

CliftonLarsonAllen LLP CLAconnect.com

October 3, 2023

Havasu Community Health Foundation 2126 McCulloch Blvd N 14 Lake Havasu City, AZ 86403 Attention: Linda Seaver

Dear Linda:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

HAVASU COMMUNITY HEALTH FOUNDATION

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2022

DocuSign Envelope ID: DBBCE780-34F3-4B35-8DFA-CD75C4D75FAE

Form 8879-TE			II	RS e-file Signature Aut for a Tax Exempt B	thorization Entity		OM	B No. 1545-0047
Form 🗨		For calendar ve		or fiscal year beginning , 2022, a				2000
		i or oalondar yo	ui 2022, (Do not send to the IRS. Keep for v		, 20	Ż	2022
	ent of the Treasury Revenue Service		G	o to www.irs.gov/Form8879TE for the	latest information.			
Name o	f filer					EIN or SSN	1	
	HAVASU CO	MMUNITY HEA	ALTH :	FOUNDATION		20-18	39858	
Name a	nd title of officer or pe	rson subject to t	iux	LINDA SEAVER				
Dort	Turne of	Dotum and		EXECUTIVE DIRECTOR				
Part				Irn Information				
Form 5 or 10a whiche	330 filers may ente below, and the amo	r dollars and c ount on that lir	ents. F ne for th	using this Form 8879-TE and enter the ap or all other forms, enter whole dollars only ne return being filed with this form was bla . But, if you entered -0- on the return, ther	y. If you check the k ank, then leave line	box on line 1a, 2a, 1b, 2b, 3b, 4b, 5b	3a, 4a, , 6b, 7b	5a, 6a, 7a, 8a, 9a , 8b, 9b, or 10b,
1a	Form 990 check h	nere	Х	b Total revenue, if any (Form 990, Part	VIII, column (A), line	e 12)	1b _	2,566,636.
2a	Form 990-EZ che	ck here		b Total revenue, if any (Form 990-EZ, li				
3a	Form 1120-POL	check here		b Total tax (Form 1120-POL, line 22)				
4a	Form 990-PF che	ck here		b Tax based on investment income (F	orm 990-PF, Part V	', line 5)	4b _	
5a	Form 8868 check	here		b Balance due (Form 8868, line 3c)				
6a	Form 990-T chec	k here		b Total tax (Form 990-T, Part III, line 4)				
7a	Form 4720 check			b Total tax (Form 4720, Part III, line 1).			7b _	
8a	Form 5227 check			b FMV of assets at end of tax year (Fo	orm 5227, Item D)			
9a	Form 5330 check	here		b Tax due (Form 5330, Part II, line 19)				
10a Part	Form 8038-CP ct			b Amount of credit payment requeste re Authorization of Officer or Period	d (Form 8038-CP, F	Part III, line 22)	10b	
					-			
of entit				am an officer of the above entity or, (EIN),			-	
financi later th payme person	al institution to debi an 2 business days nt of taxes to receiv	t the entry to t prior to the pa e confidential	his acc ayment inform	ed in the tax preparation software for pay count. To revoke a payment, I must conta (settlement) date. I also authorize the fina ation necessary to answer inquiries and re ature for the electronic return and, if appli	ct the U.S. Treasury ancial institutions in esolve issues related	y Financial Agent a volved in the proce d to the payment. I	t 1-888-3 essing of have se	353-4537 no f the electronic elected a
2	I authorize CLI	FTONLARSON	ALLEN	LLP		to enter my F	٧N	12345
				ERO firm name				r five numbers, but
	with a state age on the return's c As an officer or	ncy(ies) regula lisclosure cons person subject	ting ch sent sc t to tax	with respect to the entity, I will enter my	am, I also authorize PIN as my signature	the aforementione e on the tax year 20	e return i d ERO te 022 elec	o enter my PIN
				eturn that a copy of the return is being file	-	ncy(ies) regulating o	harities	as part of the
	IRS Fed/State p	rogram, wile	\$4@90\$	小PIN on the return's disclosure consent s -	screen.		10/	/5/2023
Signature Part	of officer or person subje	tion and A	<u>da</u>			Date	;,	-,
		AJ	LIBUIDE	AF04F5				
	EFIN/PIN. Enter yo	-		-	86889155902	2		
numbe	er (EFIN) followed by	your five-aigit	sen-se	lected PIN.	Do not enter a			
submit		•	•	, which is my signature on the 2022 electr quirements of Pub. 4163, Modernized e-	ronically filed return	indicated above. I		
ERO's s	ignature WAYNI	E M. HUNTER	1		Date	10/03/23		
					- In al			
				RO Must Retain This Form - Semit This Form - Semit This Form to the IDS Unless				
				omit This Form to the IRS Unles	s requested I	0 00 50		2070 TE
LHA I	or Privacy Act and	Paperwork F	Reduct	ion Act Notice, see instructions.			Form	8879-TE (2022)
202521	12-16-22							

Form	8868
(Rev.	January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each 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 of				Taxpayer identification number (TIN)		
print	HAVASU COMMUNITY HEALTH FOUNDATION				20-183	9858
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s 2126 MCCULLOCH BLVD N 14	see instruct	ions.			
return. See instruction		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11	
Form 990-T (trust other than above) 06 Form 8870				12		
Form 990-T (corporation) 07						
 If the If thi box 1 th th 2 If 2 	the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta NOVEMBE anization's , an theck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>R 15, 2023</u> , to file return for: d ending on: Initial return	If this is fo all memb	r the whole g ers the exten npt organizat	roup, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6068			3b	\$	0.
	stimated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa			30	Ф —	
		•		3c	\$	0.
	sing EFTPS (Electronic Federal Tax Payment System). See 1: If you are going to make an electronic funds withdrawal				т	
instruct	, , , , , , , , , , , , , , , , , , , ,					
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

223841 04-01-22

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



<u>A</u> F	or th	e 2022 calendar year, or tax year beginning and	ending			
B c	Check if pplicab	e: C Name of organization		D Employer identification	ation number	
	Addre	ss HAVASU COMMUNITY HEALTH FOUNDATION				
	Name Chang	e Doing business as		20-1839858		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final returr		14	928-453-8190		
	termi ated	G Gross receipts \$	2,738,160.			
	Amer	DARE HAVASO CITT, AZ 00403	City or town, state or province, country, and ZIP or foreign postal code LAKE HAVASU CITY, AZ 86403			
	Appli tion	F Name and address of principal officer: DINDA SEAVER	for subordinates?	Yes X No		
	pendi	SAME AS C ADOVE		H(b) Are all subordinates inc	luded? Yes No	
<u> </u>]	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a li	ist. See instructions	
	Nebsi			H(c) Group exemption	number	
		organization: X Corporation Trust Association Other	L Year of	of formation: 2005 M	State of legal domicile: AZ	
Pa	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: SEE SC	HEDULE O			
anc						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			9	
യ ത	4	Number of independent voting members of the governing body (Part VI, line 1b)		8		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5		
iti	6	Total number of volunteers (estimate if necessary)			100	
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)	2,414,185.	2,427,614.		
ent	9	Program service revenue (Part VIII, line 2g)		110,141.	101,954. -56,191.	
Revenue	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,729.	93,259.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,621,304.	2,566,636.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,574,984.	1,482,118.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		178,723.	216,509.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 69,	527.	460.700	ECO 070	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		460,799.	560,976.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,214,506.	2,259,603.	
	19	Revenue less expenses. Subtract line 18 from line 12		406,798.	307,033.	
ts or				ginning of Current Year	End of Year	
Assets	20	Total assets (Part X, line 16)	·····	2,397,417.	2,910,299.	
etA		Total liabilities (Part X, line 26)		11,352.	296,356.	
Ź: D	22	Net assets or fund balances. Subtract line 21 from line 20		2,386,065.	2,613,943.	
	art II			and a share the term of the term	la contrata constituit de la 1916	
Und	er pen	lities of periury. I declare that I have examined this return, including accompanying schedules	s and stateme	nts. and to the best of my l	knowledge and belief, it is	

true, correct, and BonySigne Dyclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Linda Seaver	1	10/5/2023							
Sign	Signature of officer A3E3903DEAF04F3	Da	ate							
Here	LINDA SEAVER, EXECUTIVE DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	WAYNE M. HUNTER	WAYNE M. HUNTER	10/03/23	self-employed	P01073139					
Preparer	Firm's name CLIFTONLARSONALLEN LLP		Fir	rm's EIN 41-	0746749					
Use Only	y Firm's address 20 EAST THOMAS ROAD, SUITE 2300									
	PHOENIX, AZ 85012 Phone no.(602) 266									
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No				
	000									

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	י	res 🛛 No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	······	res 🛛 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		115
4a	(Code:) (Expenses \$1,686,721. including grants of \$1,473,118.) (Revenue FOOD DISTRIBUTION TO THE POOR - AT OUR HCHF FOOD BANK, WE ADDRESS THE	\$	<u> 116.</u>)
	HUNGER NEEDS IN LAKE HAVASU AND THE IMMEDIATE SURROUNDING AREA BY		
	PROVIDING FOOD TO PEOPLE SUFFERING FROM FOOD INSECURITY.		
4b	(Code:) (Expenses \$161,934. including grants of \$9,000.) (Revenue	\$	18,048.)
	CANCER AWARENESS AND DETECTION PROGRAMS - OUR CANCER ASSOCIATION		
	FOCUSES ON PROVIDING LOW-COST CANCER SCREENINGS, WHERE EARLY DETECTION		
	IS THE KEY TO RECEIVING THE BEST TREATMENT FOR A FAVORABLE OUTCOME, EDUCATION, AND SUPPORT FOR CANCER PATIENTS AND FAMILIES. IN ADDITION,		
	WE PROVIDE THE PATIENT AND THE CAREGIVER WITH THE TOOLS, COMFORT, AND		
	RESOURCES NEEDED FOR THEIR JOURNEY.		
	·		
4c	(Code:) (Expenses \$ 39,411. including grants of \$ 0.) (Revenue	\$	0.)
	STUDENT ASSISTANCE PROGRAM - BEHAVIORAL HEALTH PROGRAM IS A	•	/
	PEER-TO-PEER SUPPORT GROUP FOR STUDENTS K-12. WE MEET AT SCHOOL IN A		
	CLASS SETTING WITH 4-8 STUDENTS AND TALK ABOUT ANYTHING THAT MIGHT		
	CAUSE STRESS. WE WORK WITH SCHOOL COUNSELORS TO FOSTER A SAFE, HEALTHY,		
	AND PRODUCTIVE SCHOOL EXPERIENCE.		
<u></u>			
40	Other program services (Describe on Schedule O.) (Expenses \$ 202,646. including grants of \$ 0.) (Revenue \$	83,790.)	
4e	Total program service expenses 2,02,040. including grants of \$ 0.1 (Revenue \$		
10		For	m 990 (2022)
232002	2 12-13-22	. 01	(_0_2)
	З		

	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION 20-18398	58	P	Page 3
Pai	t IV Checklist of Required Schedules		Vee	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	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			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	3 12-13-22	Form	990	(2022)

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Form	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION 20-183985	58	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			U
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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
	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		
	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	0.5		x
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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	Х	
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	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
57	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X QQU	(00000)
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	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION		20-183985	58	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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
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	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	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 A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?					
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 set	vices p	rovided to the payor?	7a	X	
				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•				
	to file Form 8282?			7c		X
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 co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		
h	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	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
	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	10b		-		
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a		-		
b						
40-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			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.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O.					
U	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
•	organization is licensed to issue qualified health plans	13D		-		
	Enter the amount of reserves on hand			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
15				15		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tinoor	2	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720. Schedule O	LINCON	IC (16		
17	If "Yes," complete Form 4720, Schedule O.	tivition				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activative would result in the imposition of an excise tax under section 4951, 4952 or 49532			17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					
222005	If "Yes," complete Form 6069.			Form	990	(2022)
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	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	Enter the number of voting members included on line 1a, above, who are independent	8		
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			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		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?	7a		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?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	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	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	···· ··· · · · · · · · · · · · · · · ·	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		
Sec	List the states with which a copy of this Form 990 is required to be filed NONE			
47)		-1-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))s oniy)	avalla	JIE
	for public increation. Indicate how you made these systlable. Check all that eachy			
	for public inspection. Indicate how you made these available. Check all that apply.			
18	Own website Another's website I Upon request Other (explain on Schedule O)	d finan		
18	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents. Image: Conflict of interest policy, and the organization made its governing documents.	nd finano	cial	
17 18 19 20	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	nd finan	cial	
18	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	nd finan	cial	
18 19	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	nd finand	cial	

Form 990 (2022)	HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employees, and Independent Contractors							
Check if So	chedule O contains a response or note to any line in this Part VII						
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employed	es					
1a Complete this table	for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization's ta	ax year.				
• List all of the org	anization's current officers, directors, trustees (whether individuals or organize	ations), regardless of amount of compensation	on.				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		Ð	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal		ploye	ee com		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDA SEAVER	40.00	_			\mathbf{x}	Ξæ	ш.			
EXECUTIVE DIRECTOR				x				24,960.	0.	0.
(2) VIRGINIA LATTION	10.00									
CHAIR		х		х				0.	0.	0.
(3) SCOTT TAYLOR	10.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) KATHY CHALMERS	10.00									
TREASURER		х		X				0.	0.	0.
(5) ROSE MARIE EATON	10.00									
SECRETARY		х		х				0.	0.	0.
(6) JOHN NYGREN	10.00									
DIRECTOR	10.00	X						0.	0.	0.
(7) HANNE DOLAN	10.00									
DIRECTOR	10.00	Х						0.	0.	0.
(8) JOLENE JENSEN	10.00	х						0	•	0
DIRECTOR (9) HOWARD WEISKE	10.00	X						0.	0.	0.
DIRECTOR	10.00	х						0.	0.	0.
(10) DAWIT TESFASILASSE	10.00	~						0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
								·		
020007 10 12 00										Form 990 (2022)

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Form 990 (2022)

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Form 990 (2022) HAVASU COMMU									20-18398	58	P	age 8
Part VII Section A. Officers, Directors, Trus		oloye	es,			ghes	t C		, ,			
(A) Name and title	(B) Average hours per week	box, offic	not ch unles er and	neck r is per	ition more rson is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	
	(list any hours for related organizations below line)	In dividual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	-MISC/ from		e ion ed
										_		
 1b Subtotal						I		24,960.	0			0.
c Total from continuation sheets to Part VI _d Total (add lines 1b and 1c)								0. 24,960.	0			0.
2 Total number of individuals (including but r								,	000 of reportable	-		
compensation from the organization											Yes	0 No
3 Did the organization list any former officer				•	•		Ŭ	• •				x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										3		<u> </u>
and related organizations greater than \$150Did any person listed on line 1a receive or a										4		X
rendered to the organization? If "Yes," con										5		х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	ener	nden	t cc	ontra	actor	rs th	nat received more than \$	100 000 of compens	ation f	rom	
the organization. Report compensation for								the organization's tax y	<i>,</i> ,			
(A) Name and business	address	NOI	ΙE					(B) Description of s	ervices		C) ensatio	n
2 Total number of independent contractors (i	•	ot lin	nited	to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation				(0						

Form **990** (2022)

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			2022) HAVASU COMMUNITY H	IEALTH FOUNDAT	ION		20-183985	8 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a respons	<u>e or note to any</u> lin	<u>e in this Part VIII</u>			
					(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
SS	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ъ б			Fundraising events 1c	59,411.				
fts, r Ai			Related organizations	,				
, Gi nila			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and					
utio		•	similar amounts not included above 1f	2,368,203.				
trib Otl		a	Noncash contributions included in lines 1a-1f	1,585,020.				
Con		-	Total. Add lines 1a-1f		2,427,614.			
0.0				Business Code	, , , -			
•	2	а	PROGRAM INCOME	611710	101,954.	101,954.		
Program Service Revenue	~	b		-	,	, -		
Ser Jue		ĉ						
m ;		d						
gra Re		e		-				
Pro			All other program service revenue	-				
			Total. Add lines 2a-2f		101,954.			
	3		Investment income (including dividends, inte					
			other similar amounts)		25,323.			25,323.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities					
			assets other than inventory 7a 42,235	5.				
		b	Less: cost or other basis					
er			and sales expenses	9.				
evenue		с	Gain or (loss) 7c -81,514					
			Net gain or (loss)		-81,514.			-81,514.
Other R	8		Gross income from fundraising events (not including \$59,411. of					
•			contributions reported on line 1c). See					
				a 141,034.				
		b		b 47,775.				
			Net income or (loss) from fundraising events	,	93,259.			93,259.
	9		Gross income from gaming activities. See					
	-			a				
		b)b				
	10		Gross sales of inventory, less returns					
	-			0a				
		b		0b				
			Net income or (loss) from sales of inventory					
			X /	Business Code				
snc	11	а						
scellaneo Revenue		b						
ella vei		č						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,566,636.	101,954.	0.	37,068.
23200						· ·	•	Form 990 (2022)

