16,375.	22,756.	93,184.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						8235143.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	15,977.	
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)		
	organization, check this box and stop	-						
Sec	ction C. Computation of Publi							
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.04 %	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	98.43 %	
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this boy	and	
	stop here. The organization qualifies	as a publicly supp	orted organization				> X	
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-		• • • •	-			
	more, and if the organization meets th	0						
	organization meets the facts-and-circu							
18	Private foundation. If the organization				• •			
				, , .,	,			

Schedule A (Form 990) 2021

Schedule A	Form 990) 2021

COMBINED HEALTH AGENCIES DRIVE 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 Part II.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-							
iness under section 513							
4 Tax revenues levied for the organ- ization'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 disgualified 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							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support		l		•			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6							
10a 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							
 c 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 the	ne organization's fir	rst, second, third, f	fourth, or fifth tax	year as a section 5	01(c)(3) organizatic	n,
Section C. Computation of Publi					<u>г г</u>		
15 Public support percentage for 2021 (I					15		%
16 Public support percentage from 2020					16		%
Section D. Computation of Inves					<u>г г</u>		
17 Investment income percentage for 20					17		%
18 Investment income percentage from					18	• **	%
19a 33 1/3% support tests - 2021. If the						, and line 17	' is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the						33 1/3%, a	▶∟∟ nd
line 18 is not more than 33 1/3%, che	-						
20 Private foundation. If the organization							

COMBINED HEALTH AGENCIES DRIVE

1

2

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.**
- **10a** 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.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2021 COMBINED HEALTH AGENCIES DRIVE

2

Iu				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
-				()) () () () () () () () () (

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.

Se	ction 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		

			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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a 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 (see instructions).	
---	--	------------------------------	----------------------	--	--

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No
Yes No
Yes No

Schedule A	(Form 990)	2021	COMBINED	HEALTH	AGENCIES	DRIVE
Part V	Type III	Non-Functio	onally Integrat	ed 509(a)(3	8) Supporting	Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	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		
Sect	ion 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	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

COMBINED	HEALTH	AGENCIES	DRIVE

23-7162972 Page 7

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations _{(continu}	ued)				
Section	on D - Distributions				Current Year			
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	s	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro		5					
6	Other distributions (describe in Part VI). See instructions.	r						
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive)					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2021 distributable amount							
<u> i </u>	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
	Excess distributions carryover to 2022. Add lines 3j							
	and 4c. Breakdown of line 7:							
	Excess from 2017							
	Excess from 2017							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	COMBINED	HEALTH	AGENCIES	DRIVE	23-7162972 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 30, 30, 40, 40, 40, 40, 40, 40, 40, 40, 40, 4	5a, 6, 9a, 9b, 9 V, Section E, I	ines 1c, 2a, 2b, 3a	rt II, line 10; Part II, line 17a c 11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Part nplete this part for any addition	V, Section B, line 1e; Part V,

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

23-7162972

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CARGILL	184,860.	20,157
BLUE CROSS BLUE SHIELD	295,500.	130,797

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

COMBINED	HEAL

OMBINED HEALTH AGENCIES DRIVE

23-7162972

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

COMBINED HEALTH AGENCIES DRIVE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 567,938. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 536,308. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 95,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 53,045. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

23-7162972

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

Name of organization

COMBINED HEALTH AGENCIES DRIVE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

(a)

No.

from

Part I

Employer identification number

(d)

Date received

23-7162972

(c)

FMV (or estimate)

(See instructions.)

Page 3

Schedule B (I	Form 990) (2021)				Page 4			
Name of orga	anization				Employer identification number			
COMBINE	D HEALTH AGENCIES DRIV	VE			23-7162972			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations descr) through (e) and the followi charitable, etc., contributions of \$	na line entry For a	ragnizations	hat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held			
-		(e) Trans	fer of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of <u>(</u>	gift	(d) Desc	cription of how gift is held			
-								
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held			
		(e) Transt	fer of gift					
	Transferee's name, address, a			elationship of tra	nsferor to transferee			
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held			
- 								
		(e) Transf	fer of gift	<u> </u>				
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
-								

