

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEALTH FORWARD FOUNDATION		D Employer identification number 20-0167282
	Doing business as		E Telephone number 816-241-7006
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 143,285,110.
	2300 MAIN STREET	304	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64108		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: QIANA THOMASON 2300 MAIN STREET, SUITE 304, KANSAS CITY, MO		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HEALTHFORWARD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2003
			M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ACHIEVE HEALTH EQUITY & SECURE A FAIR & JUST REGION THROUGH LEADERSHIP, ADVOCACY, & RESOURCES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	51
	6 Total number of volunteers (estimate if necessary)	6	19
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,052,599.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	471,397.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,000.	1,475,360.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,182,873.	43,630,124.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,187,873.	45,105,484.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	31,576,111.	27,846,208.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,126,229.	6,712,339.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,625,085.	16,744,492.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,327,425.	51,303,039.
19 Revenue less expenses. Subtract line 18 from line 12	-30,139,552.	-6,197,555.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	905,273,400.	944,651,494.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,116,885.	15,551,809.
		887,156,515.	929,099,685.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ANTHONY LLOYD, CFO				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIMBERLY A RYAN				P00829977
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	RUBINBROWN LLP	43-0765316		816-472-1122	
	Firm's address				
	1200 MAIN STREET, SUITE 1000				
	KANSAS CITY, MO 64105				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HEALTH FORWARD FOUNDATION'S MISSION IS TO ACHIEVE HEALTH EQUITY AND SECURE A FAIR AND JUST REGION THROUGH LEADERSHIP, ADVOCACY, AND RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 36,491,271. including grants of \$ 26,768,598.) (Revenue \$) FOUR PURPOSE AREAS: HEALTH FORWARD'S NEW PURPOSE AREAS INCLUDE: PEOPLE, WHICH SEEKS TO CENTER EQUITY AND REMOVE BARRIERS IN THE HEALTH CARE SYSTEM; POWER, WHICH FOCUSES ON ADVANCING CIVIC ENGAGEMENT, AMPLIFYING COMMUNITY-DRIVEN MOVEMENTS, AND SUPPORTING COMMUNITY-BASED NONPROFITS; PLACE, WHICH FOCUSES ON TWO INFLUENTIAL SOCIAL FACTORS: HOUSING AND DIGITAL ACCESS; AND PLATFORM, WHICH FOCUSES ON ADVANCING RACIAL EQUITY AND ECONOMIC INCLUSION IN SYSTEMS, POLICIES AND STORIES.

4b (Code:) (Expenses \$ 869,280. including grants of \$ 637,610.) (Revenue \$) PROGRAMMATIC INVESTMENTS: HEALTH FORWARD PROVIDED LOW-INTEREST RATE LOANS TO NONPROFIT ORGANIZATIONS THAT HAVE A STRONG TRACK RECORD OF CONSTRUCTING SAFE AND AFFORDABLE HOUSING IN ECONOMICALLY EXCLUDED COMMUNITIES.

4c (Code:) (Expenses \$ 598,696. including grants of \$ 440,000.) (Revenue \$) HEALTH SCIENCES PATHWAY: HEALTH FORWARD ESTABLISHED THE HEALTH SCIENCES PATHWAYS FUND. THIS BOARD DESIGNATED FUND PROVIDED GRANTS TO GROW AND SUPPORT PATHWAYS FOR PEOPLE UNDERREPRESENTED IN THE HEALTH PROFESSION TO STRENGTHEN THE REGIONS' HEALTH CARE WORKFORCE IN SERVICE TO HEALTH FORWARD'S COMMUNITIES OF FOCUS WITH A GOAL TO ELIMINATE HEALTH DISPARITIES AND FOSTER ECONOMIC INCLUSION.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 37,959,247.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (19); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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? (X); 16b 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?