HAVASU COMMUNITY HEALTH FOUNDATION 20-1839858 Page 10 Form 990 (2022) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,482,118, 1,482,118 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 3,494 trustees, and key employees 24,960 19,968. 1,498. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)166,081 132,865. 23,251 9,965. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,152 4,122. 721 309. 3,398. Other employee benefits 4,248 595 255. 9 16,068. 12,854. 2,250 964. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 38,829. 38,829 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е 12,819. 12,819 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 110,317 110,317 column (A), amount, list line 11g expenses on Sch 0.) 23,253 23,253. Advertising and promotion 12 101,258 8,984. 111,675. 1,433 13 Office expenses 12,285, 12,285 14 Information technology 15 Royalties 2,936. 63,279 58,633. 1,710 16 Occupancy 62. 6,203 6,079, 62 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 7,142, 5,214, 714 1,214. 20 Interest Payments to affiliates 21 35,507 34,442, 355 710. 22 Depreciation, depletion, and amortization 21,132. 18,807. 1,479. 846 23 Insurance 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.) FOOD SPOILAGE 47,458. 47,458, а PURCHASED FOOD 42,293 42,293 b IN KIND EXPENSES 16,013. 16,013. С COMMUNITY EDUCATION 10,113. 10,113. d 2,658 773 1,885. All other expenses е 2,259,603 2,090,712 99,364 69,527. Total functional expenses. Add lines 1 through 24e 25 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)

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rt X	Balance Sheet					39858 Page
	Check if Schedule O contains a response or not	e to any line i	n this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			793,629.	1	1,059,6
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial contrib	utor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disquali	fied persons (as defined			
	under section 4958(f)(1)), and persons described	d in section 49	958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			45,487.	8	93,8
9	– • • • • • • • •			9,539.	9	2,4
10a	Land, buildings, and equipment: cost or other		Γ			
	basis. Complete Part VI of Schedule D	10a	858,740.			
b	Less: accumulated depreciation		189,054.	494,147.	10c	669,6
11	Investments - publicly traded securities			1,051,668.	11	1,001,9
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	2,947.	15	82,7		
16	Total assets. Add lines 1 through 15 (must equ	2,397,417.	16	2,910,2		
17	Accounts payable and accrued expenses		11,352.	17	23,9	
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subs	antial contrib	utor, or 35%			
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela				23	193,9
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). Com	plete Part X			
	of Schedule D			0.	25	78,3
26	Total liabilities. Add lines 17 through 25			11,352.	26	296,3
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			883,915.	27	534,5
28	Net assets with donor restrictions			1,502,150.	28	2,079,3
	Organizations that do not follow FASB ASC 9	58, check he	re			
	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 ed				30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			2,386,065.	32	2,613,9
1	Total liabilities and net assets/fund balances			2,397,417.	33	2,910,2

Form	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	3	Pad	_{ge} 12
	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	566,	636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	259,	603.
3	Revenue less expenses. Subtract line 2 from line 1	3		307,	033.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	386,	065.
5	Net unrealized gains (losses) on investments	5		-79,	155.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	613,	943.
Pa	t 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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SCHEDULE A Public Charity Status and Public Support							OMB No. 1545-0047					
(Fo	rm 9	90)			nization is a section 501					2022		
					47(a)(1) nonexempt cha			or a section		ZUZZ		
		of the Treasury		A	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public		
		enue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	_ .	Inspection		
Nar	ne of	the organizati							Employer identification number			
D	rt I	Peacon		COMMUNITY HEAL	(All organizations must c		in mont \ C		-	20-1839858		
								ee instruction	S.			
	orgar		-	-	For lines 1 through 12, c		-	IV A V:				
1	\square				on of churches described		n 170(a)(1	I)(A)(I).				
2 3	H				Attach Schedule E (Forn		(L)(1)(A)(;;	:)				
3 4	\square	-	-		anization described in se njunction with a hospital			-	(iii) Entor	the hospital's name		
4		city, and state	-			acsenbed	iii Sectio			the hospital s hame,		
5			-	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
Ŭ				Complete Part II.)		or operation	5 a 2 y a 3 s					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X											
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		U U			•			
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university (or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:										
10		An organizati	on that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
					t to certain exceptions; a					-		
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
				mplete Part III.)								
11		-	-	-	ively to test for public sa	•						
12		-	-	-	ively for the benefit of, to	-			•			
				-	ed in section 509(a)(1) of					Jneck the box on		
e		_	-	• •	f supporting organizatior upervised, or controlled				-	aivina		
					gularly appoint or elect a	•	-					
			-	complete Part IV, Se		indjointy o				apporting		
k				-	l or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving		
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,		
		its supporte	ed organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.				
c		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in cor	nnection v	ith its suppor	ted organiz	zation(s)		
				• •	zation generally must sat	-			an attentiv	/eness		
	_	requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .				
e					written determination fro			Туре I, Туре	II, Type III			
					nally integrated supportion	ng organiz	ation.					
		er the number		•								
<u>ç</u>		(i) Name of supp	0	about the supporte	d organization(s).	(iv) Is the orga	inization listed	(v) Amount o	fmonetarv	(vi) Amount of other		
		organization		.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir		support (see instructions)		
					above (see instructions))							
Tot	al											

Schedule A (Form 990) 2022	HAVASU COMMUNITY	Y HEALTH FOUND	ATION		20-18398	58 Page 2
Part II Support Schedule	e for Organizations)(1)(A)(iv) and		i ugo
(Complete only if you c	checked the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify u	nder Part III. If the o	organization
fails to qualify under th	e tests listed below, pleas	se complete Part III	.)			
Section A. Public Support						
Calendar year (or fiscal year beginning	in) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	d					
membership fees received. (Do						
include any "unusual grants.")	786,514.	1,754,264.	2,530,135.	2,414,185.	2,427,614.	9,912,712
2 Tax revenues levied for the org ization's benefit and either paid or expended on its behalf						
3 The value of services or facilitie	ès					
furnished by a governmental ur	nit to					
the organization without charge	e				22,110.	22,110
4 Total. Add lines 1 through 3	786,514.	1,754,264.	2,530,135.	2,414,185.	2,449,724.	9,934,822
5 The portion of total contribution	ns					
by each person (other than a						
governmental unit or publicly						
supported organization) include						
on line 1 that exceeds 2% of th	e					
amount shown on line 11,						
column (f)						59,445
6 Public support. Subtract line 5 from Section B. Total Support	1 line 4.					9,875,377
Calendar year (or fiscal year beginning	in) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4		1,754,264.	2,530,135.	2,414,185.	2,449,724.	9,934,822
8 Gross income from interest,		, ,	, ,	, ,	, ,	, ,
dividends, payments received of	on					
securities loans, rents, royalties						
and income from similar source		25,265.	19,976.	24,882.	25,323.	119,951
9 Net income from unrelated bus	siness					
activities, whether or not the						
business is regularly carried on	140,574.	100,490.	114,088.	39,729.	93,259.	488,140
10 Other income. Do not include g	jain					
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 throu	gh 10					10,542,913
12 Gross receipts from related act		,			12	624,986
13 First 5 years. If the Form 990 i						
organization, check this box an					<u></u>	
Section C. Computation of		-	(f)		14	93.67
14 Public support percentage for 215 Public support percentage from						93.67
16a 33 1/3% support test - 2022.						
stop here. The organization qu						v
		-				····· ـــــ
b 33 1/3% support test - 2021.						
b 33 1/3% support test - 2021. and stop here. The organization						
and stop here. The organization	s test - 2022. If the ora	anization did not ch		. , ,-		
and stop here. The organization				e. Explain in Part	VI how the organiza	ation
and stop here. The organization 17a 10% -facts-and-circumstance	he facts-and-circumstance	es test, check this b	box and stop here	-	VI how the organiza	
and stop here. The organization 17a 10% -facts-and-circumstance and if the organization meets the	he facts-and-circumstance nces test. The organization	es test, check this b n qualifies as a pub	box and stop her blicly supported or	ganization		
and stop here. The organization 17a 10% -facts-and-circumstance and if the organization meets the meets the facts-and-circumstar	he facts-and-circumstance nces test. The organization es test - 2021. If the orga	es test, check this b n qualifies as a pub anization did not ch	box and stop here licly supported org neck a box on line	ganization 13, 16a, 16b, or 1	7a, and line 15 is 1	
and stop here. The organization 17a 10% -facts-and-circumstance and if the organization meets the meets the facts-and-circumstance b 10% -facts-and-circumstance	he facts-and-circumstance nces test. The organization es test - 2021. If the organets the facts-and-circum	es test, check this t n qualifies as a pub anization did not ch Istances test, chec	box and stop her blicly supported org neck a box on line k this box and sto	ganization 13, 16a, 16b, or 1 o p here. Explain ir	7a, and line 15 is 1 Part VI how the	

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Schedule A	(Form 990)	2022	HAVASU	COMMUNITY	HEALTH	FOUNDATION	
Part III	Support	Schedule fo	r Organ	izations D	escribe	d in Section	509(a)(2)

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(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 Form 990 is for the form 990 is for the form of the for	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
	- 0					
Section C. Computation of Publ						
15 Public support percentage for 2022 (-			15	%
16 Public support percentage from 2021 Section D. Computation of Invest					16	%
17 Investment income percentage for 20			ine 13 column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						%. and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22		,				Ile A (Form 990) 2022
		16	5			. ,

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2022 HAVASU COMMUNITY HEALTH FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990) 2022 HAVAS Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.)

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Schedule A (Form 990) 2022

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Par	t IV Supporting Organizations (continued)			
			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		-
	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. tion B. Type I Supporting Organizations	11c		
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N
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		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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.* 232025 12-09-22

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3b Schedule A (Form 990) 2022

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dule A (Form 990) 2022 HAVASU COMMUNITY HEALTH FOUNDATIO			20-1839858 P	Page
	ng Organi	zations		
Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructi	ions
All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.		
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ır
Net short-term capital gain	1			
Recoveries of prior-year distributions	2			
Other gross income (see instructions)	3			
Add lines 1 through 3.	4			
Depreciation and depletion	5			
Portion of operating expenses paid or incurred for production or				
	6			
	8			
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ır
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
Average monthly value of securities	1a			
Average monthly cash balances	1b			
Fair market value of other non-exempt-use assets	1c			
Total (add lines 1a, 1b, and 1c)	1d			
Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
•	2			
	3			
	4			
	8			
ion C - Distributable Amount			Current Year	
Adjusted net income for prior year (from Section A, line 8, column A)	1			
Enter 0.85 of line 1.	2			
Minimum asset amount for prior year (from Section B, line 8, column A)	3			
Enter greater of line 2 or line 3.	4			
<u>u</u>	5			
emergency temporary reduction (see instructions).	6			
	tv Type III Non-Functionally Integrated 509(a)(3) Supporti Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mution A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly cash balances Fair market value of other non-exempt-use assets Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Recoveries of prior-year distributions Multiply line 5 by 0.035. Recoveries of prior-year distributions Multiply line 5	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi Check here if the organization satisfied the Integral Part Test as a qualifying trust on N All other Type III non-functionally integrated supporting organizations must complete sion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prioryear distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI):	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year Net short-term capital gain 1 (A) Prior Year Net short-term capital gain 2 (A) Prior Year Other gross income (see instructions) 3 4 Depreciation and depletion 5 (A) Prior Year Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 6 (A) Prior Year Adgueted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions) for that year or assets held for part of year); 1 (A) Prior Year Aggregate fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discourt claimed for blockage or other factors 1d 2 (average monthly value of securities 2 Average monthly cash balances 1b 1d	Image: two set of the se

instructions).

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 HAVASU COMMUNITY HEA				20-1839858	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	•	
Secti	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	npt 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 of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

HAVASU COMMUNITY HEALTH FOUNDATION 20-1839858 Schedule A (Form 990) 2022 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, SECTIONS A AND B LINE 1, COLUMNS (A) - (C) FOR TAX YEARS 2018-2020 WERE UPDATED TO INCLUDE THE DONATED FOOD COMMODITIES. LINE 9, COLUMNS (A) - (C) FOR TAX YEARS 2018-2020 WERE UPDATED TO INCLUDE THE UNRELATED BUSINESS ACTIVITY. THESE ACTIVITIES ARE HOWEVER NOT REGULARILY CARRIED ON. Schedule A (Form 990) 2022 232028 12-09-22 21

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Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization		Employer identification number
н	AVASU COMMUNITY HEALTH FOUNDATION	20-1839858
Organization type (check	c one):	
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

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 for an *exclusively* set in the set of t

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) (2022)

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	B (Form 990) (2022) organization		Page 2
Part I	COMMUNITY HEALTH FOUNDATION Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed	20-1839858
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
1	ST. MARY'S FOOD BANK		Person
	2831 N. 31ST AVENUE	\$693	Payroll Noncash X
	PHOENIX, AZ 85009		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
2	BIMBO BAKERIES		Person
	3367 CHEROKEE LANE	\$67	Payroll
	LAKE HAVASU CITY, AZ 86404		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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	B (Form 990) (2022)			Page 3
Name of c	organization		Employer identi	fication number
HAVASU (COMMUNITY HEALTH FOUNDATION		20-183985	58
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) ate received
	FOOD COMMODITIES			
1		\$693,	8671	2/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Ite received
2	FOOD COMMODITIES			
		\$67,	<u>714.</u> <u>1</u>	2/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) ate received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	·	(d) ate received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Ite received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) hte received
		\$		

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	3 (Form 990) (2022)		Page
Name of or	rganization		Employer identification number
HAVASU C	COMMUNITY HEALTH FOUNDATION		20-1839858
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line er haritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, a	1d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	jift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
[
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee

Schedule B (Form 990) (2022)

		Supplementa Complete if the orga				OMB No. 1545-0047
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d			ZUZZ
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. D for instructions ar	d the latest information.		Open to Public Inspection
Nam	e of the organizatio	n			Employe	r identification number
		HAVASU COMMUNITY HEALTH FOU		<u></u>	<u> </u>	20-1839858
Pa		tions Maintaining Donor Advised answered "Yes" on Form 990, Part IV, lin		r Similar Funds or A	ccounts.	Complete if the
	organization	answered tes on Form 990, Farthy, inf	e o. (a) Donor ad	vised funds	(h) Funds ar	nd other accounts
1	Total number at end	d of year				
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5		n inform all donors and donor advisors in v		s held in donor advised fur	lds	
	-	n's property, subject to the organization's	-			Yes No
6	Did the organization	n inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can be used (only	
	for charitable purpo	eses and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose confer	ring	
De	impermissible privat					Yes No
Pa		tion Easements. Complete if the org			/, line 7.	
1		ervation easements held by the organization	· · ·	<u> </u>		
		of land for public use (for example, recrea	tion or education)	Preservation of a hist		
		natural habitat		Preservation of a cer	tified historic	structure
2		of open space hrough 2d if the organization held a qualif	ind concentration con	tribution in the form of a a		accoment on the last
2	day of the tax year.	firough zu il the organization held a qualit	led conservation cor			at the End of the Tax Year
а		nservation easements			2a	
b					2b	
c	•	ation easements on a certified historic stru			2c	
		ation easements included in (c) acquired a				
					2d	
3		ation easements modified, transferred, rel			nization durin	g the tax
	year					
4	Number of states w	here property subject to conservation eas	ement is located			
5	Does the organization	on have a written policy regarding the per	iodic monitoring, ins	pection, handling of		
		rcement of the conservation easements it				
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing conservati	on easement	s during the year
_		.				
7	Amount of expense	s incurred in monitoring, inspecting, hand	ling of violations, and	d enforcing conservation ea	asements dui	ring the year
•			a action the requirem	a_{a})/;)	
8		ation easement reported on line 2(d) abov 4)(R)(ii)2				Yes No
9		4)(B)(ii)? e how the organization reports conservatio				
5		include, if applicable, the text of the footn		-		the
		unting for conservation easements.	oto to the organizati			
Pa	t III Organizat	tions Maintaining Collections of	Art, Historical	Freasures, or Other S	Similar As	sets.
	Complete if t	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and ba	lance sheet v	vorks
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, educa	tion, or research in furthera	nce of public	;
	service, provide in F	Part XIII the text of the footnote to its finar	icial statements that	describes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its reve	enue statement and balanc	e sheet work	is of
		ires, or other similar assets held for public	exhibition, educatio	n, or research in furtheranc	e of public s	ervice,
	-	g amounts relating to these items:				
		ed on Form 990, Part VIII, line 1			^	
•	. ,					
2		eceived or held works of art, historical trea			provide	
-	-	nts required to be reported under FASB A	-		¢	
a b		on Form 990, Part VIII, line 1				
		Form 990, Part X duction Act Notice, see the Instructions				edule D (Form 990) 2022
	1 09-01-22				Cont	
_0100			26			