SCHEDU	LE D
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	COMBINED HEALTH AGEN		23-7162972
Par	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	ð.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during very)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advised fun	ds
-	are the organization's property, subject to the organization's exc	-	
6	Did the organization inform all grantees, donors, and donor advi		
-	for charitable purposes and not for the benefit of the donor or de		
	impermissible private benefit?		•
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990. Part IV	. line 7.
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (for example, recreation		orically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
	Number of conservation easements on a certified historic struct		2c
	Number of conservation easements included in (c) acquired after		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ►		g
4	Number of states where property subject to conservation easer	nent is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation ea	sements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📃 No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	00, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, I	not to report in its revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. 🕨 \$
2	If the organization received or held works of art, historical treasu	ires, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		► \$

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

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontrued. a Using the organization accusation, accounting, and other records, check any of the following that make significant use of its collection times (shock all that apply): a a Patic orbition d Lean or exchange program b Scholarly research e Other c Preservation for future generations e Other c Preservation for future generations e Other Particle constructions and explain how they further the organization's collection? Yes No Particle constructions agent, trustee, colladia for angements. Complete the anganization's collection? Yes No Particle constructions agent, trustee, colladia nor other intermediary for contributions or other assets not included on form 390, Part X, Ine 21. Test for the organization angent, trustee, colladia nor other intermediary for contributions on cubic all and count on the search on form 390, Part X, Ine 21. Test for the organization in collection table intermediary for contributions on cubic all and count on the search on form 390, Part X, Ine 21. Test for the organization in cubic an anount on form 390, Part X, Ine 21. Test for angent the angement in Part XIII and complete the following table: Test for angent trustee. Test for angent trustee. C Particle in ano	Sche		D HEALTH AC						23-71	62972	2 P	_{age} 2
colection lame (check all that apply): □ Cole exhibition □ Cole the organization include an amount on Form 990, Part X, line 21, for ecrow or custodial account liability □ Vest explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII □ Control explanatization include an amount on Form 990, Part X, line 21, for ecrow or custodial account liability □ Vest explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII □ Control explanatita explanation	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, oi	Other S	Similaı	⁻ Assets	(contin	ued)	
a Public exhibition d □ can or exchange program b Scholary research e □ Otter	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sigr	nificant u	use of its			
b Scholarly research e Other c Preservation for future generations Provide a description of the organization scillctor receive donations of art, historical treasures, or other similar assets to be soft or there similar assets 1 Provide a description of the organization scillctor? Yes No Part I Escrow and Custodial Arrangements. Complete if the organization sciences of there similar assets to escill the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on form 990, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediaty for contributions or other assets not included on form 900, Part X, line 21. Amount c Beginning balance Amount 1e d Intermediation form 900, Part X, line 21. Yes No b If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No c Check engriazation include an amount on Form 990, Part X, line 21. Yes (application and the part part back (e) (Four year's back (e) (e) (Four year's back (collection items (check all that apply):										
b Scholarly research e Other c Preservation for future generations Provide a description of the organization scillctor receive donations of art, historical treasures, or other similar assets to be soft or there similar assets 1 Provide a description of the organization scillctor? Yes No Part I Escrow and Custodial Arrangements. Complete if the organization sciences of there similar assets to escill the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on form 990, Part X, line 21. 1a Is the organization and part, trustee, custodian or other intermediaty for contributions or other assets not included on form 900, Part X, line 21. Amount c Beginning balance Amount 1e d Intermediation form 900, Part X, line 21. Yes No b If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No c Check engriazation include an amount on Form 990, Part X, line 21. Yes (application and the part part back (e) (Four year's back (e) (e) (Four year's back (а	Public exhibition	d		Loan or exc	hange progra	ım					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funder failed to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9.1. No 1 Is the organization and the treatment in the organization answered 'Yes' on Form 990, Part K, line 21, for acrow or custodial account liability? No 6 Beginning balance Int end addition include an amount on Form 990, Part X, line 21, for acrow or custodial account liability? No 9 If 'Yes, 'explain the amagement in Part XIII. Check here if the organization account liability? No Int end addition include an amount on Form 990, Part X, line 21, for accrow or custodial account liability? No 9 If 'Yes, 'explain the amagement in Part XIII. Check here if the organization account liability? Int end addition include an amount on Form 990, Part X, line 21, for a stress on form 990, Part X, line 10. 18 Beginning of year ba	b		е									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W ESCOW and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X // line 21. Is the organization include an amount on Form 930, Part X, line 21. Is the organization include an amount on Form 930, Part X, line 21. Distributions during the year It is Distributions during the year It is complete if the organization answered "Yes" on Form 940, Part X // line 24. Distributions If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Beginning of year balance If the organization answered "Yes" on Form 940, Part X, line 23. Stat, 252. Out the organization and been provided on Part XIII Beginning of year balance If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Beginning of year balance If Yes, 100, 051, 122, 4851, 99, 0701, 68, 777. No If Yes are scholarships If Yes, 100, 051, 122, 4851, 99, 0701, 68, 777. Stat, 454, 127, 7563, 1354, 224, 130, 230, 31, 523, 39, 953, 31, 69, 0701, 68, 777. No Other expenditures for facilities and programs If administree dependent of the organization set of the organization and were the organization and years that are held and administered for the organization State, 27, 000, 96 The	с											