Section 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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANGELA FENCL - 816-242-0717
2300 MAIN STREET, SUITE 304, KANSAS CITY, MO 64108

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) QIANA THOMASON PRESIDENT/CEO	40.00			X			545,477.	0.	71,220.	
(2) CHRISTIE ZARKOVICH CAPIO/ASST TREASURER	40.00			X			432,670.	0.	56,718.	
(3) MCCLAIN BRYANT MACKLIN VP OF POLICY & IMPACT/ASST SECRETARY	40.00			X			249,303.	0.	61,230.	
(4) EUSEBIO DIAZ VP SLC & ASST SECRETARY	40.00			X			225,273.	0.	44,654.	
(5) BRENDA CALVIN CHIEF OPERATIONS OFFICER	40.00			X			220,025.	0.	22,800.	
(6) JENNIFER SYKES DIR. OF COMMUNICATIONS & NARRATIVE	40.00					X	154,717.	0.	51,686.	
(7) TERESA TOAL DIRECTOR OF TALENT & ADMIN	40.00					X	162,000.	0.	44,132.	
(8) ANGELIQUE WILLIAMS DIRECTOR OF ORG. LEARNING & CULTURE	40.00					X	153,217.	0.	51,541.	
(9) HAYAT ABDULLAHI DIRECTOR OF COMMUNITY IMPACT	40.00					X	156,110.	0.	29,092.	
(10) JENNIFER TIDWELL IMPACT STRATEGIST	40.00					X	145,452.	0.	21,502.	
(11) LYNETTE WHEELER CHAIR	1.00	X		X			0.	0.	0.	
(12) DRED SCOTT VICE-CHAIR	1.00	X		X			0.	0.	0.	
(13) KENT HAWKINS TREASURER	1.00	X		X			0.	0.	0.	
(14) IRENE CAUDILLO SECRETARY	1.00	X		X			0.	0.	0.	
(15) ERICA BRICE BOARD MEMBER	1.00	X					0.	0.	0.	
(16) STACEY DANIELS-YOUNG BOARD MEMBER	1.00	X					0.	0.	0.	
(17) TIM DUNCAN BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ED ELLERBECK BOARD MEMBER	1.00	X						0.	0.	0.
(19) NED HOLLAND BOARD MEMBER	1.00	X						0.	0.	0.
(20) NAIOMI JAMAL BOARD MEMBER	1.00	X						0.	0.	0.
(21) GEOFF JOLLEY BOARD MEMBER	1.00	X						0.	0.	0.
(22) SIOBHAN MCLAUGHLIN LESLEY BOARD MEMBER	1.00	X						0.	0.	0.
(23) NIKKI NEWTON BOARD MEMBER	1.00	X						0.	0.	0.
(24) ANDREA PERDOMO-MORALES BOARD MEMBER	1.00	X						0.	0.	0.
(25) JIM PRYDE BOARD MEMBER	1.00	X						0.	0.	0.
(26) LISSE REGEHR BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								2,444,244.	0.	454,575.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,444,244.	0.	454,575.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 23

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BARREL RATE CAPITAL 5395 RUETTE DE MER, SAN DIEGO, CA 92130	INVESTMENT MANAGEMENT	1,000,000.
CANDELO CAPITAL MANAGEMENT, 400 MADISON AVENUE, SUITE 10A, NEW YORK, NY 10017	INVESTMENT MANAGEMENT	911,443.
CAMBRIDGE ASSOCIATES, 115 FEDERAL STREET, SUITE 2600, BOSTON, MA 02110	INVESTMENT MANAGEMENT	800,000.
TUDOR INVESTMENT CORPORATION 200 ELM STREET, STAMFORD, CT 06902	INVESTMENT MANAGEMENT	720,705.
BRYAN CAVE LEIGHTON PAISNER LLP, ONE KANSAS CITY PLACE, 1200 MAIN STREET, SUITE	LEGAL SERVICES	540,871.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 28