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Sche		MUNITY HEALTH FO						20-183			age 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, or	Other	Similar	Assets	(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 k	Loan or exc	hange progra	m					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further th	ne organizatior	n's exem	pt purpos	se in Part i	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical trea					-		_
	to be sold to raise funds rather than to be ma				ellection?				Yes		No
Par	TTIV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•						7	_	٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					A		
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
f 20	Ending balance Did the organization include an amount on F						1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.						yr	L	Ites] NO
_	rt V Endowment Funds. Complete						<u></u>)				
	Complete	(a) Current year		rior year	(c) Two years			ears back	(e) Four	r vears	back
1a	Beginning of year balance	(1) - 10 - 10 - 10 - 10	(-7)	j	(-,				(-)	<i></i>	
h	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1o	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	nd administere	ed for the	•				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		ļ
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere				,						
	Description of property	(a) Cost or o		• •	t or other	• •	cumulate	d	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	aep	reciation			<u> </u>	262
	Land				69,363.		104	100		,	363.
	Buildings				570,241.		104,			466,	
	Leasehold improvements				116,302.		21,				066.
	Equipment				102,834.		63,			צנ,	138.
	Other		. ·							669,	686
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, colur</u>	nn (B), line 1	UC.)				D (Form		

Schedule D (Form 990) 2022

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HAVASU COMMUNITY HEALTH FOUNDATION Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes LEASE LIABILITY -OPERATING 78,396, (2)(3) (4) (5) (6) (7)(8) (9) 78,396. Total. (Column (b) must equal Form 990, Part X, col. (B) 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 X

Schedule D (Form 990) 2022

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Page 3

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Sche	dule D (Form 990) 2022 HAVASU COMMUNITY HEALTH FOUNDATION			20-1839858	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Ret	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	2,496,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-79,155.		
b	Donated services and use of facilities	2b	22,110.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-57,045.
3	Subtract line 2e from line 1			3	2,553,817.
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	12,819.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	12,819.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				2,566,636.
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,268,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	22,110.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	· · · · · ·			
е	Add lines 2a through 2d			2e	22,110.
3	Subtract line 2e from line 1			3	2,246,784.
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	12,819.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	12,819.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	2,259,603.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME

TAXES TO THE EXTENT PROVIDED UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION.

THE ORGANIZATION'S INCOME TAX REPORT FOR THE YEAR ENDED DECEMBER 31, 2022

IS SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER IT

IS FILED AND THE STATE OF ARIZONA FOR FOUR YEARS AFTER IT IS FILED.

232054 09-01-22

Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				or 19, o	or if the	2022
Department of the Treasury Internal Revenue Service	. .	Attach to Form 990 c						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and ti	ne latest informatio		Employer id	entification number
	HAVASU COM	MUNITY HEALTH FOUNDATION					20-18398	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 17	. Form 990-E	Z filers are not
· · · ·	complete this part		+:-					
a Mail solicitat	•	ed funds through any of the followin e Solicita	•		overnment grants			
—	email solicitations			0	nment grants			
c 🔄 Phone solici	tations	g 📃 Special	fundra	ising	events			
d In-person so			(Constant data			
•		or oral agreement with any individual art VII) or entity in connection with p	•	•		stees, (or Ve	s No
		viduals or entities (fundraisers) pursu			•	he fun		
compensated at le	ast \$5,000 by the	organization.						
	a afficients de la c		(iii) fundr	Did			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c or con	ustody itrol of	(iv) Gross receipts from activity	Ìf	r retained by) undraiser	to (or retained by) organization
			contrib	utions?		list	ed in col. (i)	organization
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	l it is e	xempt from r	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

			MMUNITY HEALTH FOUN			1839858 Page
Pa	rt I					
		of fundraising event contributions and g	ross income on Form 990	-EZ, lines 1 and 6b. List ev	vents with gross receipt	s greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BREAST CANCER	CANCER FASHION		.,
			AWARENESS	SHOW	7	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue			59 /11	42 708	08 326	200 44
Re∕	1	Gross receipts	59,411.	42,708.	98,326.	200,44
			50.444	10 540	10 505	
	2	Less: Contributions	59,411.	18,540.	12,705.	90,65
	3	Gross income (line 1 minus line 2)		24,168.	85,621.	109,78
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs			3,760.	3,76
Uirect Expenses						
Ğ	7	Food and beverages		11,023.	196.	11,21
lre						
	8	Entertainment		400.	9,817.	10,21
	9	Other direct expenses			22,579.	22,57
		Direct expense summary. Add lines 4 through		L		47,77
		Net income summary. Subtract line 10 from				62,01
)a	rt I			990 Part IV line 19 or re		,
_		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabe/instant		(d) Total camina (ad
ue			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	.,
/enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	.,
Hevenue		2			(c) Other gaming	.,
Revenue	1	Gross revenue			(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Revenue					(c) Other gaming	.,
		Gross revenue			(c) Other gaming	.,
	2	Cash prizes			(c) Other gaming	.,
xpenses	2				(c) Other gaming	.,
Expenses	2	Cash prizes			(c) Other gaming	.,
Expenses	2	Cash prizes			(c) Other gaming	.,
Expenses	2 3	Cash prizes			(c) Other gaming	.,
Expenses	2 3 4	Cash prizes			(c) Other gaming	.,
Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	(c) Other gaming	.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	Yes %	.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	%	bingo/progressive bingo	☐ Yes %	.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	☐ Yes %	.,
Expenses	2 3 4 5 7	Cash prizes		bingo/progressive bingo	☐ Yes %	.,
Expenses	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo	☐ Yes %	.,
Direct Expenses	2 3 4 5 7 8	Cash prizes	yes% □ Yes% □ No 2 from line 1, column (d)	bingo/progressive bingo	Yes %	.,
Direct Expenses	2 3 4 5 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col. (
Direct Expenses	2 3 4 5 7 8 Ent Ist	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
Direct Expenses	2 3 4 5 7 8 Ent Ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
Direct Expenses	2 3 4 5 7 8 Ent Ist	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
g b G Direct Expenses	2 3 4 5 7 8 Ent Is t If "	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	☐ Yes%	col. (a) through col. (
B B B B B B B B B B B B B B B B B B B	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	col. (a) through col. (
	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	Col. (a) through col. (
	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	Col. (a) through col. (
	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	Col. (a) through col. (

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Sch	edule G (Form 990) 2022	HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?	Yes	No No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gamin	g activity conducted in:		
a	The organization's facility		13a	%
				%
14	Enter the name and address of th	he person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes	└── No
C		ning revenue received by the organization \$ and the amount and the amount for the sector of th	Int	
_	of gaming revenue retained by th			
Ľ	If "Yes," enter name and address	of the third party.		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
a	Is the organization required unde	r state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in t	ihe	
	organization's own exempt activit			
Ра		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide any additional information. See instructions.		
_				
2320	33 10-27-22		Schedule G (Form	n 990) 2022
		32		

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Schedule G	(Form 990) HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 4
Part IV	(Form 990) HAVASU COMMUNITY HEALTH FOUNDATION Supplemental Information (continued)		
			-
		Schedule G	(Eorm 000)
		Schedule G	(1-0111 990)

SCHEDULE I			arants and Oth						OMB No. 1	545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2022	
Department of the Treasury										
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									Open to Inspe	
Name of the organization Employer iden HAVASU COMMUNITY HEALTH FOUNDATION 21										on number 858
Part I General Information on Grants and Assistance										
1 Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance. the	grantees' eligibility	for the grants or assis	stance, and the selecti	ion		
Ũ	award the grants or assis		Ũ	,	0 0 ,	0	,		Yes	🗌 No
2 Describe in Part	IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.					
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for a	any	
	ddress of organization vernment	(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		oose of g ssistanc	
			1	1	I		1			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

chedule I (Form 990) 2022 HAVASU COMMUNITY HE					20-1839858	Pag	
Part III Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need		organization answe	ered "Yes" on Form §	990, Part IV, line 22.			
(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 assistant		
CHOLARSHIPS	9	9,000.	0.				
				FEEDING AMERICA			
OOD COMMODITIES	3598	0.	1,473,118.	VALUATION	COMMUNITY FOOD ASSISTA	NCE	
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.			
ART I, LINE 2:							
CHOLARSHIPS - THE FOUNDATION PROVIDES FUNDS T	O THE MOHAVE COU	NTY					
DMMUNITY COLLEGE (MCC) FOUNDATION AND MCC FOUN	DATION SELECTS T	HE NURSING					
FUDENTS WHO HAVE APPLIED FOR SCHOLARSHIPS.							
DOD COMMODITIES - THE QUALIFICATIONS FOR THE F	OOD BANK FALL UN	IDER THE 185%					
F THE FEDERAL POVERTY INCOME GUIDELINES. ARIZ	ONA TEFAP (THE E	MERGENCY					

FOOD ASSISTANCE PROGRAM) DISTRIBUTION GUIDELINES DO REQUIRE SOME FORM OF

IDENTIFICATION TO BECOME AN ONGOING MEMBER OF THE FOOD BANK, SUCH AS

Schedule I (Form 990) HAVASU COMMUNITY HEALTH FOUNDATION 20-1839858 Page 2 Part IV Supplemental Information Supplemental Information Supplemental Information SHOWING THAT THE INDIVIDUAL LIVES IN THE GEOGRAPHIC SERVICE AREA. Supplemental Information Supplemental Information
SHOWING THAT THE INDIVIDUAL LIVES IN THE GEOGRAPHIC SERVICE AREA.
232291 Schedule I (Form 990 04-01-22

36

Name of the organization Employer identification number HAVASU COMMUNITY HEALTH FOUNDATION 20-1839858	SCHEDULE L		Tra	insaction	ıs V	Vith	Inte	erested	P	ersons			O	MB No.	1545-00	147
Operation Operation Import I	. ,	Complete if t	he org	28b, or 28c, o	or For	m 990 [.]	-EZ, P	art V, line 38a	or		, 27, 2	8a,	0			
Invasion Communitary HIBALTIMI FORMULATION 21-139953 Part1 Excess Benefit Transactions (section 501(c)(2)) organizations only). Complete if the organization answered 'ves' on Form 1900, Part V, line 25 or 25b, or Form 1900 EZ, Part V, line 24b. Image: Communitation answered 'ves' on Form 1900, Part V, line 25 or 25b, or Form 1900 EX, Part V, line 24b. 1 (a) Name of disqualified person (b) Perturbin bit between disqualified person and organization (c) Description of transaction (d) Corrected' 'ves' on Form 1900 EX, Part V, line 24b. 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$	Department of the Treasury Internal Revenue Service	Go	to ww							information.						nic.
Part II Excess Benefit Transactions (section 501(c)(2), section 501(c)(29) organizations only). Complete if the organization arrevered Yes' on Form 900, Part IV, Ine 28 or 28b, or Form 900-EZ, Part V, Ine 40b. (d) Corrected Yes No 1 (a) Name of disqualified person (b) Flatitionship between disqualified persons and organization anagers or disqualified persons during the year under section 4958 (e) Description of transaction (d) Corrected Yes No 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization managers or disqualified persons during the year under section 4958 \$	Name of the organizatior	n									Em	oloyer	ident	ificati	on nu	mber
Complete if the organization answered 'Yes' on Form 980, Part V, line 25a or 25b, or Form 980-EZ, Part V, line 40a. (a) Name of disqualified person (b) Pelationship between disqualified person and organization (c) Description of transaction (c) Description of transaction (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Descript		HAVASU CO	MMUN	ITY HEALTH F	OUNDA	ATION					2	0-183	9858			
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Connected Verson 1 0 <td>Part I Excess E</td> <td>Benefit Trans</td> <td>acti</td> <td>ons (section 50</td> <td>01(c)(3</td> <td>), sect</td> <td>ion 50[.]</td> <td>1(c)(4), and see</td> <td>ctior</td> <td>n 501(c)(29) orga</td> <td>nizatio</td> <td>ons on</td> <td>ly).</td> <td></td> <td></td> <td></td>	Part I Excess E	Benefit Trans	acti	ons (section 50	01(c)(3), sect	ion 50 [.]	1(c)(4), and see	ctior	n 501(c)(29) orga	nizatio	ons on	ly).			
(a) Name of disqualified person Person and organization (b) Description of transaction Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 5 -	Complete it	f the organizatior	n ansv	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
	1 (a) Name of disquali	ified person	(b) F				ified	(0	c) De	escription of tran	sactio	n				
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S					gamza									<u> </u>	es	NO
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S																
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S														_	_	
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S																
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S	2 Enter the amount of	f tax incurred by	the o	ragnization man	agers	or disc	ualifia	d persons dur	ina t	be vear under						
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$				•	•			•	Ŭ			\$				
Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-Ez, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of Ioan (c) Purpose of of Ioan																
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan (c) Purpose of of loan (d) Lamato or organization 7 (e) Original principal amount (f) Balance due default. (g) In by porved (g) written or principal amount (g) In by porved (g) written organization 7 (h) Hold amount (h) Porved (g) written organization 7 (h) Porved (g) written organization 7 (h) Porved (g) In by porved (g) written organization 7 Interested person (b) Relationship organization (c) Purpose of area (c) Original principal amount (f) Balance due default. (g) In by porved (g) written organization (g) In by porved (g) written organization Interested person Interested person Interested Persons. Interested Persons. Interested Person 1 Interested Person 1 Interested Person 1 Interested Person 1 (g) Name of interested Person 1 (g) Name of assistance (g) Name of assistance (g) Purpose of assistance Interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance Interested Person 1 Interested Person 2							-									
reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (e) Original granuation? (f) Balance due principal amount (g) In the default? (h) Approved by board on committee? (h) Writer agreement? Image: State of State	Part II Loans to	and/or Fron	n Inte	erested Pers	sons.											
(a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to o ogenization? (e) Original principal amount (f) Balance due principal amount (g) In default? (h) Approved (g) Name of committee? (h) Approved (g) Name of committee? Image: State of Default Image: State of Default <td< td=""><td>Complete it</td><td>f the organizatior</td><td>n ansv</td><td>vered "Yes" on F</td><td>Form 9</td><td>90-EZ</td><td>, Part \</td><td>/, line 38a or F</td><td>orm</td><td>990, Part IV, line</td><td>e 26; o</td><td>or if th</td><td>e orga</td><td>nizatio</td><td>n</td><td></td></td<>	Complete it	f the organizatior	n ansv	vered "Yes" on F	Form 9	90-EZ	, Part \	/, line 38a or F	orm	990, Part IV, line	e 26; o	or if th	e orga	nizatio	n	
(a) ream 0 minip (b) ream 0 minip (c) ream 1 (i	Ú								(h) /n	provod		
To From Yes No Yes No Yes No Yes No Image: Second Seco									(f) Balance due			by board or agroomo			
Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answ	interested person	with organi	zation	orioari				ipai amount								1
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag					To	From					Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag									-							+
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																+
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																+
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																+
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																
Complete if the organization answerd "Yes" on Form 990, Part IV, line 27. (a) Name of interested person interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance		r Assistance	Bon	ofiting Inter	astar	1 Dor	eone									
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Contract of the organization Image: Contract of				-												
interested person and the organizationassistanceassistanceassistanceImage: Image: Im	•					,	<u> </u>				of		(0	Purn		f
Image: Constraint of the second se	(a) Name of interes	sted person						,					•	· ·		
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202				the organiza	ation											
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202																
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202																
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HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202			+													
	LHA For Paperwork R	eduction Act No	tice,	see the Instruct	tions f	for For	m 990	or 990-EZ.				Sche	dule L	. (Fori	n 990) 2022