5 During the year, did the organization activity or centre during and the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 18 Beigning balance Intermediary for administration and gene in Part XIII and complete the following table: Amount 10 Intermediary for administration and gene in Part XIII and complete the following table: Amount Intermediary for administration answered "Yes" on Form 990, Part XIII and complete it the organization answered "Yes" on Form 990, Part XIII and the organization answered "Yes" on Form 990, Part XIII and the organization answered "Yes" on Form 990, Part XIII and the organization answered "Yes" on Form 990, Part XIII and the years back in the organization answered "Yes" on Form 990, Part XIII and the part XIII and Complete if the organization answered "Yes" on Form 990, Part XIII and the years back in the part XIII and Complete if the organization answered "Yes" on Form 990, Part XIII and the years back in the part XIII and Complete if the organization answered "Yes" on Form 990, Part XIII and Complete if the organization answered "Yes" on Form 990, Part XIII and Complete if the organization answered "Yes" on Form 990, Part XIIII and Complete if the organization answered "Yes" on Form 990, Part XIIII	_	-	lections and explain	how th	ev further th	e organizatio	n's exemp	ot purpos	se in Part	XIII.		
tops sold to raise funds rather than to be maintained as part of the organization a collection? Yes No Part IV Excorve and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 10. Part V Endowment FundS. Complete if the organization answered "Yes" on F												
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII and complete the following table: Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:	-									Yes		No
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part X, line 10. a Beginning of year balance 10 Current year 14 (35, 10, 605, 12, 655, 9, 070, 8, 777, 756, 154, 924, 10, 230, 31, 622, 30, 577, 612, 484, 577, 756, 154, 924, 101, 230, 31, 622, 600, 14, 000, 770, 417, 629, 562, 630, 577, 612, 484, 577, 756, 164, 924, 101, 230, 31, 622, 600, 14, 000, 6 c Other expenditures for facilities -0, 000, % g End of year balance -0, 000, % b Permanent endowment ▶ -000, % b Permanent in the possession of the organization sisted as required on Schedule R?	Par								Part IV	_		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X IVes No b If 'Yes,'' explinit the arrangement in Part XIII and complete the following table: Image: Complete in the included includes a mount on Form 980, Part X, line 21, for escrow or custodial account liability? Image: Complete include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Image: Complete int Part XIII 2a Did the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Image: Complete int Part XIII Image: Complete int Part XIII Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. Image: Complete int Part XIII Image: Complete int Part XIII 1a Beginning of year balance Image: Complete int Part XIII Image: Complete int Part XIII Image: Complete int Part XIII 1a Beginning of year balance Image: Complete int Part XIII Image: Complete int Part XIII Image: Complete int Part XIII 1a Beginning of year balance Image: Complete int Part XIII Image: Complete int Part XIII Image: Complete int Part XIII 1a Beginning of year balance Image: Complete int Part XIII Image: Complete int Part XIII Image: Complete Int Part XIII Image: Complete Int Par					organizatio			01111 000	, i aitii, i			
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par											
Land basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, lin	ne 10.				
1a Land		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulate	d	(d) Bool	k valu	е
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Schedule D	(Form 990) 2021	COMBINED HE	ALTH	AGENCIES	DRIVE	23-7	7162972	Page 3
Part VII		Other Securities.						
	Complete if the or	ganization answered "Yes"	on Form	990, Part IV, line	11b. See Form 990, Part X, line 12.			
(a) Descrip	otion of security or cate	egory (including name of security)	(b)	Book value	(c) Method of valuation: Cost of	or end-of	-year market v	alue
(1) Financi	al derivatives							
(2) Closely	held equity interest	s						
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (Part VIII	b) must equal Form 99 I Investments -	00, Part X, col. (B) line 12.) ► Program Related.						
		•	on Form	990, Part IV, line	11c. See Form 990, Part X, line 13.			
	(a) Description o			Book value	(c) Method of valuation: Cost of	or end-of	-year market v	alue
(1)	()						,	
(2)								
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(8)								
(9)								
	h) must equal Form 90	90, Part X, col. (B) line 13.) 🕨						
Part IX	Other Assets.							
			on Form	990. Part IV. line	11d. See Form 990, Part X, line 15.			
	1		Descript		, ,		(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	ımn (h) must equal F	Form 990 Part X col. (R) line	15)					
Part X	Other Liabiliti	es.	, 10.,					
	Complete if the or	ganization answered "Yes"	on Form	990, Part IV, line	11e or 11f. See Form 990, Part X, lir	1e 25.		
1.		Description of liability			, ,		(b) Book va	alue
	deral income taxes							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)						-+		
(9)						-+		
	ımn (b) must equal F	Form 990 Part X col (R) line	25)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2021 COMBINED HEALTH AGENCIES D	RIVE		23-1	7162972	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	1,470,	370.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-140,730.			
b	Donated services and use of facilities		4,277.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-4,940.			
е	Add lines 2a through 2d			2e	-141,	393.
3	Subtract line 2e from line 1			3	1,611,	763.
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	6,722.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	6,	722.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,618,	485.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	eturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	1,585,	<u>093.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	4,277.			
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	<u>4,</u> 1,580,	<u>277.</u>
3	Subtract line 2e from line 1			3	1,580,	816.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	6,722.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		722.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,587,	538.
Par	t XIII Supplemental Information.					
Provi	de 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	K, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inforr	nation.			