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,475,360.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		1,475,360.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,892,777.	297,146.	16595631.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	98,179,626.			
	c	Gain or (loss)	7c	26,737,347.			
	d	Net gain or (loss)		26,737,347.	755,453.	25981894.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		45,105,484.	0.	1052599.	42577525.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	27,846,208.	27,846,208.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,101,449.	1,197,385.	904,064.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,663,189.	2,783,358.	879,831.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	235,725.	169,176.	66,549.	
9 Other employee benefits	387,481.	240,243.	147,238.	
10 Payroll taxes	324,495.	202,458.	122,037.	
11 Fees for services (nonemployees):				
a Management	29,942.		29,942.	
b Legal	468,689.		468,689.	
c Accounting	94,262.		94,262.	
d Lobbying	277,152.	277,152.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,011,510.		10,011,510.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,325,527.	4,144,408.	181,119.	
12 Advertising and promotion	377.		377.	
13 Office expenses	29,098.	16,668.	12,430.	
14 Information technology	150,035.	91,521.	58,514.	
15 Royalties				
16 Occupancy	368,997.	225,088.	143,909.	
17 Travel	65,488.	38,648.	26,840.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	131,570.	94,417.	37,153.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,151.	53,772.	34,379.	
23 Insurance	41,695.		41,695.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	559,998.	526,056.	33,942.	
b ALL OTHER - DUES & MEMB	92,422.	52,689.	39,733.	
c OTHER TAXES	9,579.		9,579.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	51,303,039.	37,959,247.	13,343,792.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	226,951.	1	3,846.
	2 Savings and temporary cash investments	10,067,060.	2	30,910,983.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	304,233.	9	722,744.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,229,593.		
	b Less: accumulated depreciation	10b 396,749.	10c	1,832,844.
	11 Investments - publicly traded securities	540,469,513.	11	596,396,288.
	12 Investments - other securities. See Part IV, line 11	348,651,719.	12	305,036,822.
	13 Investments - program-related. See Part IV, line 11	3,515,000.	13	7,315,617.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	544,349.	15	2,432,350.
16 Total assets. Add lines 1 through 15 (must equal line 33)	905,273,400.	16	944,651,494.	
Liabilities	17 Accounts payable and accrued expenses	482,487.	17	482,608.
	18 Grants payable	17,634,398.	18	15,069,201.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	18,116,885.	26	15,551,809.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	887,156,515.	27	929,099,685.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	887,156,515.	32	929,099,685.
	33 Total liabilities and net assets/fund balances	905,273,400.	33	944,651,494.

Part 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	45,105,484.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,303,039.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,197,555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	887,156,515.
5	Net unrealized gains (losses) on investments	5	48,140,725.
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	929,099,685.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization **HEALTH FORWARD FOUNDATION** Employer identification number **20-0167282**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
THE COMMUNITY ADVISORY COMMITTEE	27-2536603	7	X		0.	0.
Total					0.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
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))? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
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)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity... X marks are present in the 'No' column for 11a, 11b, and 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated... X marks are present in the 'Yes' column for 1 and the 'No' column for 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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... Row 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...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Row 2: Activities Test. Answer lines 2a and 2b below. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Table with 2 columns: Name of the organization (HEALTH FORWARD FOUNDATION) and Employer identification number (20-0167282)

Organization type (check 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

- [X] 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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

Name of organization HEALTH FORWARD FOUNDATION	Employer identification number 20-0167282
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,197,299.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>68,061.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEALTH FORWARD FOUNDATION	Employer identification number 20-0167282
--	---

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

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

Name of organization HEALTH FORWARD FOUNDATION	Employer identification number 20-0167282
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HEALTH FORWARD FOUNDATION	Employer identification number (EIN) 20-0167282
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	607.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	848,044.													
c Total lobbying expenditures (add lines 1a and 1b)	848,651.													
d Other exempt purpose expenditures	50,454,388.													
e Total exempt purpose expenditures (add lines 1c and 1d)	51,303,039.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	311,595.	297,366.	702,475.	848,651.	2,160,087.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	36,297.	39,527.	187,866.	607.	264,297.

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Yes/No. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **HEALTH FORWARD FOUNDATION** Employer identification number **20-0167282**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,812.	11,812.	0.
d Equipment		14,029.	12,274.	1,755.
e Other		2,203,752.	372,663.	1,831,089.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,832,844.

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) REAL ESTATE FUNDS	12,606,428.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITIES &		
(C) ALTERNATIVE INVESTMENTS	292,430,394.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	305,036,822.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ...

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **HEALTH FORWARD FOUNDATION** Employer identification number **20-0167282**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF GREATER KANSAS CITY - PO BOX 300676 - KANSAS CITY, MO 64130	26-0444949	501(C)(3)	50,000.	0.			100 BLACK MEN OF GREATER KC 2025 PROGRAMS
ACLU FOUNDATION OF KANSAS 10561 BARKLEY STREET #500 OVERLAND PARK, KS 66212	43-0926406	501(C)(3)	50,000.	0.			IMPROVING VOTER ACCESS THROUGH RESTORE MY VOTE AND ELECTION PROTECTION
ACTION ST. LOUIS INC. 2857 SIDNEY STREET ST. LOUIS, MO 63104	32-0634890	501(C)(3)	100,000.	0.			REGISTER314
AD HOC GROUP AGAINST CRIME 104 VIETNAM VETERANS MEMORIAL DRIVE KANSAS CITY, MO 64111	30-0455147	501(C)(3)	350,000.	0.			HEALING GENERATIONAL TRAUMA
ADVOCATES FOR IMMIGRANT RIGHTS AND RECONCILIATION - 2215 PARALLEL AVENUE - KANSAS CITY, KS 66104	47-4636795	501(C)(3)	20,000.	0.			KANSAS VOTER ENGAGEMENT 2024
ALLIANCE FOR A HEALTHY KANSAS 700 SW JACKSON STREET SUITE 600 TOPEKA, KS 66603	93-1904197	501(C)(3)	100,000.	0.			MEDICAID EXPANSION EDUCATION, ORGANIZING AND COALITION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 133.