232131 11-01-22

HARTIN KUCINACO KANAAAtiana lova	COMMUNITY HEALTH FOUNDATION		20-18398	8	Page
	olving Interested Persons.				
	red "Yes" on Form 990, Part IV, line 28a, 28		() >	(e) Sha	arina a
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz rever	zation' nues?
BARBARA NYGREN	SPOUSE OF BOARD MEM	35 104	EMPLOYEE OF	Yes	No X
ARBARA NIGREN	SFOUSE OF BOARD MEM	55,104.	EMPLOTEE OF		
Part V Supplemental Information.					
Provide additional information for re	sponses to questions on Schedule L (see in	structions).			
CH L, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
A) NAME OF PERSON: BARBARA NYGREN					
B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
POUSE OF BOARD MEMBER					
(C) AMOUNT OF TRANSACTION \$ 35,104.					
D) DESCRIPTION OF TRANSACTION: EMPL	OVER OF THE OPCINIZITION -				
D) DESCRIPTION OF TRANSACTION; EMPL	OTEE OF THE ORGANIZATION -				
ACCOUNTING ASSISTANT					
(E) SHARING OF ORGANIZATION REVENUES	? = NO				

Schedule L (Form 990) 2022

232132 11-01-22

OMB No. 1545-0047

2022

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Name of the organization

Employer identification nu	mber
20-1839858	

HAVASU	COMMUNITY	HEALTH	FOUNDATION
--------	-----------	--------	------------

Pa	rti T	pes of Property						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Worl	<s art<="" of="" th=""><th></th><th></th><th></th><th></th><th></th><th></th></s>						
2		orical treasures						
3		tional interests						
4		d publications						
5		and household goods						
6		other vehicles						
7		d planes						
8		al property						
9		s - Publicly traded						
10		s - Closely held stock						
11		s - Partnership, LLC, or						
40	trust inter							
12		s - Miscellaneous						
13		conservation contribution -						
		tructures						
14		conservation contribution - Other						
15		te - Residential						
16		te - Commercial						
17		te - Other						
18		es		0.54.055	4 5 60 005			
19							VALUE	
20	Drugs an	d medical supplies						
21	Taxiderm	у						
22		artifacts						
23	Scientific	specimens						
24	Archeolo	gical artifacts						
25	Other	(DONATED GOODS A)	X	1,610	16,013.			
26	Other	()						
27	Other	()						
28	Other	()						
29	Number of	of Forms 8283 received by the organ	ization during	g the tax year for c	ontributions			
	for which	the organization completed Form 82	283, Part V, D	onee Acknowledg	ement			0
							Ye	s No
30a	During th	e year, did the organization receive b	by contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold	d for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for		
	exempt p	urposes for the entire holding period	?				30a	x
b	If "Yes," (describe the arrangement in Part II.						
31		organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	ions?	31	x
32a	Does the	organization hire or use third parties	or related or	ganizations to soli	cit. process. or sell noncash			
	contribut			-			32a	x
b		describe in Part II.						
33		anization didn't report an amount in o	column (c) fo	r a type of property	/ for which column (a) is cher	ked		
	describe							
LHA		perwork Reduction Act Notice, see	e the Instruc	tions for Form 990).	Schedule N	(Form 99	0) 2022
		· · · · · · · · · · · · · · · · · · ·						,

Schedule M (Form 990) 2022 HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	, and whether the organiza bination of both. Also com	ation
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.		
232142 09-09-22	Schedule M (Form	990) 2022

17261004 131839 A123055

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047
Name of the organization	ר	Employer	identification number
FORM 990, PART I,	HAVASU COMMUNITY HEALTH FOUNDATION	20-10	37030
TO OPERATE AS A CH	ARITABLE FOUNDATION OF CARING INDIVIDUALS, AND		
PROFESSIONALS DEDI	CATED TO THE BETTER HEALTH AND WELLNESS OF THE LAKE		
HAVASU COMMUNITY E	Y FACILITATING AND COORDINATING APPROPRIATE		
HEALTH-RELATED PRC	GRAMS, ACTIVITIES, AND SOCIAL SERVICES AND SOCIAL		
SERVICES TO SUPPOR	T OUR LAKE HAVASU COMMUNITY.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THE MISSION OF THE	HAVASU COMMUNITY HEALTH FOUNDATION IS TO OPERATE AS		
A CHARITABLE FOUND	ATION OF CARING INDIVIDUALS DEDICATED TO THE BETTER		
HEALTH AND WELLNES	S OF THE LAKE HAVASU MOHAVE COUNTY COMMUNITY BY		
FACILITATING AND C	OORDINATING APPROPRIATE HEALTH-RELATED SOCIAL		
SERVICES.			
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
EDUCATIONAL FORUMS	AND LOW COST MEDICAL LAB SCREENING FOR UNINSURED AND		
UNDER-INSURED PART	ICIPANTS.		
EXPENSES \$ 20,477.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 42,595.		
ALZHEIMER'S AWAREN	ESS AND CAREGIVER PROGRAMS - OUR ALZHEIMER'S PROGRAMS		
OFFER SUPPORT GROU	PS, MEMORY SCREENINGS, VIRTUAL DEMENTIA TOURS, AND		
EDUCATIONAL PROGRA	MS ON DEMENTIA.		
EXPENSES \$ 16,789.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,245.		
MISCELLANEOUS:			
VETERANS' HEALTH A	WARENESS - PROVIDES HEALTH & WELLNESS TO HOMELESS		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

17261004 131839 A123055

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858

VETERANS AND VETERANS IN NEED AND AT RISK.

VETERANS' TRANSITIONAL HOUSING - THIS PROGRAM PROVIDES HOUSING FOR

VETERANS WHO ARE EXPERIENCING HOMELESSNESS. THIS PROGRAM PROVIDES A

RECOVERY PROCESS WITH THE ABILITY TO MAINTAIN HOUSING IN THE COMMUNITY.

BACK TO SCHOOL HEALTH FAIR - WE PROVIDE ALL SCHOOL-AGE CHILDREN IN LAKE

HAVASU CITY WITH THEIR SCHOOL-REQUIRED IMMUNIZATION AS WELL AS HEALTH

SCREENINGS, SERVICES, AND RESOURCES. IN ADDITION, WE FUND THE CHILDREN

WITH THEIR REQUIRED SPORTS PHYSICALS.

SUICIDE AWARENESS PROVIDES AWARENESS THROUGHOUT LAKE HAVASU,

PEER-TO-PEER SUPPORT FOR LOVED ONES SUFFERING SUICIDE LOSS, AND

SPEAKERS TO OUR SCHOOL AGES YOUTHS ON A PERMANENT SOLUTION TO A

TEMPORARY PROBLEM.

PARKINSON'S - ADDRESSES THE PROGRESSIVE MOVEMENT DISORDER OF THE

NERVOUS SYSTEM THAT AFFECTS MOVEMENT AND HOW IT IS MARKED BY TREMORS,

MUSCULAR RIGIDITY, AND SLOW IMPRECISE MOVEMENTS. WE ADDRESS DAILY

LIVING ACTIVITIES SUCH AS DRESSING, EATING, BATHING, AND WRITING.

HEALTHY STRIDERS - THIS PROGRAM IS DESIGNED TO GET PEOPLE OFF THEIR

FEET AND WALK FOR SO MANY POWERFUL HEALTH BENEFITS. IT'S THE KEY TO

LOSING WEIGHT, LOWERING BLOOD PRESSURE AND CHOLESTEROL, AND BOOSTING

YOUR MEMORY, AS WELL AS REDUCING YOUR RISK FOR HEART DISEASE, DIABETES,

CANCER, AND MORE.

VICTIMS OF VIOLENCE COUNSELING - THIS PROGRAM FUNDS COUNSELING SERVICES

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232212 10-28-22

Employer identification numb
20-1839858

LIVING WELL WITH CHRONIC PAIN - THIS PROGRAM DEVELOPS PRACTICAL

STRATEGIES FOR LIVING THE JOURNEY OF CHRONIC ILLNESS, REDUCING FEAR AND

PAIN, RECREATING A NEW SELF, AND ARRIVING AT A LIFE THAT GIVES

SATISFACTION AND PURPOSE.

COPD BOOTCAMP - THIS PROGRAM COVERS HOW OUR THINKING CONTROLS OUR

SUCCESS, ALONG WITH A NEW SURVIVAL LIFESTYLE TRAINING THAT IS AT THE

CENTER OF THE PROJECT. THE MISSION IS TO GIVE MEN AND WOMEN WITH COPD

THE OPPORTUNITY TO HAVE A FULL AND PRODUCTIVE LIFE. WE DO THIS BY

PROVIDING A PROVEN PROGRAM OF EDUCATION AND TRAINING.

MULTIPLE SCLEROSIS - THIS SUPPORT GROUP PROGRAM ADDRESSES PHYSICAL

THERAPY AND MEDICATIONS THAT SUPPRESS THE IMMUNE SYSTEM TO HELP WITH

SYMPTOMS AND SLOW THE DISEASE PROGRESSION. WE ADDRESS FATIGUE, NUMBNESS

AND TINGLING, LOSS OF BALANCE, STIFFNESS OR SPASMS, TREMORS, PAIN,

BLADDER PROBLEMS, AND BOWEL TROUBLES.

EXPENSES \$ 165,380. INCLUDING GRANTS OF \$ 0. REVENUE \$ 39,950.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED

ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS

REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE

THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO

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232212 10-28-22

Name of the organization	Employer identification numbe
HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858
THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH	
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BASED ON OUR CONFLICT OF INTEREST POLICY, ANY MEMBER OF THE FOUNDATION'S	
BOARD OF DIRECTORS WHO MAY BE INVOLVED IN A HAVASU COMMUNITY HEALTH	
FOUNDATION BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF	
INTEREST SHALL PROMPTLY NOTIFY THE CHAIRMAN OF THE FOUNDATION. THE DIRECTOR	
SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN	
DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE IN ANY WAY IN THE	
MATTER. THE DIRECTOR'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE	
QUORUM FOR ANY VOTE WITH RESPECT TO A HAVASU COMMUNITY HEALTH FOUNDATION	
BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A POSSIBLE CONFLICT OF	
INTEREST. FURTHERMORE, THE DIRECTOR, OR THE CHAIRMAN IN THE DIRECTOR'S	
ABSENCE, SHALL DISCLOSE A POTENTIAL CONFLICT OF INTEREST TO THE OTHER	
MEMBERS OF THE FOUNDATION BEFORE ANY VOTE ON A HAVASU COMMUNITY HEALTH	
FOUNDATION BUSINESS TRANSACTION AND SUCH DISCLOSURE SHALL BE RECORDED IN	
THE FOUNDATION MINUTES OF THE MEETING AT WHICH IT IS MADE. ANY HAVASU	
COMMUNITY HEALTH FOUNDATION BUSINESS TRANSACTION WHICH INVOLVES A POTENTIAL	
CONFLICT OF INTEREST WITH A MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS	
SHALL HAVE TERMS WHICH ARE AT LEAST AS FAIR AND REASONABLE TO HAVASU	
COMMUNITY HEALTH FOUNDATION AS THOSE WHICH WOULD OTHERWISE BE AVAILABLE TO	
HAVASU COMMUNITY HEALTH FOUNDATION WHEN DEALING WITH AN UNRELATED PARTY.	
ANY STAFF MEMBER WHO MAY BE INVOLVED IN A HAVASU COMMUNITY HEALTH	
FOUNDATION BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF	
INTEREST SHALL PROMPTLY REPORT THE POSSIBLE CONFLICT TO THE EXECUTIVE	
DIRECTOR OF THE FOUNDATION. IF THE POSSIBLE CONFLICT INVOLVES THE EXECUTIVE	

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	
Name of the organization HAVASU COMMUNITY HEALTH FOUNDATION	Employer identification numbe 20-1839858
DIRECTOR OF THE FOUNDATION, THE POSSIBLE CONFLICT SHALL THEN BE F	REPORTED TO
THE FOUNDATION'S CHAIRMAN OF THE BOARD.	
THE EXECUTIVE DIRECTOR OR, WHERE APPLICABLE, CHAIRMAN, AFTER RECE	EIVING
INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, SHALL TAKE SUC	TH ACTION
AS IS NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN TH	IE BEST
INTEREST OF HAVASU COMMUNITY HEALTH FOUNDATION WITHOUT THE SUBSTA	ANTIVE
INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTERE	EST. (THIS
DOES NOT MEAN THAT THE PURCHASE OR OTHER TRANSACTION MUST NECESSA	ARILY BE
DIVERTED, BUT SIMPLY THAT PERSONS OTHER THAN THE ONE WITH THE POS	SSIBLE
CONFLICT SHALL MAKE THE JUDGMENTS INVOLVED AND SHALL CONTROL THE	
TRANSACTION.)	
EACH FOUNDATION MEMBER AND SENIOR STAFF MEMBER SHALL COMPLETE A	
QUESTIONNAIRE ON AN ANNUAL BASIS.	
A WRITTEN RECORD OF ANY REPORT OF POSSIBLE CONFLICT AND OF ANY AL	DJUSTMENTS
MADE TO AVOID POSSIBLE CONFLICTS OF INTEREST SHALL BE KEPT BY THE	EXECUTIVE
DIRECTOR OR, WHERE APPLICABLE, BY THE CHAIR OF THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTER	REST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