PART V, LINE 4:

CHAD HOLDS ENDOWMENT FUNDS FOR SUPPORT OF ITS MEMBER CHARITIES THAT

CONSIST PRIMARILY OF INVESTMENTS AND LIFE INSURANCE POLICIES. INCOME FROM

THE ENDOWMENT FUNDS IS USED TO SUPPORT ONE OR MORE MEMBER CHARITIES EACH

YEAR THROUGH A GRANTING PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	83.
CHANGE IN BENEFICIAL INTEREST	-5,023.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-4,940.

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		омв №. 1545-0047
Department of the Treasury	Compl	ete il the organization	Attach to For		(IV, III 2 I 01 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		ation.		Inspection
Name of the organization	NED HEALTH AG						Employer identification number 23-7162972
Part I General Information on Gr			_				
 Does the organization maintain re criteria used to award the grants of Describe in Part IV the organization 	or assistance?				•		
Part II Grants and Other Assistar recipient that received more	_				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organiza or government	ation (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
ALZHEIMER'S ASSOCIATION, MIDLA CHAPTER - 8790 F ST, STE 404 -							TO PROVIDE EDUCATION AND SUPPORT TO ALZHEIMER'S
OMAHA, NE 68127	47-0648438	501(C)(3)	144,553.	0.			RELATED DISEASES
AMERICAN LUNG ASSN OF THE CENT STATES - 11225 DAVENPORT ST, S 101 - OMAHA, NE 68154		501(C)(3)	45,715.	0.			TO FIGHT LUNG DISEASE AND PROMOTE LUNG HEALTH THROUGH EDUCATION, ADVOCACY, RESEARCH, AND
ARTHRITIS FOUNDATION, NEBRASKA CHAPTER - 16614 VINTON CIRCLE OMAHA, NE 68130		501(C)(3)	28,534.	0.			TO IMPROVE LIVES THROUGH LEADERSHIP IN THE PREVENTION, CONTROL AND CURE OF ARTHRITIS AND
AUTISM ACTION PARTNERSHIP 10110 NICHOLAS STREET #202 OMAHA, NE 68114	20-6892034	501(C)(3)	42,219.	0.			TO IMPROVE THE QUALITY OF LIFE OF PERSONS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES
BRAIN INJURY ALLIANCE OF NEBRA PO BOX 22147 LINCOLN, NE 68542	ASKA 26-0851140	501(C)(3)	23,704.	0.			TO SUPPORT THOSE WITH TRAUMATIC BRAIN INJURIES
CROHN'S & COLITIS FOUNDATION C NEBRASKA - 268 N 115 ST, STE 2 OMAHA, NE 68154		501(C)(3)	35,633.	0.			TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS, AND TO IMPROVE THE QUALITY OF LIFE OF
2 Enter total number of section 501	(c)(3) and government org	ganizations listed in the	e line 1 table				▶24.
3 Enter total number of other organ							
LHA For Paperwork Reduction Act I	Notice, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) COMBINED HEALTH AGENCIES DRIVE

(a) Name and address of organization or 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 non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT INNOVATIVE
CYSTIC FIBROSIS FOUNDATION, NE							RESEARCH TO CONTROL AND
CHAPTER - 2827 S 88TH STREET -							CURE CYSTIC FIBROSIS,
DMAHA, NE 68124	13-1930701	501(C)(3)	44,308.	0.			PROVIDE SPECIALIZED
EPILEPSY FOUNDATION OF NEBRASKA							TO PROVIDE PROGRAMS AND
JNO COMMUNITY ENGAGEMENT CAMPUS							SERVICES TO PEOPLE AND
001 DODGE ST, CEC 228.6 - OMAHA,							FAMILIES OF NEBRASKA
NE 68132	52-0856660	501(C)(3)	8,554.	Ο.			IMPACTED BY EPILEPSY. WE
							TO PARTNER WITH THE
HAITIAN AMERICAN FRIENDSHIP							HAITIANS IN CENTRAL
FOUNDATION - PO BOX 3421 - NORTH							PLATEAU OF HAITI THROUGH
T. MEYERS, FL 33918	95-3248186	501(C)(3)	10,000.	Ο.			ACADEMIC VOCATIONAL AND
			,				TO IMPROVE THE LIVES OF
UVENILE DIABETES RESEARCH							CHILDREN AND ADULTS
FOUNDATION - 9202 WEST DODGE RD							LIVING WITH TYPE 1
STE 304 - OMAHA, NE 68114	23-1907729	501(C)(3)	115,707.	0.			DIABETES (T1D) THROUGH
,			,				TO IMPROVE THE LIVES OF
MARCH OF DIMES NEBRASKA CHAPTER							INFANTS BY PREVENTING
3606 N 156, STE 101-248							PREMATURE BIRTH, BIRTH
ОМАНА, NE 68116	13-1846366	501(C)(3)	12,728.	0.			DEFECTS AND INFANT
,			,				TO ASSIST IN FIGHTING
MUSCULAR DYSTROPHY ASSOCIATION							NEUROMUSCULAR DISEASES
L685 S COLORADO BLVD, UNIT S							THROUGH WORLDWIDE
, DENVER, CO 80222	13-1665552	501(C)(3)	6,993.	Ο.			RESEARCH, A NATIONWIDE
, NATIONAL MULTIPLE SCLEROSIS			, -				TO AID IN ENDING THE
SOCIETY, NE CHAPTER - 7611 STATE							DEVASTATING EFFECTS OF
JINE, STE 100 - KANSAS CITY, MO							MS, OFFERING INFORMATION
54114	47-0439079	501(C)(3)	43,376.	0.			AND REFERRAL, EDUCATION
				••			TO LEAD THE COMMUNITY IN
VEBRASKA AIDS PROJECT							THE FIGHT TO OVERCOME
250 S 77TH ST STE A							HIV/AIDS AND ITS STIGMA
DMAHA, NE 68114	47-0786622	501(C)(3)	31,310.	0.			THROUGH EDUCATION,
							TO PROVIDE COMPREHENSIVE
IEBRASKA COMMUNITY BLOOD BANK							BLOOD PRODUCTS, ADVANCEI
100 NORTH 84TH STREET							LABORATORY SERVICES, ANI
			1			1	

Schedule I (Form 990)