232212 10-28-22

Form **99(**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Depa Inter	artment o nal Rever	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and			Open to Public Inspection
			ar year, or tax year beginning an	d ending		
в	Check if applicable	C Name of	organization		D Employer identifi	cation number
	Addre	es HAVASU	COMMUNITY HEALTH FOUNDATION			
	Name chang		usiness as		20-1839858	
	Initial return	Ŭ	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	2126 M	CCULLOCH BLVD N	14	928-453-8190	
	termin ated	_	own, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	2,738,160.
	Ameno		AVASU CITY, AZ 86403		H(a) Is this a group r	eturn
	Applic tion	^{a-} F Name a	nd address of principal officer: LINDA SEAVER		for subordinates	
	pendir	na	C ABOVE		H(b) Are all subordinates in	
1	Tax-exe	empt status:	x 501(c)(3) 501(c) () (insert no.) 4947(a)(-) or 📃 527		list. See instructions
J	Websit	te: HAVASU	COMMUNITYHEALTHFOUNDATION.ORG		H(c) Group exemption	on number
ĸ	Form of	organization:	X Corporation Trust Association Other	L Year	of formation: 2005	VI State of legal domicile: AZ
Pa	art I	Summary				
~	1	Briefly describ	e the organization's mission or most significant activities: SEE S	CHEDULE O		
ů Ľ						
Governance	2	Check this bo	x if the organization discontinued its operations or disp	osed of more	than 25% of its net as	sets.
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			9
		Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	8
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a) \dots			5
viti	6	Total number	of volunteers (estimate if necessary)			100
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
~		Not uprolated	7b	0.		
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		
	0	Net unrelated		·····	Prior Year	Current Year
	8		and grants (Part VIII, line 1h)		Prior Year 2,414,185.	Current Year 2,427,614
enue	8	Contributions Program servi	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		Prior Year 2,414,185. 110,141.	Current Year 2,427,614 101,954,
Sevenue	8 9 10	Contributions Program servi Investment ind	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year 2,414,185. 110,141. 57,249.	Current Year 2,427,614 101,954 -56,191
Revenue	8 9 10	Contributions Program servi Investment ind	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		Prior Year 2,414,185. 110,141. 57,249. 39,729.	Current Year 2,427,614 101,954 -56,191 93,259
Revenue	8 9 10 11 12	Contributions Program servi Investment ind Other revenue Total revenue	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Prior Year 2,414,185. 110,141. 57,249. 39,729. 2,621,304.	Current Year 2,427,614 101,954 -56,191 93,259 2,566,636
Revenue	8 9 10 11 12 13	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		Prior Year 2,414,185. 110,141. 57,249. 39,729. 2,621,304. 1,574,984.	Current Year 2,427,614 101,954 -56,191 93,259 2,566,636 1,482,118
Revenue	8 9 10 11 12 13 14	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4)		Prior Year 2,414,185. 110,141. 57,249. 39,729. 2,621,304. 1,574,984. 0.	Current Year 2,427,614 101,954 -56,191 93,259 2,566,636 1,482,118 0.
	8 9 10 11 12 13 14	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		Prior Year 2,414,185. 110,141. 57,249. 39,729. 2,621,304. 1,574,984. 0. 178,723.	Current Year 2,427,614 101,954 -56,191 93,259 2,566,636 1,482,118 0 216,509
	8 9 10 11 12 13 14	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fit	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) co or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e)		Prior Year 2,414,185. 110,141. 57,249. 39,729. 2,621,304. 1,574,984. 0.	Current Year 2,427,614 101,954 -56,191 93,259 2,566,636 1,482,118 0.
	8 9 10 11 12 13 14 15 16a . b	Contributions Program servi Investment ind Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	,527.	Prior Year 2,414,185. 110,141. 57,249. 39,729. 2,621,304. 1,574,984. 0. 178,723. 0.	Current Year 2,427,614. 101,954. -56,191. 93,259. 2,566,636. 1,482,118. 0. 216,509. 0.
Expenses	8 9 10 11 12 13 14 15 16a . b 17	Contributions Program servi Investment ind Other revenue <u>Total revenue</u> Grants and sir Benefits paid Salaries, other Professional fu Total fundraisi Other expense	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) - compensation, employee benefits (Part IX, column (A), lines 5-10 undraising fees (Part IX, column (A), line 11e) - ng expenses (Part IX, column (D), line 25) es (Part IX, column (A), lines 11a-11d, 11f-24e)		Prior Year 2,414,185. 110,141. 57,249. 39,729. 2,621,304. 1,574,984. 0. 178,723. 0. 460,799.	Current Year 2,427,614 101,954 -56,191 93,259 2,566,636 1,482,118 0 216,509 0 560,976
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Paid			Preparer's signature WAYNE M. HUNTER	Date 10/05/23	Check if self-employed	PTIN P01073139	
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN 41	-0746749	
Use Only	Firm's address	20 EAST THOMAS ROAD, SUIT	E 2300				
		PHOENIX, AZ 85012			Phone no. (602)	266 - 2248	
May the IRS discuss this return with the preparer shown above? See instructions							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

<pre>If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?</pre>	20		20-183	39858	8	Р	age 🖌
 Beity deache the organization's mission: SEE SCHEDULE 0 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 E27 U' th ''se, ' describe these new services on Schedule 0. Did the organization cases conducting, or make accomplishments for each of its three largest program services, as measured by expense Section 501(2)(3) and 501(2)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, meanue, if any, for each program service accomplishments for each of its three largest program services, as measured by expense Section 501(2)(3) and 501(2)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, meanue, if any, for each program services may any for a set program service accomplishment for each of its three largest program services. The total expenses, meanue, if any, for each program services more the proof the amount of grants and adocations to others, the total expenses, meanue, if any, for each program services and the MEGINTER TOTAL REPORT TOTAL ANSOL AND THE BOOK AND ROBE POOD DAKK, ME ADDRESS THE EXPENDED TO PROFILE SUPPRETING PROK FOOD INSECURITY. EXPONIDING FOOD TO PROFILE SUPPRETING PROK FOOD INSECURITY. EXPONIDING FOOD TO PROFILE SUPPRETING PROK FOOD INSECURITY. EXPONIDING FOOD TO PROFILE SUPPRETING PROK FOOD INSECURITY. EXPONIDING AND SUPPORE TO CONCERNER ARXIN PRETECTION IS THE REY TO RECEIVING THE DEST TRATHENT FOR A PANCHALES UNTOKING. EDICATION, AND SUPPORT POR CANCER PROK FOOD INSECURITY EXPENDENCES. EDICATION, AND SUPPORT PROK ADDE THE ADALT MERCHALTS, IN ROUTING, ME PROVIDE THE PARTEENT AND THE CARGUIVER WITH THE TOOLS, COMPORT, AND RESERS SUPPORT BASISTERME PARALLY RECEASE TO TORGEN A BATE, MEALTHI PROGRAM IS A STEPTING WITH 4 6 STUDENTY AND THE CARGUITY PROKENT IS A STEPTING WITH 4 6 STUDENTY SAND THAXE MADOT ANYTHING							v
SEE SCHEDULE 0 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 of 980 of 980 cf 980	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>		X
prior Form B80 or B80 cr B							
prior Form B00 or B00 cr B							
prior Form 380 or 380 or 380 cr 230							
<pre>If "Yes," describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(6)(3) and 501(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(</pre>							
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?				. [Yes	; X	No
H 'Yes,' describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 50(6)(8) and 50(10(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. 40 Core: 1, 696, 721, including print of 1, 473, 118.) (Revenue 5 FOOD DISTRIEUTION TO THE FOOR - AT OUR HCHF FOOD BANK, WE ADDEESS THE HUNGER NEEDS IN LAKE HAVASU AND THE IMMEDIATE SURROWNDING AREA BY FROVIDING FOOD TO FROPLE SUFFERING FROM FOOD DISECURITY. Concern and the intermediate surface an				_			٦
4 Describe the organization's program service accompliatments for each of its three largest program services, as measured by expenses Section SOI(c)(3) and SOI(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. 40 (Cost::::::::::::::::::::::::::::::::::::		;?		L	Yes	; <u>x</u>	_ No
Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported. 46 (Cost:	neasur	as mea	asured t	bv exr	oenses		
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AND PRODUCTIVE SCHOOL EXPERIENCE.							
4d Other program services (Describe on Schedule O.) (Expenses \$ 202,646. including grants of \$ 0.) (Revenue \$ 83,790.)							
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4e Total program service expenses 2,090,712.)	1		
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	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION 20-183985	58	Р	Page 3
Par	t IV Checklist of Required Schedules			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	x	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
3	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	-		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
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		x
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	<u> </u>
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	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.4.6	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	л	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	IZa		
D.		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION 20-183985	58	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			U
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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
	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		
	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	0.5		x
L.	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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	Х	
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	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
57	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X QQU	(00000)
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Form	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION		20-183985	8	P	_{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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		х
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 Ac	coun	ts (FBAR)			
5a				5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
Ua		-		60		x
h				<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		•	a .		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		endede de la 🗧	-	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				
	to file Form 8282?			7c		X
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 co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	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				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		· ?	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.		1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			100		
h						
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	13b	I			
-						
	Enter the amount of reserves on hand	13c		44-		х
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	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	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active section 501(c)(21) organizations.					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	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	Enter the number of voting members included on line 1a, above, who are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		x	
~	officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x	
	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 7-	Did the organization have members or stockholders?	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x	
L.	more members of the governing body?	7a			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		x	
0	persons other than the governing body?	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х		
a L	The governing body?	8a 0h	<u>л</u>	x	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x	
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		- 23	
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х		
c					
Ū	on Schedule O how this was done	12c	х		
13	Did the organization have a written whistleblower policy?	13	х		
14	Did the organization have a written document retention and destruction policy?		х		
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?				
а	The organization's CEO, Executive Director, or top management official	15a		x	
	Other officers or key employees of the organization	15b		x	
-	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				
	taxable entity during the year?	16a		x	
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				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
		nd finand	cial		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a				
19	bescribe on Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.				
	statements available to the public during the tax year.				
19					
19	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records		990		

Form 990 (2022)	HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
Employe	es, and Independent Contractors		
Check if So	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employed	es	
1a Complete this table	for all persons required to be listed. Report compensation for the calendar ye	ar ending with or within the organization's ta	ax year.
• List all of the org	anization's current officers, directors, trustees (whether individuals or organize	ations), regardless of amount of compensation	on.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		Ð	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDA SEAVER	40.00	_			×	Ξæ	ш.			
EXECUTIVE DIRECTOR				x				24,960.	0.	0.
(2) VIRGINIA LATTION	10.00									
CHAIR		х		х				0.	0.	0.
(3) SCOTT TAYLOR	10.00									
VICE CHAIR		Х		X				0.	0.	0.
(4) KATHY CHALMERS	10.00									
TREASURER	10.00	Х		х				0.	0.	0.
(5) ROSE MARIE EATON	10.00							0	0	0
SECRETARY (6) JOHN NYGREN	10.00	Х		X				0.	0.	0.
DIRECTOR	10.00	x						0.	0.	0.
(7) HANNE DOLAN	10.00	л							•.	0.
DIRECTOR	10.00	x						0.	0.	0.
(8) JOLENE JENSEN	10.00							·		
DIRECTOR		х						٥.	0.	0.
(9) HOWARD WEISKE	10.00									
DIRECTOR		х						٥.	0.	0.
(10) DAWIT TESFASILASSE	10.00									
DIRECTOR		х						0.	0.	0.
000007 40 40 00					I		I			Form 990 (2022)

232007 12-13-22

Form 990 (2022)

16251005 131839 A123055

Form 990 (2022) HAVASU COMMU									20-183	985	8	Р	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offic	not c , unle:	Pos heck ss pe	more rson i	than of is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	»/	fr org an	pensa rom th anizat d relat anizati	ie tion ted
										_			
										_			
1b Subtotal c Total from continuation sheets to Part V								24,960.		0.			0.
d Total (add lines 1b and 1c)								24,960.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	a	oove	e) wn	o re	ceived more than \$100,				Yes	0 No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>											3	100	x
 For any individual listed on line 1a, is the s and related organizations greater than \$15 	um of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		4		x
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>col</i>	accrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		x
Section B. Independent Contractors													
1 Complete this table for your five highest or the organization. Report compensation for										nsat			
(A) Name and busines	s address	NO	NE					(B) Description of s	ervices	С		C) nsatio	'n
2 Total number of independent contractors		ot lin	nited	d to		se lis 0	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	lization					J							

Form **990** (2022)

232008 12-13-22

			2022) HAVASU COMMUNITY H	IEALTH FOUNDAT	ION		20-183985	8 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a respons	<u>e or note to any</u> lin	<u>e in this Part VIII</u>			
					(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
SS	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ъ б			Fundraising events 1c	59,411.				
fts, r Ai			Related organizations	,				
, Gi nila			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and					
utio		•	similar amounts not included above 1f	2,368,203.				
trib Otl		a	Noncash contributions included in lines 1a-1f	1,585,020.				
Con		-	Total. Add lines 1a-1f		2,427,614.			
0 0				Business Code	, , , -			
•	2	а	PROGRAM INCOME	611710	101,954.	101,954.		
Program Service Revenue	~	b		-	,	, -		
Ser Jue		ĉ						
m ;		d						
gra Re		e		-				
Pro			All other program service revenue	-				
			Total. Add lines 2a-2f		101,954.			
	3		Investment income (including dividends, inte					
			other similar amounts)		25,323.			25,323.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities					
			assets other than inventory 7a 42,235	5.				
		b	Less: cost or other basis					
er			and sales expenses	9.				
evenue		с	Gain or (loss) 7c -81,514					
			Net gain or (loss)		-81,514.			-81,514.
Other R	8		Gross income from fundraising events (not including \$59,411. of					
•			contributions reported on line 1c). See					
				a 141,034.				
		b		b 47,775.				
			Net income or (loss) from fundraising events	,	93,259.			93,259.
	9		Gross income from gaming activities. See					
	-			a				
		b)b				
	10		Gross sales of inventory, less returns					
	-			0a				
		b		0b				
			Net income or (loss) from sales of inventory					
			X /	Business Code				
snc	11	а						
scellaneo Revenue		b						
ella vei		č						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,566,636.	101,954.	0.	37,068.
23200						· ·	•	Form 990 (2022)

HAVASU COMMUNITY HEALTH FOUNDATION Form 990 (2022) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,482,118, 1,482,118 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 3,494 trustees, and key employees 24,960 19,968. 1,498. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)166,081 132,865. 23,251 9,965. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,152 4,122. 721 309. 3,398. Other employee benefits 4,248 595 255. 9 16,068. 12,854. 2,250 964. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 38,829. 38,829 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е 12,819. 12,819 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 110,317 110,317 column (A), amount, list line 11g expenses on Sch 0.) 23,253 23,253. Advertising and promotion 12 101,258 8,984. 111,675. 1,433 13 Office expenses 12,285, 12,285 Information technology 14 15 Royalties 63,279 58,633. 1,710 2,936. 16 Occupancy _____ 62. 6,203 6,079, 62 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 7,142, 5,214, 714 1,214. 20 Interest Payments to affiliates 21 35,507 34,442, 355 710. 22 Depreciation, depletion, and amortization 21,132. 18,807. 1,479. 846 23 Insurance 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.) FOOD SPOILAGE 47,458. 47,458, а PURCHASED FOOD 42,293 42,293 b IN KIND EXPENSES 16,013. 16,013. С COMMUNITY EDUCATION 10,113. 10,113. d 2,658 773 1,885. All other expenses е 2,259,603 2,090,712 99,364 69,527. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2022)

16251005 131839 A123055

2022.04030 HAVASU COMMUNITY HEALTH F A1230551

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<u>m 990 (</u> art X	2022) HAVASU COMMUNITY HEA					39858 Page
	Check if Schedule O contains a response or not	e to any line i	n this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			793,629.	1	1,059,62
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial contrib	utor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disquali					
	under section 4958(f)(1)), and persons described		6			
7	Notes and loans receivable, net				7	
8	Inventories for sale or use	45,487.	8	93,8		
9	_			9,539.	9	2,4
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	858,740.			
b	Less: accumulated depreciation	10b	189,054.	494,147.	10c	669,6
11	Investments - publicly traded securities			1,051,668.	11	1,001,9
12	Investments - other securities. See Part IV, line -		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		2,947.	15	82,7	
16	Total assets. Add lines 1 through 15 (must equ	2,397,417.	16	2,910,2		
17	Accounts payable and accrued expenses	11,352.	17	23,9		
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subs	antial contrib	utor, or 35%			
	controlled entity or family member of any of the	se persons			22	
23	Secured mortgages and notes payable to unrela	ated third part	ies		23	193,9
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa	yables to rela	ted third			
	parties, and other liabilities not included on lines	s 17-24). Com	plete Part X			
	of Schedule D		L	0.	25	78,3
26	Total liabilities. Add lines 17 through 25			11,352.	26	296,3
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			883,915.	27	534,5
28	Net assets with donor restrictions			1,502,150.	28	2,079,3
	Organizations that do not follow FASB ASC 9	58, check he	re 🗌			
	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 ed				30	
31	Retained earnings, endowment, accumulated in	come, or othe	er funds		31	
32	Total net assets or fund balances			2,386,065.	32	2,613,9
33				2,397,417.	33	2,910,2

232011 12-13-22

Form	990 (2022) HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858		Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	566,	636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	259,	603.
3	Revenue less expenses. Subtract line 2 from line 1	3		307,	033.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	386,	065.
5	Net unrealized gains (losses) on investments	5		-79,	155.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,	613,	943.
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	0.			
2a			2a		X
	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	X	
	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				1
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	х	
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	····· -	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