Schedule I (Form 990) COMBINED HEALTH AGENCIES DRIVE

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	π II.) Τ	1
(a) Name and address of organization or 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 non-cash assistance	(h) Purpose of grant or assistance
							TO HELP ENSURE THERE ARE
NEBRASKA HEALTH CARE FOUNDATION							AN ADEQUATE NUMBER OF
1200 LIBRA DRIVE, STE 100							TRAINED PROFESSIONALS TO
LINCOLN, NE 68512	36-3573679	501(C)(3)	8,555.	0.			CARE FOR RESIDENTS OF
NEBRASKA CHAPTER OF THE NATIONAL							TO FIND BETTER TREATMENT:
HEMOPHILIA FOUNDATION - 8031 W							AND CURES FOR INHERITABL
CENTER RD STE 304 - OMAHA, NE							BLEEDING DISORDERS AND TO
68124	13-5641857	501(C)(3)	10,836.	0.			PREVENT THE COMPLICATION
							TO IMPROVE CARE AND
NEBRASKA HOSPICE & PALLIATIVE CARE							CONDITIONS FOR
PARTNERSHIP - 1519 M STREET -							CHRONICALLY AND
COZAD, NE 69130	47-0673727	501(C)(3)	32,132.	0.			TERMINALLY ILL NEBRASKAN
							TO PROVIDE INFORMATION
NEBRASKA KIDNEY ASSOCIATION, INC.							AND REFERRALS TO THOSE
PO BOX 42							WITH KIDNEY AND UROLOGIC
MINDEN, NE 68959	23-7225449	501(C)(3)	54,293.	0.			DISEASES AND TRANSPLANT
							TO PROVIDE GRANTS TO
SUSAN G KOMEN FOR THE CURE							LOCAL ORGANIZATIONS TO
NEBRASKA - 16309 CRAIG AVE -							SUPPORT BREAST HEALTH
BENNINGTON, NE 68007	26-0056671	501(C)(3)	27,506.	0.			EDUCATION, SCREENING AND
							TO EMPOWER PEOPLE WITH
THE ALS ASSN MID AMERICA CHAPTER							ALS AND THEIR FAMILIES TO
900 S. 74TH PLAZA, STE 106							LIVE FULLER LIVES,
OMAHA, NE 68114	48-1021611	501(C)(3)	40,442.	0.			PROVIDING THEM WITH
			,				TO RAISE MONEY TO FUND
TEAM JACK							IMPACTFUL PEDIATRIC BRAIN
PO BOX 607							CANCER RESEARCH AND WORK
ATKINSON, NE 68713	46-2301134	501(C)(3)	47,558.	0.			TO CREATE NATIONAL
			, , ,				TO CURE LEUKEMIA,
THE LEUKEMIA & LYMPHOMA SOCIETY							NON-HODGKIN'S LYMPHOMA,
11840 NICHOLAS ST, STE 215							HODGKIN'S LYMPHOMA AND
OMAHA, NE 68154	13-5644916	501(C)(3)	71,295.	0.			MYELOMA AND IMPROVE THE
,			,				TO PROVIDE PROGRAMS,
UNITED CEREBRAL PALSY OF NEBRASKA							SERVICES, INFORMATION,
11930 ARBOR ST, STE 202							REFERRAL, AND FINANCIAL
OMAHA, NE 68114	47-0534212	501(C)(3)	22,835.	0.			SUPPORT FOR INDIVIDUALS

Schedule I (Form 990)

Schedule I (Form 990) 2021

23-7162972

Page 2

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FUNDS CONTRIBUTED BY DONORS IN WORKPLACE CAMPAIGNS CONDUCTED BY OR IN

PARTNERSHIP WITH CHAD ARE EITHER DESIGNATED OR UNDESIGNATED FOR SPECIFIC

AGENCIES.

DESIGNATED FUNDS: FULL MEMBER AGENCIES ARE CREDITED WITH ALL SPECIFICALLY

DESIGNATED FUNDS. DESIGNATED FUNDS ARE DISTRIBUTED QUARTERLY (SEPTEMBER,

DECEMBER, MARCH AND JUNE) THE FISCAL YEAR FOLLOWING THE FISCAL YEAR IN

WHICH THEY WERE PLEDGED.

UNDESIGNATED FUNDS: THE UNDESIGNATED FUNDS, LESS EXPENSES ARE CREDITED TO EACH MEMBER AGENCY BASED ON THE PERCENTAGE OF EACH AGENCY'S DESIGNATED FUNDS RELATIVE TO THE TOTAL OF ALL DESIGNATED FUNDS. THIS PERCENTAGE IS CALCULATED ANNUALLY AT THE END OF EVERY FISCAL YEAR FOR EACH AGENCY BY DIVIDING ITS DESIGNATED FUNDS BY THE TOTAL OF ALL DESIGNATED FUNDS FROM NON-NATIONAL CAMPAIGNS. UNDESIGNATED FUNDS ARE DISTRIBUTED FROM AVAILABLE COLLECTED RECEIVABLES ON THE LAST DAY OF EACH CALENDAR QUARTER (SEPTEMBER, DECEMBER, MARCH AND JUNE).

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN LUNG ASSN OF THE CENTRAL STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIGHT LUNG DISEASE AND PROMOTE

LUNG HEALTH THROUGH EDUCATION, ADVOCACY, RESEARCH, AND COMMUNITY PROGRAMS

FOR ALL RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

ARTHRITIS FOUNDATION, NEBRASKA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE LIVES THROUGH LEADERSHIP

IN THE PREVENTION, CONTROL AND CURE OF ARTHRITIS AND RELATED DISEASES

NAME OF ORGANIZATION OR GOVERNMENT: AUTISM ACTION PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE QUALITY OF LIFE OF

PERSONS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES THROUGH

EDUCATION, ADVOCACY, AND SUPPORT, THEREBY ENABLING THEM TO BE AN INTEGRAL

PART OF THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT:

CROHN'S & COLITIS FOUNDATION OF NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CURE CROHN'S DISEASE AND

ULCERATIVE COLITIS, AND TO IMPROVE THE QUALITY OF LIFE OF CHILDREN AND

ADULTS AFFECTED BY THESE DISEASES

NAME OF ORGANIZATION OR GOVERNMENT:

CYSTIC FIBROSIS FOUNDATION, NE CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INNOVATIVE RESEARCH TO

CONTROL AND CURE CYSTIC FIBROSIS, PROVIDE SPECIALIZED MEDICAL CARE

THROUGH A NATIONWIDE NETWORK OF CENTERS, AND OFFER PHARMACY AND OTHER

PATIENT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: EPILEPSY FOUNDATION OF NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PROGRAMS AND SERVICES TO

PEOPLE AND FAMILIES OF NEBRASKA IMPACTED BY EPILEPSY. WE ARE COMMITTED TO

LEADING THE FIGHT TO OVERCOME THE CHALLENGES OF EPILEPSY AND TO

ACCELERATE THERAPIES TO STOP SEIZURES, FIND CURES, AND SAVE LIVES RIGHT

HERE IN NEBRASKA.

NAME OF ORGANIZATION OR GOVERNMENT:

HAITIAN AMERICAN FRIENDSHIP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH THE HAITIANS IN

CENTRAL PLATEAU OF HAITI THROUGH ACADEMIC VOCATIONAL AND THEOLOGICAL

EDUCATION TO ENRICH THEIR CULTURE SOCIALLY ACADEMICALLY AND SPIRITUALLY

ALL TO THE GLORY OF GOD

NAME OF ORGANIZATION OR GOVERNMENT: JUVENILE DIABETES RESEARCH FOUNDATION

Schedule I (Form 990)		AGENCIES DRIVE	23-7162972 Page 2			
Part IV Supplemental In	formation					
(H) PURPOSE OF GRA	ANT OR ASSISTANCE	: TO IMPROVE THE	LIVES OF CHILDREN AND			
ADULTS LIVING WITH	H TYPE 1 DIABETES	(T1D) THROUGH FU	NDING RESEARCH TO			
CURE, TREAT, AND PREVENT THIS DISEASE						

NAME OF ORGANIZATION OR GOVERNMENT: MARCH OF DIMES NEBRASKA CHAPTER (H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE LIVES OF INFANTS BY PREVENTING PREMATURE BIRTH, BIRTH DEFECTS AND INFANT MORTALITY

NAME OF ORGANIZATION OR GOVERNMENT: MUSCULAR DYSTROPHY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN FIGHTING NEUROMUSCULAR

DISEASES THROUGH WORLDWIDE RESEARCH, A NATIONWIDE NETWORK OF CLINICS

OFFERING COMPREHENSIVE MEDICAL SERVICES, AND FAR-REACHING PROFESSIONAL

AND PUBLIC HEALTH EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL MULTIPLE SCLEROSIS SOCIETY, NE CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AID IN ENDING THE DEVASTATING

EFFECTS OF MS, OFFERING INFORMATION AND REFERRAL, EDUCATION AND DIRECT

ASSISTANCE TO OVER 25,000 PEOPLE AFFECTED BY MS

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA AIDS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD THE COMMUNITY IN THE FIGHT

TO OVERCOME HIV/AIDS AND ITS STIGMA THROUGH EDUCATION, SUPPORTIVE

SERVICES AND ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA COMMUNITY BLOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE COMPREHENSIVE BLOOD

PRODUCTS, ADVANCED LABORATORY SERVICES, AND ENHANCED VALUE-DRIVEN

_ _

SOLUTIONS FOR HOSPITALS, PHYSICIANS, AND OTHER HEALTHCARE PARTNERS

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA HEALTH CARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ENSURE THERE ARE AN ADEQUATE

NUMBER OF TRAINED PROFESSIONALS TO CARE FOR RESIDENTS OF NEBRASKA'S

SKILLED NURSING FACILITIES AND ASSISTED LIVING COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

NEBRASKA CHAPTER OF THE NATIONAL HEMOPHILIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIND BETTER TREATMENTS AND CURES