S	SCHEDULE A Public Charity Status and Public Support								OMB No. 1545-0047				
(Fo	rm 9	90)			nization is a section 501					2022			
					47(a)(1) nonexempt cha			or a section		ZUZZ			
		of the Treasury		A	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public			
		enue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	_ .	Inspection			
Nar	ne of	the organizati							Employer	identification number			
D	rt I	Peacon		COMMUNITY HEAL	(All organizations must c		in mont \ C		-	20-1839858			
								ee instruction	S.				
	orgar		-	-	For lines 1 through 12, c		-	IV A V:					
1	\square				on of churches described		n 170(a)(1	I)(A)(I).					
2 3	H				Attach Schedule E (Forn		(L)(1)(A)(;;	:)					
3 4	\square	-	-		anization described in se njunction with a hospital			-	(iii) Entor	the hospital's name			
4		city, and state	-			acsenbed	iii Sectio			the hospital s hame,			
5			-	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in			
Ŭ				Complete Part II.)		or operation	5 a 2 y a 3 s						
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X												
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
		or university (or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:											
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
					t to certain exceptions; a					-			
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
				mplete Part III.)									
11		-	-	-	ively to test for public sa	•							
12		-	-	-	ively for the benefit of, to	-			•				
				-	ed in section 509(a)(1) of					Jneck the box on			
e		_	-	• •	f supporting organizatior upervised, or controlled				-	aivina			
					gularly appoint or elect a	•	-						
			-	complete Part IV, Se		indjointy o				apporting			
k				-	l or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving			
		control or n	nanagement or	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.								
c		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,			
		its supporte	ed organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.					
c		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in cor	nnection v	ith its suppor	ted organiz	zation(s)			
				• •	zation generally must sat	-			an attentiv	/eness			
	_	requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .					
e					written determination fro			Туре I, Туре	II, Type III				
					nally integrated supportion	ng organiz	ation.						
		er the number		•									
<u>ç</u>		(i) Name of supp	0	about the supporte	d organization(s).	(iv) Is the orga	inization listed	(v) Amount o	fmonetarv	(vi) Amount of other			
		organization		.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir		support (see instructions)			
					above (see instructions))								
Tot	al												

Sch	edule A (Form 990) 2022 Hz	AVASU COMMUNITY	HEALTH FOUND	ΑΨΤΟΝ		20-18398	58 Page 2
	irt II Support Schedule for ((1)(A)(iv) and		i age i
	(Complete only if you checked						
	fails to qualify under the tests			-	. ,		0
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")	786,514.	1,754,264.	2,530,135.	2,414,185.	2,427,614.	9,912,712
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					22,110.	22,110
4	Total. Add lines 1 through 3	786,514.	1,754,264.	2,530,135.	2,414,185.	2,449,724.	9,934,822
	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)						59,445
	Public support. Subtract line 5 from line 4.						9,875,377
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	786,514.	1,754,264.	2,530,135.	2,414,185.	2,449,724.	9,934,822
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	24,505.	25,265.	19,976.	24,882.	25,323.	119,951
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	140,574.	100,490.	114,088.	39,729.	93,259.	488,140
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						10,542,913
12	Gross receipts from related activities,	•	,			12	624,986
13	First 5 years. If the Form 990 is for th						
		. hava					
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Perc	centage				02 67
Sec 14	ction C. Computation of Publi Public support percentage for 2022 (li	c Support Perc	vided by line 11, co	olumn (f))		14	
Seo 14 15	Ction C. Computation of Publi Public support percentage for 2022 (li Public support percentage from 2021	c Support Perc ine 6, column (f), div Schedule A, Part II	vided by line 11, cc , line 14	olumn (f))		14 15	92.28
Seo 14 15	Public support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the comparison of the support test - 2022.	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not	vided by line 11, cc , line 14 , check the box on	olumn (f))		14 15	92.28 and
Seo 14 15 16a	Ction C. Computation of PublicPublic support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the cstop here. The organization qualifies	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo	vided by line 11, co , line 14 , check the box on rted organization	lumn (f))	l is 33 1/3% or m	14 15 ore, check this box	92,28 and
Seo 14 15 16a	Ction C. Computation of PublicPublic support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the cstop here. The organization qualifies33 1/3% support test - 2021. If the c	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not	vided by line 11, cc , line 14 , check the box on orted organization , check a box on lin	line 13, and line 14	l is 33 1/3% or m	14 15 ore, check this box	92,28 and
Sec 14 15 16a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the c stop here. The organization qualifies 33 1/3% support test - 2021. If the c and stop here. The organization qual	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not ifies as a publicly su	vided by line 11, cc , line 14 , check the box on orted organization , check a box on lin upported organizat	line 13, and line 14 ie 13 or 16a, and li ion	4 is 33 1/3% or m ne 15 is 33 1/3%	14 15 ore, check this box or more, check this	92.28 (and X box
Sec 14 15 16a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the of stop here. The organization qualifies 33 1/3% support test - 2021. If the of and stop here. The organization qual 10% -facts-and-circumstances test	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not ifies as a publicly su - 2022. If the orga	vided by line 11, co , line 14 , check the box on arted organization , check a box on lin , upported organizat anization did not ch	line 13, and line 14 line 13 or 16a, and li ion leck a box on line	4 is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a	14 15 ore, check this box or more, check this nd line 14 is 10% o	92.28 (and X s box (r more,
Sec 14 15 16a b	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the or stop here. The organization qualifies 33 1/3% support test - 2021. If the or and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not ifies as a publicly su - 2022. If the orga s-and-circumstance	vided by line 11, co , line 14 , check the box on rted organization , check a box on lin upported organizat anization did not ch s test, check this b	line 13, and line 14 line 13 or 16a, and li lion lieck a box on line lioox and stop here	4 is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a 9. Explain in Part 1	14 15 ore, check this box or more, check this nd line 14 is 10% o	92.28 (and X s box (r more,
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the or stop here. The organization qualifies 33 1/3% support test - 2021. If the or and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not ifies as a publicly su - 2022. If the orga s-and-circumstance st. The organization	vided by line 11, co , line 14 , check the box on orted organization , check a box on lin upported organizat anization did not ch s test, check this b n qualifies as a pub	line 13, and line 14 line 13 or 16a, and li ion lieck a box on line box and stop here licly supported or	4 is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization	14 15 ore, check this box or more, check this or more, check this nd line 14 is 10% o VI how the organization	92.28 and x box r more, ation
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the c stop here. The organization qualifies 33 1/3% support test - 2021. If the c and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not ifies as a publicly su - 2022. If the orga s-and-circumstance st. The organization - 2021. If the orga	vided by line 11, co , line 14 , check the box on orted organization , check a box on lin upported organizat anization did not ch s test, check this b n qualifies as a pub anization did not ch	line 13, and line 14 line 13 or 16a, and li ion leck a box on line box and stop here licly supported or licck a box on line	l is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a Explain in Part janization 13, 16a, 16b, or 1	14 15 ore, check this box or more, check this nd line 14 is 10% o VI how the organiza 7a, and line 15 is 1	92.28 and X s box C r more, attion
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the or stop here. The organization qualifies 33 1/3% support test - 2021. If the or and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test 10% -facts-and-circumstances test more, and if the organization meets the	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not ifies as a publicly su - 2022. If the orga s-and-circumstance st. The organization - 2021. If the organe facts-and-circumstance	vided by line 11, co , line 14 , check the box on orted organization , check a box on lin upported organizat anization did not ch s test, check this b n qualifies as a pub anization did not ch stances test, check	line 13, and line 14 line 13 or 16a, and line ion leck a box on line box and stop here licly supported org leck a box on line sthis box and sto	l is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a Explain in Part janization 13, 16a, 16b, or 1 p here. Explain ir	14 15 ore, check this box or more, check this or more, check this nd line 14 is 10% o VI how the organiza 7a, and line 15 is 1 n Part VI how the	92.28 g and X s box r more, ation
Sec 14 15 16a b 17a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the c stop here. The organization qualifies 33 1/3% support test - 2021. If the c and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	c Support Perc ine 6, column (f), div Schedule A, Part II organization did not as a publicly suppo organization did not ifies as a publicly su - 2022. If the orga s-and-circumstance st. The organization - 2021. If the orga ne facts-and-circums umstances test. The	vided by line 11, co , line 14 , check the box on arted organization , check a box on lin upported organizat anization did not ch s test, check this b anization did not ch stances test, check e organization quali	line 13, and line 14 te 13 or 16a, and line te 13 or 16a, and line teck a box on line tox and stop here licly supported or teck a box on line to this box and sto fies as a publicly s	4 is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a 5. Explain in Part ganization 13, 16a, 16b, or 1 p here. Explain ir upported organiz	14 15 ore, check this box or more, check this or more, check this nd line 14 is 10% o VI how the organization 7a, and line 15 is 1 n Part VI how the ation	92.28 g

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Schedule A	(Form 990)	2022	HAVASU	COMMUNITY	HEALTH	FOUNDATION	
Part III	Support	Schedule fo	r Organ	izations D	escribe	d in Section	509(a)(2)

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(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Pub	ic Support Per	rcentage				
15 Public support percentage for 2022	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	.022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If th	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	e 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2021. If th	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	6, and
line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organizatio	on
20 Private foundation. If the organizati	<u>on did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
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		16	5			

Schedule A (Form 990) 2022 HAVASU COMMUNITY HEALTH FOUNDATION

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1

2

3a

Yes No

Part IV Supporting Organizations

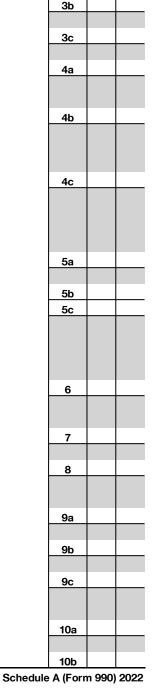
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.)

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Pa	rt IV Supporting Organizations (continued)			
4	Has the organization accepted a gift or contribution from any of the following persons?		Yes	N
1	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C	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 of	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations		-	
			Yes	
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			
ec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		tions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (a instruction		
2	Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	N
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
a	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	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.	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		Ja	-	-

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.* 232025 12-09-22

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3b Schedule A (Form 990) 2022

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dule A (Form 990) 2022 HAVASU COMMUNITY HEALTH FOUNDATIO			20-1839858 P	Page
	ng Organi	zations		
Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructi	ions
All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.		
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ır
Net short-term capital gain	1			
Recoveries of prior-year distributions	2			
Other gross income (see instructions)	3			
Add lines 1 through 3.	4			
Depreciation and depletion	5			
Portion of operating expenses paid or incurred for production or				
	6			
	8			
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ır
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
Average monthly value of securities	1a			
Average monthly cash balances	1b			
Fair market value of other non-exempt-use assets	1c			
Total (add lines 1a, 1b, and 1c)	1d			
Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
•	2			
	3			
	4			
	8			
ion C - Distributable Amount			Current Year	
Adjusted net income for prior year (from Section A, line 8, column A)	1			
Enter 0.85 of line 1.	2			
Minimum asset amount for prior year (from Section B, line 8, column A)	3			
Enter greater of line 2 or line 3.	4			
<u>u</u>	5			
emergency temporary reduction (see instructions).	6			
	tv Type III Non-Functionally Integrated 509(a)(3) Supporti Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mution A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly cash balances Fair market value of other non-exempt-use assets Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Recoveries of prior-year distributions Multiply line 5 by 0.035. Recoveries of prior-year distributions Multiply line 5	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi Check here if the organization satisfied the Integral Part Test as a qualifying trust on N All other Type III non-functionally integrated supporting organizations must complete sion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prioryear distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI):	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year Net short-term capital gain 1 (A) Prior Year Net short-term capital gain 2 (A) Prior Year Other gross income (see instructions) 3 4 Depreciation and depletion 5 (A) Prior Year Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 6 (A) Prior Year Adgueted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions) for that year or assets held for part of year); 1 (A) Prior Year Aggregate fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discourt claimed for blockage or other factors 1d 2 (a) A distructions) 4 Average monthly cash balances 1b 2 (a) A dis	Image: two set of the se

instructions).

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 HAVASU COMMUNITY HEA				20-1839858	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	npt 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 of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

HAVASU COMMUNITY HEALTH FOUNDATION 20-1839858 Schedule A (Form 990) 2022 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, SECTIONS A AND B LINE 1, COLUMNS (A) - (C) FOR TAX YEARS 2018-2020 WERE UPDATED TO INCLUDE THE DONATED FOOD COMMODITIES. LINE 9, COLUMNS (A) - (C) FOR TAX YEARS 2018-2020 WERE UPDATED TO INCLUDE THE UNRELATED BUSINESS ACTIVITY. THESE ACTIVITIES ARE HOWEVER NOT REGULARILY CARRIED ON. Schedule A (Form 990) 2022 232028 12-09-22 21 16251005 131839 A123055 2022.04030 HAVASU COMMUNITY HEALTH F A1230551

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization		Employer identification number	
1	20-1839858		
Organization type (chec	k one):		
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		
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	e. See instructions.	
General Rule			
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor'		

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 ______\$

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) (2022)

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Name of o	rganization	Emplo	Page Employer identification number		
HAVASU COMMUNITY HEALTH FOUNDATION			2	20-1839858	
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	•		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	utions	(d) Type of contribution	
1		\$6	93,867.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	utions	(d) Type of contribution	
2		\$	67,714.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	utions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	utions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	utions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	utions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2022)

223452 11-15-22

23 2022.04030 HAVASU COMMUNITY HEALTH F A1230551

16251005 131839 A123055

	B (Form 990) (2022)		Page 3	
Name of c	organization	Employer identification number		
HAVASU (COMMUNITY HEALTH FOUNDATION		20-1839858	
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
	FOOD COMMODITIES			
1		\$693,	867. 12/31/22	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
2	FOOD COMMODITIES			
		\$67,	71412/31/22	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		

24

Schedule I	B (Form 990) (2022)		Page		
Name of o	rganization		Employer identification number		
HAVASU C	from any one contributor. Complete columns (a)	through (e) and the following line ent	20-1839858 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations		
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or space is needed.	ess for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git			
-	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
<u>Part I</u>					
	(e) Transfer of gift				
	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee		

223454 11-15-22

Schedule B (Form 990) (2022)

					OMB No. 1545-0047
•	2			12b.	Open to Public
					Inspection
Nam	e of the organizatio			E	mployer identification number
Par	t I Organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 117, 12a, or 12b, Attach to Form 930. Complete if the organization asswered "Yes" on Form 990. Complete if the organization asswered "Yes" on Form 990. Complete if the organization asswered "Yes" on Form 990. Complete if the organization asswered "Yes" on Form 990. Complete if the organization asswered "Yes" on Form 990. Complete if the organization asswered "Yes" on Form 990. Complete if the organization asswered "Yes" on Form 990. Complete if the organization asswered "Yes" on Form 990. Complete if the organization is acclusive legal control? Complete if the organization is acclusive legal control? Complete if the organization is acclusive legal control? Yes Yes of contributions to (during year) in an one or dvisors in writing that the assets held in donor advised funds ton's property, subject to the organization is acclusive legal control? Yes Yes Yes Yes of contributions to (during year) in an organization is acclusive legal control? Yes Y			
	Complete if the organization netword Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11				
	-		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end	d of year			
2	Aggregate value of	contributions to (during year)			
3	Aggregate value of	regate value at end of year			
4	Aggregate value at	end of year			
5	-		-		
					Yes No
6	•			2	
				Ũ	
Par					
				, i arciv, into	
-		, ,		of a historica	llv important land area
	Preservation	of open space			
2	Complete lines 2a t	hrough 2d if the organization held a qualifi	ed conservation contribution in the forr	n of a conser	
					Held at the End of the Tax Year
а	Total number of cor	nservation easements		2 a	1
	-	• • • • • • • • • • • • • • • • • • • •			
					<u> </u>
d					
•		•		·····	
3		ation easements modified, transferred, rele	eased, extinguished, or terminated by tr	ne organizatio	on during the tax
4	-		ement is located		
				– f	
-					Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting, I			
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easeme	ents during the year
8		• • • • • • • • • • • • • • • • • • • •			
0					
9		•			
				nonto that de	
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or C	Other Simi	lar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance	sheet works
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance o	of public
	service, provide in F	Part XIII the text of the footnote to its finan	cial statements that describes these ite	ms.	
b	-	· · ·			
			exhibition, education, or research in fu	therance of p	bublic service,
	•	c			^
	SCHEDULE 0 Complete if the organization nerveed Vet? or form 90. Part IV. Ime 5, 16, 5, 2000. Attach to Form 900. The Vet is the organization subscred Vet? or form 900. The Vet is the organization subscred Vet? or form 900. The Vet is the organization of the organization nerveed Vet? or form 900. Part IV. Ime 5. Particle Complete Intervet is the organization of the organization answered Vet? or form 900. Part IV. Ime 6. Particle Complete Intervet is the organization of the organization on the organization answered Vet? or form 900. Part IV. Ime 6. Particle Complete Intervet is the organization of the benefit of the organiz				
SCHEDULE D (form 500) Support international number of value of form 500. Part N, Intel 6, 7, 8, 6, 3, 20, 4100. The organization answered Value of form 500. Part N, Intel 6, 7, 8, 6, 3, 20, 4100. Name of the organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Completer organization answered Value of one 900, Part N, Intel 6. (a) Funds and other 2 Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other 2 Aggregate value of contributions to (during year) But during the subscription of the organization acculate the subscription of the organization and donor advisors in writing that the assets held in donor advised funds are the organization answered Value at and other advisors in writing that grant funds can be used only to charatabe punches and not for the benefit of the donor donor advisors of nor any other punces contering impermissible private baneft? Purpose(e) of conservation easements held by the organization acculate value and other advisors of nor advisors of nor advisors of a nationically unportant lar protection of natural habitat Protocoli of conservation easements 2a 2 Complete lines 2a through 2d if the organization acculate line (a)					
SCHEDULE D (orm 930) Dupplet if the organization inserved 'ves' or form 930. Attach to form 930. Att					
(Form 390) Complete if the organization answered "Yes" on Form 890, Part IV, Ine 6, 7, 8, 9, 100 r instructions and the latest information. Structure in the instead of the instructions and the latest information. Name of the organization BAVABU COMMUNITY HEALTH FOUNDATION Employe Part IV, Ine 6, 7, 8, 9, 100 r instructions and the latest information. Go to www.rs.gov/Form890. Advised Funds or Other Similar Funds or Accounts. organization answered "Yes" on Form 890, Part IV, Ine 6. (a) Donor advised funds (b) Funds at 4, 200 regeneration answered "Yes" on Form 890, Part IV, Ine 6. 1 Total number at end of year (a) Donor advised funds (b) Funds at 4, 300 regeneration answered "Yes" on Form 890, Part IV, Ine 6. 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds at 4, 400 regeneration inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantistibe purposes and not for the beeffort of the donor of donor advisor, or for any other purpose confering impermissible private banefit? Part IV Conservation Easements. Complete if the organization in properation in a baset baset baset in bub is the intervation of a lation intervation assements in a curlistic structure included in (a) a curling with the asset baset in donor advised funds 2 Complete impermissible private baset inclumed in (b) acquired after July 25,2006, and not on a 2d do 1 actified historis structure included in (a) acquired after Jul	\$				
					\$
					Schedule D (Form 990) 2022
232051	09-01-22				
			26		

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^{2022.04030} HAVASU COMMUNITY HEALTH F A1230551

Sche		MUNITY HEALTH FOUN					39858		age 2
Par	t III Organizations Maintaining C	ollections of Art, H	listorical Tre	asures, or (Other Si	imilar Asse	ts _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other records, cl	heck any of the f	ollowing that m	nake signi	ficant use of its	5		
	collection items (check all that apply):								
а	Public exhibition	d [Loan or exc	hange program	1				
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	w they further th	e organization'	s exempt	purpose in Pa	t XIII.		
5	During the year, did the organization solicit of	r receive donations of ar	t, historical treas	•		_		_	_
D.	to be sold to raise funds rather than to be ma			lection?		L	Yes		No
Pai	t IV Escrow and Custodial Arran		f the organizatio	n answered "Ye	es" on Fo	rm 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	•				_	_		٦
-	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ing table:				Amour	+	
	Device in a balance					4 -	Amour		
	Beginning balance					1c			
	Additions during the year					1d 1e			
f	Distributions during the year					le 1f			
	Ending balance Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				-	····· L]
Par									
	· · ·		(b) Prior year	(c) Two years		Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance (lir	ne 1g, column (a)) held as:					
а	Board designated or quasi-endowment	%	1						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	h that are held ar	id administered	for the				
	organization by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations						3a(ii)		
-	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Da	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		ent funds.						
1 0	Complete if the organization answere		art IV line 11a S	ee Form 990 F	Part X line	10			
		(a) Cost or other					(d) Doo		•
	Description of property	basis (investment		or other (other)	(c) Accu depree		(d) Boc	ik valu	е
19	Land	· · · · · · · · · · · · · · · · · · ·	-, 54510	69,363.	200.00			69	363.
	LandBuildings			570,241.		104,122.		,	119.
	Leasehold improvements			116,302.		21,236.			066.
	Equipment			102,834.		63,696.			138.
	Other			,		,		,	
	Add lines 1a through 1e. (Column (d) must e		olumn (R) line 1)c)				669,	686.
		<u> </u>					le D (Forr	n 990)	2022

232052 09-01-22

HAVASU COMMUNITY HEALTH FOUNDATION Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes LEASE LIABILITY -OPERATING 78,396, (2)(3) (4) (5) (6) (7)(8) (9) 78,396. Total. (Column (b) must equal Form 990, Part X, col. (B) 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 X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 HAVASU COMMUNITY HEALTH FOUNDATION			20-1839858	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Ret	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	2,496,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-79,155.		
b	Donated services and use of facilities	2b	22,110.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-57,045.
3	Subtract line 2e from line 1			3	2,553,817.
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	12,819.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	12,819.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,566,636.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,268,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	22,110.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	o			2e	22,110.
3	Subtract line 2e from line 1			3	2,246,784.
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	12,819.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	12,819.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,259,603.
Pa	rt XIII Supplemental Information.				

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

29

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT CORPORATION AND IS EXEMPT FROM INCOME

TAXES TO THE EXTENT PROVIDED UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION.

THE ORGANIZATION'S INCOME TAX REPORT FOR THE YEAR ENDED DECEMBER 31, 2022

IS SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER IT

IS FILED AND THE STATE OF ARIZONA FOR FOUR YEARS AFTER IT IS FILED.

232054 09-01-22

Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, o	or if the	2022
Department of the Treasury Internal Revenue Service	_	Attach to Form 990 c					_	Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and th	ne latest information		Employer ide	entification number
Ũ		MUNITY HEALTH FOUNDATION					20-18398	
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-E	Z filers are not
	complete this part				<u></u>			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa		tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
compensated at le				agreer	nents under which ti			6
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

			MMUNITY HEALTH FOUN			1839858 Page
Pa	rt I					
		of fundraising event contributions and g	ross income on Form 990	-EZ, lines 1 and 6b. List ev	vents with gross receipt	s greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BREAST CANCER	CANCER FASHION		.,
			AWARENESS	SHOW	7	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue			59 /11	42 708	08 326	200 44
Re∕	1	Gross receipts	59,411.	42,708.	98,326.	200,44
			50.444	10 540	10 505	
	2	Less: Contributions	59,411.	18,540.	12,705.	90,65
	3	Gross income (line 1 minus line 2)		24,168.	85,621.	109,78
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs			3,760.	3,76
Uirect Expenses						
Ğ	7	Food and beverages		11,023.	196.	11,21
lre						
	8	Entertainment		400.	9,817.	10,21
	9	Other direct expenses			22,579.	22,57
		Direct expense summary. Add lines 4 through		L		47,77
		Net income summary. Subtract line 10 from				62,01
)a	rt I			990 Part IV line 19 or re		,
_		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabe/instant		(d) Total camina (ad
ue			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	.,
/enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	.,
Hevenue		2			(c) Other gaming	.,
Revenue	1	Gross revenue			(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
Revenue					(c) Other gaming	.,
		Gross revenue			(c) Other gaming	.,
	2	Cash prizes			(c) Other gaming	.,
xpenses	2				(c) Other gaming	.,
Expenses	2	Cash prizes			(c) Other gaming	.,
Expenses	2	Cash prizes			(c) Other gaming	.,
Expenses	2 3	Cash prizes			(c) Other gaming	.,
Expenses	2 3 4	Cash prizes			(c) Other gaming	.,
Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	(c) Other gaming	.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	Yes %	.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	%	bingo/progressive bingo	☐ Yes %	.,
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	☐ Yes %	.,
Expenses	2 3 4 5 7	Cash prizes		bingo/progressive bingo	☐ Yes %	.,
Expenses	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo	☐ Yes %	.,
Direct Expenses	2 3 4 5 7 8	Cash prizes	yes% □ Yes% □ No 2 from line 1, column (d)	bingo/progressive bingo	Yes %	.,
Direct Expenses	2 3 4 5 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col. (
Direct Expenses	2 3 4 5 7 8 Ent Ist	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
Direct Expenses	2 3 4 5 7 8 Ent Ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line ter the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
Direct Expenses	2 3 4 5 7 8 Ent Ist	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
g b G Direct Expenses	2 3 4 5 7 8 Ent Is t If "	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	bingo/progressive bingo	☐ Yes%	col. (a) through col. (
B B B B B B B B B B B B B B B B B B B	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	col. (a) through col. (
	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	col. (a) through col. (
	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	Col. (a) through col. (
	2 3 4 5 6 7 8 Ent Is t If " 	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	bingo/progressive bingo	☐ Yes%	Col. (a) through col. (

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Sch	edule G (Form 990) 2022	HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?	Yes	No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gamin	g activity conducted in:		
a	The organization's facility		13a	%
				%
14	Enter the name and address of th	he person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes	└── No
Ľ		ning revenue received by the organization \$ and the amount and the amount for the sector of th	Int	
	of gaming revenue retained by th			
C	If "Yes," enter name and address	of the third party.		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of convisoe provided			
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
a	Is the organization required unde	r state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No No
k	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in t	he	
Da	rt IV Supplemental Infor			0, 10,
Га		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a sapplicable. Also provide any additional information. See instructions.	nd Part III, lines 9,	96, 106,
	150, 15C, 16, and 17D, as	s applicable. Also provide any additional information. See instructions.		
2320	33 10-27-22	32	Schedule G (Form	n 990) 2022
		54		

Schedule G	G (Form 990) HAVASU COMMUNITY HEALTH FOUNDATION	ON 20-1839858 Page 4
Part IV	(Form 990) HAVASU COMMUNITY HEALTH FOUNDATION (continued)	
		0-1-1-1-0/5 000
		Schedule G (Form 990)

232084 04-01-22

SCHEDULE I			arants and Oth						OMB No. 1	545-0047
(Form 990)			vernments, an ete if the organization						20	22
Department of the Treasury		Compi		Attach to Forn					Open to	
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			Inspe	
Name of the organizat	ion HAVASU COMMUNI	ГТҮ НЕАТТН БОГ	NDATION					Employer ider	ntificatio	
Part I General II	nformation on Grants a							-	. 1000	
1 Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance. the	grantees' eligibility	for the grants or assis	stance, and the selecti	ion		
Ũ	award the grants or assis		Ũ	,	0 0 ,	0	,		Yes	🗌 No
2 Describe in Part	IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.					
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for a	any	
	ddress of organization vernment	(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		oose of g ssistanc	
			1	1	I		1			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

chedule I (Form 990) 2022 HAVASU COMMUNITY HE					20-1839858	Pag
Part III Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need		organization answe	ered "Yes" on Form §	990, Part IV, line 22.		
(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
CHOLARSHIPS	9	9,000.	0.			
				FEEDING AMERICA		
OOD COMMODITIES	3598	0.	1,473,118.	VALUATION	COMMUNITY FOOD ASSISTA	NCE
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ad	dditional information.		
ART I, LINE 2:						
CHOLARSHIPS - THE FOUNDATION PROVIDES FUNDS T	O THE MOHAVE COU	NTY				
DMMUNITY COLLEGE (MCC) FOUNDATION AND MCC FOUN	DATION SELECTS T	HE NURSING				
FUDENTS WHO HAVE APPLIED FOR SCHOLARSHIPS.						
DOD COMMODITIES - THE QUALIFICATIONS FOR THE F	OOD BANK FALL UN	IDER THE 185%				
F THE FEDERAL POVERTY INCOME GUIDELINES. ARIZ	ONA TEFAP (THE E	MERGENCY				

FOOD ASSISTANCE PROGRAM) DISTRIBUTION GUIDELINES DO REQUIRE SOME FORM OF

IDENTIFICATION TO BECOME AN ONGOING MEMBER OF THE FOOD BANK, SUCH AS

Schedule I (Form 990) HAVASU COMMUNITY HEALTH FOUNDATION 20-1839858 Page 2 Part IV Supplemental Information Supplemental Information Supplemental Information SHOWING THAT THE INDIVIDUAL LIVES IN THE GEOGRAPHIC SERVICE AREA. Supplemental Information Supplemental Information
SHOWING THAT THE INDIVIDUAL LIVES IN THE GEOGRAPHIC SERVICE AREA.
232291 Schedule I (Form 990 04-01-22

36

2022.04030 HAVASU COMMUNITY HEALTH F A1230551

Name of the organization Employer identification number HAVASU COMMUNITY HEALTH FOUNDATION 20-1839858	SCHEDULE L		Tra	insaction	ıs V	Vith	Inte	erested	P	ersons			O	MB No.	1545-00	147
Operation Operation Import I	. ,	Complete if t	he org	28b, or 28c, o	or For	m 990 [.]	-EZ, P	art V, line 38a	or		, 27, 2	8a,	0			
Invasion Communitary HIBALTIMI FORMULATION 21-139953 Part1 Excess Benefit Transactions (section 501(c)(2)) organizations only). Complete if the organization answered 'ves' on Form 1900, Part V, line 25 or 25b, or Form 1900 EZ, Part V, line 24b. Image: Communitation answered 'ves' on Form 1900, Part V, line 25 or 25b, or Form 1900 EX, Part V, line 24b. 1 (a) Name of disqualified person (b) Perturbin bit between disqualified person and organization (c) Description of transaction (d) Corrected' 'ves' on Form 1900 EX, Part V, line 24b. 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$	Department of the Treasury Internal Revenue Service	Go	to ww							information.						nic.
Part II Excess Benefit Transactions (section 501(c)(2), section 501(c)(29) organizations only). Complete if the organization arrevered Yes' on Form 900, Part IV, Ine 28 or 28b, or Form 900-EZ, Part V, Ine 40b. (d) Corrected Yes No 1 (a) Name of disqualified person (b) Flatitionship between disqualified persons and organization anagers or disqualified persons during the year under section 4958 (e) Description of transaction (d) Corrected Yes No 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization managers or disqualified persons during the year under section 4958 \$	Name of the organizatior	n									Em	oloyer	ident	ificati	on nu	mber
Complete if the organization answered 'Yes' on Form 980, Part V, line 25a or 25b, or Form 980-EZ, Part V, line 40a. (a) Name of disqualified person (b) Pelationship between disqualified person and organization (c) Description of transaction (c) Description of transaction (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Descript		HAVASU CO	MMUN	ITY HEALTH F	OUNDA	ATION					2	0-183	9858			
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Connected Verson 1 0 <td>Part I Excess E</td> <td>Benefit Trans</td> <td>acti</td> <td>ons (section 50</td> <td>01(c)(3</td> <td>), sect</td> <td>ion 50[.]</td> <td>1(c)(4), and see</td> <td>ctior</td> <td>n 501(c)(29) orga</td> <td>nizatio</td> <td>ons on</td> <td>ly).</td> <td></td> <td></td> <td></td>	Part I Excess E	Benefit Trans	acti	ons (section 50	01(c)(3), sect	ion 50 [.]	1(c)(4), and see	ctior	n 501(c)(29) orga	nizatio	ons on	ly).			
(a) Name of disqualified person Person and organization (b) Description of transaction Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 5 -	Complete it	f the organizatior	n ansv	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
	1 (a) Name of disquali	ified person	(b) F				ified	(0	c) De	escription of tran	sactio	n				
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S					gamza									<u> </u>	es	NO
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S																
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S														_	_	
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S																
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S	2 Enter the amount of	f tax incurred by	the o	ragnization man	agers	or disc	ualifia	d persons dur	ina t	be vear under						
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$				•	•			•	Ŭ			\$				
Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose of Icon or organization (e) Original principal amount of form 100 original principal amount of Icon organization (f) Balance due (g) In (f) Approved (g) Writteen organization or organization (a) Name of interested person (b) Relationship of Icon organization of Icon organization (c) Purpose of Icon organization or organization (c) Purpose of Icon organization or organization (c) Purpose of Icon organization or organization (c) Purpose of Icon organization Interested person Icon organization Icon organization Icon organization Icon organization Icon organization Interested person Icon organization Icon organization Icon organization Icon organization Icon organization Interested person Icon organization Icon organization Icon organization Icon organization Icon organization Interested person Icon organization Icon organization Icon organization Icon organization Icon organization <td></td>																
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan (c) Purpose of of loan (d) Lamato or organization 7 (e) Original principal amount (f) Balance due default. (g) In by porved (g) written or principal amount (g) In by porved (g) written organization 7 (h) Hold amount (h) Porved (g) written organization 7 (h) Porved (g) written organization 7 (h) Porved (g) In by porved (g) written organization 7 Interested person (b) Relationship organization (c) Purpose of area (c) Original principal amount (f) Balance due default. (g) In by porved (g) written organization (g) In by porved (g) written organization Interested person Interested person Interested Persons. Interested Persons. Interested Person 1 Interested Person 1 Interested Person 1 Interested Person 1 (g) Name of interested Person 1 (g) Name of assistance (g) Name of assistance (g) Purpose of assistance Interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance Interested Person 1 Interested Person 2							-									
reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (e) Original granuation? (f) Balance due principal amount (g) In the default? (h) Approved by board on committee? (h) Writer agreement? Image: State of State	Part II Loans to	and/or Fron	n Inte	erested Pers	sons.											
(a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to o ogenization? (e) Original principal amount (f) Balance due principal amount (g) In default? (h) Approved (g) Name of committee? (h) Approved (g) Name of committee? Image: State of Default Image: State of Default <td< td=""><td>Complete it</td><td>f the organizatior</td><td>n ansv</td><td>vered "Yes" on F</td><td>Form 9</td><td>90-EZ</td><td>, Part \</td><td>/, line 38a or F</td><td>orm</td><td>990, Part IV, line</td><td>e 26; o</td><td>or if th</td><td>e orga</td><td>nizatio</td><td>on</td><td></td></td<>	Complete it	f the organizatior	n ansv	vered "Yes" on F	Form 9	90-EZ	, Part \	/, line 38a or F	orm	990, Part IV, line	e 26; o	or if th	e orga	nizatio	on	
(a) ream 0 minip (b) ream 0 minip (c) ream 1 (i	1 I								(h) /n	provod		
To From Yes No Yes No Yes No Yes No Image: Second Seco									(f) Balance due			by bo	ard or		
Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answered "Yes" on Form 990, Part IV, line 27. Image: Section of the organization answ	interested person	with organi	zation	orioari				ipai amount							-	1
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag					To	From					Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag									-							+
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																+
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: Complete if the organization Imag																+
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interested person and the organizationassistanceassistanceassistanceImage: Image: Im	•					,	<u> </u>			(d) Type	of		(0	Purn		f
Image: Constraint of the second se	(a) Name of interes	sted person					"	,					•	· ·		
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202				the organiza	ation											
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202																
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202																
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HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990) 202			+													
	LHA For Paperwork R	eduction Act No	tice,	see the Instruct	tions f	for For	m 990	or 990-EZ.				Sche	dule L	. (Fori	n 990) 2022