FOR INHERITABLE BLEEDING DISORDERS AND TO PREVENT THE COMPLICATIONS OF

THESE DISORDERS THROUGH EDUCATION, ADVOCACY AND RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT:

NEBRASKA HOSPICE & PALLIATIVE CARE PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE CARE AND CONDITIONS FOR

CHRONICALLY AND TERMINALLY ILL NEBRASKANS THROUGH PUBLIC AND PROFESSIONAL

EDUCATION, RESEARCH AND ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA KIDNEY ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE INFORMATION AND REFERRALS

TO THOSE WITH KIDNEY AND UROLOGIC DISEASES AND TRANSPLANT PATIENTS,

EMERGENCY FUNDING, EARLY DETECTION SCREENINGS, PROFESSIONAL EDUCATION,

PUBLIC EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: SUSAN G KOMEN FOR THE CURE NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO LOCAL

ORGANIZATIONS TO SUPPORT BREAST HEALTH EDUCATION, SCREENING AND TREATMENT

PROGRAMS ACROSS THE STATE

NAME OF ORGANIZATION OR GOVERNMENT: THE ALS ASSN MID AMERICA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER PEOPLE WITH ALS AND THEIR

FAMILIES TO LIVE FULLER LIVES, PROVIDING THEM WITH SERVICES AND SUPPORT

WHILE FUNDING GLOBAL RESEARCH TO FIND A CURE

NAME OF ORGANIZATION OR GOVERNMENT: TEAM JACK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RAISE MONEY TO FUND IMPACTFUL

PEDIATRIC BRAIN CANCER RESEARCH AND WORK TO CREATE NATIONAL AWARENESS FOR

THE DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: THE LEUKEMIA & LYMPHOMA SOCIETY (H) PURPOSE OF GRANT OR ASSISTANCE: TO CURE LEUKEMIA, NON-HODGKIN'S LYMPHOMA, HODGKIN'S LYMPHOMA AND MYELOMA AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY OF NEBRASKA (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PROGRAMS, SERVICES, INFORMATION, REFERRAL, AND FINANCIAL SUPPORT FOR INDIVIDUALS AND FAMILIES WITH CEREBRAL PALSY AS WELL AS OTHER DISABILITIES

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

COMBINED HEALTH AGENCIES DRIVE

Inspection Employer identification number 23-7162972

OMB No. 1545-0047

Open to Public

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

A COPY OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS OF THE FINANCE

COMMITTEE TO BE REVIEWED AND APPROVED BEFORE IT IS FILED. A COPY IS ALSO

EMAILED TO EACH BOARD MEMBER AND IS PROVIDED AT THE CLOSEST SCHEDULED BOARD MEETING.

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

THE CONFLICT OF INTEREST POLICY IS RENEWED EACH YEAR AND BOTH BOARD MEMBERS AND CHC-NE EMPLOYEES ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS. THE CEO MONITORS THESE WITH THE ASSISTANCE OF THE ADMINISTRATIVE ASSISTANT. IF A CONFLICT EXISTS FOR A BOARD MEMBER IT IS ADDRESSED.

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

THE PRESIDENT & CEO POSITION IS REVIEWED ANNUALLY BY THE HUMAN RESOURCE COMMITTEE. THIS COMMITTEE CONSISTS OF THE BOARD CHAIR, IMMEDIATE PAST BOARD CHAIR AND AT LEAST THREE BUT NO MORE THAN FIVE OTHER BOARD MEMBERS. THIS COMMITTEE IS ALSO RESPONSIBLE FOR ANY OTHER HUMAN RESOURCE ISSUES THAT MAY ARISE WITH THE CEO. THE COMMITTEE USES COMPARABILITY DATA AND KEEPS MINUTES OF THE MEETING DISCUSSIONS. GOALS AND ACHIEVEMENTS ARE REVIEWED AS WELL AS ANNUAL SALARY INCREASE.

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.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
COMBINED HEALTH AGENCIES DRIVE	23-7162972
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	83.
CHANGE IN BENEFICIAL INTEREST	-5,023.
TOTAL TO FORM 990, PART XI, LINE 9	-4,940.
FORM 990, PART XII, LINE 2C:	
THE TREASURER OF THE BOARD IS THE CHAIRMAN OF THE FINANC	CE COMMITTEE.

THE TREASURER ALONG WITH THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY

FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL

STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.