232131 11-01-22

	OMMUNITY HEALTH FOUNDATION		20-18398	58	Page 2
Part IV Business Transactions Involv	-				
	"Yes" on Form 990, Part IV, line 28a, 28			(a) Sh	aring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	zation's nues?
	CDOUGE OF DOADD NEW	25 104		Yes	No
BARBARA NYGREN	SPOUSE OF BOARD MEM	35,104.	EMPLOYEE OF		X
Part V Supplemental Information.					
Provide additional information for resp	onses to questions on Schedule L (see ir	structions).			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: BARBARA NYGREN					
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION:				
SPOUSE OF BOARD MEMBER					
(C) AMOUNT OF TRANSACTION \$ 35,104.					
(D) DESCRIPTION OF TRANSACTION: EMPLOY					
(D) DESCRIPTION OF TRANSACTION: EMPLOY	LE OF THE ORGANIZATION -				
ACCOUNTING ASSISTANT					
(E) SHARING OF ORGANIZATION REVENUES?	= NO				

Schedule L (Form 990) 2022

232132 11-01-22

OMB No. 1545-0047

20

Employer identification number 20-1839858

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

22

Name of the organization

SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

HAVAS	SU COMMUN	TTY HEAL	TH FOUNDATION

Par	tl T	ypes of Property							
			(a)	(b)	(c)	(d)			
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
			applicable		Form 990, Part VIII, line 1g	noncash contribu	ation ar	nount	5
1	Art - Wor	ks of art							
2		orical treasures							
3		stional interests							
4		nd publications							
5		and household goods							
6		l other vehicles							
7		d planes							
8		al property							
9		s - Publicly traded							
10		s - Closely held stock							
11	Securitie	s - Partnership, LLC, or							
	trust inte								
12	Securitie	s - Miscellaneous							
13	Qualified	conservation contribution -							
	Historic	structures							
14	Qualified	conservation contribution - Other \dots							
15	Real esta	ate - Residential							
16	Real esta	ate - Commercial							
17		ate - Other							
18		les							
19		entory	X	974,957	1,569,007.	FEEDING AMERICA	VALUE		
20		nd medical supplies							
21		ıy							
22		l artifacts							
23		specimens							
24		gical artifacts							
25	Other	(DONATED GOODS A)	X	1,610	16,013.				
23 26	Other	(/		2,020					
		()							
27	Other	()							
28	Other	()		l the tex year for a					
29		of Forms 8283 received by the organi	-					0	
	for which	n the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29			_	
~~								Yes	No
30a		ne year, did the organization receive b							
		d for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used	for			
		ourposes for the entire holding period	?				30a		X
b		describe the arrangement in Part II.							
31		organization have a gift acceptance				tions?	31		x
32a	Does the	organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				1
	contribut	tions?					32a		X
b	If "Yes,"	describe in Part II.							
33	If the org	anization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is che	cked,			
	describe	in Part II.							
LHA	For Pa	perwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule N	/ (Forn	n 990)	2022

Schedule M (Form 990) 2022 HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a comit this part for any additional information.	, and whether the organiza bination of both. Also com	ation
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.		
232142 09-09-22	Schedule M (Form	1 990) 2022

16251005 131839 A123055

40 2022.04030 HAVASU COMMUNITY HEALTH F A1230551

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047
Name of the organization		Employer 20-18	identification number
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	1	
TO OPERATE AS A CH	ARITABLE FOUNDATION OF CARING INDIVIDUALS, AND		
PROFESSIONALS DEDI	CATED TO THE BETTER HEALTH AND WELLNESS OF THE LAKE		
HAVASU COMMUNITY E	Y FACILITATING AND COORDINATING APPROPRIATE		
HEALTH-RELATED PRO	GRAMS, ACTIVITIES, AND SOCIAL SERVICES AND SOCIAL		
SERVICES TO SUPPOR	T OUR LAKE HAVASU COMMUNITY.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THE MISSION OF THE	HAVASU COMMUNITY HEALTH FOUNDATION IS TO OPERATE AS		
A CHARITABLE FOUND	ATION OF CARING INDIVIDUALS DEDICATED TO THE BETTER		
HEALTH AND WELLNES	S OF THE LAKE HAVASU MOHAVE COUNTY COMMUNITY BY		
FACILITATING AND C	OORDINATING APPROPRIATE HEALTH-RELATED SOCIAL		
SERVICES.			
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
EDUCATIONAL FORUMS	AND LOW COST MEDICAL LAB SCREENING FOR UNINSURED AND		
UNDER-INSURED PART	ICIPANTS.		
EXPENSES \$ 20,477.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 42,595.		
ALZHEIMER'S AWAREN	ESS AND CAREGIVER PROGRAMS - OUR ALZHEIMER'S PROGRAMS		
OFFER SUPPORT GROU	PS, MEMORY SCREENINGS, VIRTUAL DEMENTIA TOURS, AND		
EDUCATIONAL PROGRA	MS ON DEMENTIA.		
EXPENSES \$ 16,789.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,245.		
MISCELLANEOUS:			
VETERANS' HEALTH A	WARENESS - PROVIDES HEALTH & WELLNESS TO HOMELESS		

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

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858

VETERANS AND VETERANS IN NEED AND AT RISK.

VETERANS' TRANSITIONAL HOUSING - THIS PROGRAM PROVIDES HOUSING FOR

VETERANS WHO ARE EXPERIENCING HOMELESSNESS. THIS PROGRAM PROVIDES A

RECOVERY PROCESS WITH THE ABILITY TO MAINTAIN HOUSING IN THE COMMUNITY.

BACK TO SCHOOL HEALTH FAIR - WE PROVIDE ALL SCHOOL-AGE CHILDREN IN LAKE

HAVASU CITY WITH THEIR SCHOOL-REQUIRED IMMUNIZATION AS WELL AS HEALTH

SCREENINGS, SERVICES, AND RESOURCES. IN ADDITION, WE FUND THE CHILDREN

WITH THEIR REQUIRED SPORTS PHYSICALS.

SUICIDE AWARENESS PROVIDES AWARENESS THROUGHOUT LAKE HAVASU,

PEER-TO-PEER SUPPORT FOR LOVED ONES SUFFERING SUICIDE LOSS, AND

SPEAKERS TO OUR SCHOOL AGES YOUTHS ON A PERMANENT SOLUTION TO A

TEMPORARY PROBLEM.

PARKINSON'S - ADDRESSES THE PROGRESSIVE MOVEMENT DISORDER OF THE

NERVOUS SYSTEM THAT AFFECTS MOVEMENT AND HOW IT IS MARKED BY TREMORS,

MUSCULAR RIGIDITY, AND SLOW IMPRECISE MOVEMENTS. WE ADDRESS DAILY

LIVING ACTIVITIES SUCH AS DRESSING, EATING, BATHING, AND WRITING.

HEALTHY STRIDERS - THIS PROGRAM IS DESIGNED TO GET PEOPLE OFF THEIR

FEET AND WALK FOR SO MANY POWERFUL HEALTH BENEFITS. IT'S THE KEY TO

LOSING WEIGHT, LOWERING BLOOD PRESSURE AND CHOLESTEROL, AND BOOSTING

YOUR MEMORY, AS WELL AS REDUCING YOUR RISK FOR HEART DISEASE, DIABETES,

CANCER, AND MORE.

VICTIMS OF VIOLENCE COUNSELING - THIS PROGRAM FUNDS COUNSELING SERVICES

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Name of the organization		Employer identification number
HAVASU COM	MUNITY HEALTH FOUNDATION	20-1839858
	MONITI MENLIM FOONDATION	

LIVING WELL WITH CHRONIC PAIN - THIS PROGRAM DEVELOPS PRACTICAL

STRATEGIES FOR LIVING THE JOURNEY OF CHRONIC ILLNESS, REDUCING FEAR AND

PAIN, RECREATING A NEW SELF, AND ARRIVING AT A LIFE THAT GIVES

SATISFACTION AND PURPOSE.

COPD BOOTCAMP - THIS PROGRAM COVERS HOW OUR THINKING CONTROLS OUR

SUCCESS, ALONG WITH A NEW SURVIVAL LIFESTYLE TRAINING THAT IS AT THE

CENTER OF THE PROJECT. THE MISSION IS TO GIVE MEN AND WOMEN WITH COPD

THE OPPORTUNITY TO HAVE A FULL AND PRODUCTIVE LIFE. WE DO THIS BY

PROVIDING A PROVEN PROGRAM OF EDUCATION AND TRAINING.

MULTIPLE SCLEROSIS - THIS SUPPORT GROUP PROGRAM ADDRESSES PHYSICAL

THERAPY AND MEDICATIONS THAT SUPPRESS THE IMMUNE SYSTEM TO HELP WITH

SYMPTOMS AND SLOW THE DISEASE PROGRESSION. WE ADDRESS FATIGUE, NUMBNESS

AND TINGLING, LOSS OF BALANCE, STIFFNESS OR SPASMS, TREMORS, PAIN,

BLADDER PROBLEMS, AND BOWEL TROUBLES.

EXPENSES \$ 165,380. INCLUDING GRANTS OF \$ 0. REVENUE \$ 39,950.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED

ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS

REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE

THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO

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Schedule O (Form 990) 2022

Name of the organization	Employer identification number
HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858
THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH	
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BASED ON OUR CONFLICT OF INTEREST POLICY, ANY MEMBER OF THE FOUNDATION'S	
BOARD OF DIRECTORS WHO MAY BE INVOLVED IN A HAVASU COMMUNITY HEALTH	
FOUNDATION BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF	
INTEREST SHALL PROMPTLY NOTIFY THE CHAIRMAN OF THE FOUNDATION. THE DIRECTOR	
SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN	
DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE IN ANY WAY IN THE	
MATTER. THE DIRECTOR'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE	
QUORUM FOR ANY VOTE WITH RESPECT TO A HAVASU COMMUNITY HEALTH FOUNDATION	
BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A POSSIBLE CONFLICT OF	
INTEREST. FURTHERMORE, THE DIRECTOR, OR THE CHAIRMAN IN THE DIRECTOR'S	
ABSENCE, SHALL DISCLOSE A POTENTIAL CONFLICT OF INTEREST TO THE OTHER	
MEMBERS OF THE FOUNDATION BEFORE ANY VOTE ON A HAVASU COMMUNITY HEALTH	
FOUNDATION BUSINESS TRANSACTION AND SUCH DISCLOSURE SHALL BE RECORDED IN	
THE FOUNDATION MINUTES OF THE MEETING AT WHICH IT IS MADE. ANY HAVASU	
COMMUNITY HEALTH FOUNDATION BUSINESS TRANSACTION WHICH INVOLVES A POTENTIAL	
CONFLICT OF INTEREST WITH A MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS	
SHALL HAVE TERMS WHICH ARE AT LEAST AS FAIR AND REASONABLE TO HAVASU	
COMMUNITY HEALTH FOUNDATION AS THOSE WHICH WOULD OTHERWISE BE AVAILABLE TO	
HAVASU COMMUNITY HEALTH FOUNDATION WHEN DEALING WITH AN UNRELATED PARTY.	
ANY STAFF MEMBER WHO MAY BE INVOLVED IN A HAVASU COMMUNITY HEALTH	
FOUNDATION BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF	
INTEREST SHALL PROMPTLY REPORT THE POSSIBLE CONFLICT TO THE EXECUTIVE	
DIRECTOR OF THE FOUNDATION. IF THE POSSIBLE CONFLICT INVOLVES THE EXECUTIVE	

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Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page Employer identification numbe
Name of the organization HAVASU COMMUNITY HEALTH FOUNDATION	20-1839858
DIRECTOR OF THE FOUNDATION, THE POSSIBLE CONFLICT SHALL THEN BE REPORTED TO	
THE FOUNDATION'S CHAIRMAN OF THE BOARD.	
THE EXECUTIVE DIRECTOR OR, WHERE APPLICABLE, CHAIRMAN, AFTER RECEIVING	
INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, SHALL TAKE SUCH ACTION	
AS IS NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST	
INTEREST OF HAVASU COMMUNITY HEALTH FOUNDATION WITHOUT THE SUBSTANTIVE	
INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTEREST. (THIS	
DOES NOT MEAN THAT THE PURCHASE OR OTHER TRANSACTION MUST NECESSARILY BE	
DIVERTED, BUT SIMPLY THAT PERSONS OTHER THAN THE ONE WITH THE POSSIBLE	
CONFLICT SHALL MAKE THE JUDGMENTS INVOLVED AND SHALL CONTROL THE	
TRANSACTION.)	
EACH FOUNDATION MEMBER AND SENIOR STAFF MEMBER SHALL COMPLETE A	
QUESTIONNAIRE ON AN ANNUAL BASIS.	
A WRITTEN RECORD OF ANY REPORT OF POSSIBLE CONFLICT AND OF ANY ADJUSTMENTS	
MADE TO AVOID POSSIBLE CONFLICTS OF INTEREST SHALL BE KEPT BY THE EXECUTIVE	
DIRECTOR OR, WHERE APPLICABLE, BY THE CHAIR OF THE BOARD.	
FORM 990 DARM MIL CREMITON C. ITANI 19	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

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Envelope Summary Events	Status	Timestamps	
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Certified Delivered	Security Checked	10/5/2023 4:44:58 PM	
Signing Complete	Security Checked	10/5/2023 5:35:44 PM	
Completed	Security Checked	10/5/2023 5:35:44 PM	
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