3 Enter total number of other organizations listed in the line 1 table 6.

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTRUISM MEDIA, INC. 4020 BALTIMORE AVENUE KANSAS CITY, MO 64111	87-4455294	501(C)(3)	170,000.	0.			THE MAIH CENTER - RURAL MATERNAL HEALTH PROGRAM
ARCHCITY DEFENDERS INC. 440 N 4TH STREET SUITE 390 ST. LOUIS, MO 63102	80-0471494	501(C)(3)	10,000.	0.			FREEDOM SUMMER
ARGENTINE BETTERMENT CORPORATION PO BOX 6613 KANSAS CITY, KS 66106	27-1406579	501(C)(3)	15,000.	0.			EMPOWERING CIVIC ENGAGEMENT IN ARGENTINE: A COMMUNITY-LED VOTER OUTREACH INITIATIVE
BE GREAT TOGETHER 3429 CHARLOTTE STREET KANSAS CITY, MO 64109	85-2533202	501(C)(3)	50,000.	0.			NARRATIVE FEST
BEACON MEDIA INC. 300 E 39TH STREET KANSAS CITY, MO 64111	83-4587205	501(C)(3)	50,000.	0.			BEACON MEDIA INC - SUSTAINABLE DEIB SYSTEMS
BEACON MEDIA INC. 300 E 39TH STREET KANSAS CITY, MO 64111	83-4587205	501(C)(3)	75,000.	0.			BEACON REPORTING CAPACITY EXPANSION
BELTON SCHOOL DISTRICT #124 110 W WALNUT BELTON, MO 64012	44-6001808	EDUCATION	100,000.	0.			APPROPRIATE CLINICAL CARE ENGAGED IN SCHOOL SETTINGS (ACCESS) - BELTON'S SCHOOL-BASED
BENILDE HALL 3220 E 23RD STREET KANSAS CITY, MO 64127	43-1795790	501(C)(3)	150,000.	0.			ADVANCING CULTURALLY RESPONSIVE STRATEGIES FOR PERSON-CENTERED CARE
BIONEXUS KC 30 W PERSHING ROAD, SUITE 210 KANSAS CITY, MO 64108	43-1889037	501(C)(3)	50,000.	0.			EQUITABLE WEALTH-BUILDING COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GREATER KANSAS CITY COMMUNITY FOUNDATION - 1055 BROADWAY BOULEVARD, SUITE 130 - KANSAS CITY, MO 64105	43-1152398	OTHER	333,000.	0.			BLACK COMMUNITY FUND 2024 SPECIAL INITIATIVE PROPOSAL
BLAQOUT, INC. 517 CAMPBELL STREET KANSAS CITY, MO 64106	82-1144166	501(C)(3)	280,000.	0.			2024 PEOPLE FUNDING
BOWIE STATE UNIVERSITY FOUNDATION INC - 14000 JERICHO PARK ROAD - BOWIE, MD 20715	52-0952758	501(C)(3)	50,000.	0.			BSU PHILANTHROPY INITIATIVE
CARE BEYOND THE BOULEVARD 3150 FIBERGLASS ROAD KANSAS CITY, KS 66115	83-1122028	501(C)(3)	125,000.	0.			CARE BEYOND THE BOULEVARD
CASS COMMUNITY HEALTH FOUNDATION 2316 E MEYER BOULEVARD KANSAS CITY, MO 64132	43-1349495	501(C)(3)	360,000.	0.			CASS COUNTY DENTAL CLINIC
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	50,000.	0.			GAME CHANGERS NETWORK
CHWC, INC. 2 S 14TH STREET KANSAS CITY, KS 66524	48-0934993	501(C)(3)	50,000.	0.			BUILDING ANTI-RACIST LEADERSHIP
CHWC, INC. 2 S 14TH STREET KANSAS CITY, KS 66524	48-0934993	501(C)(3)	100,000.	0.			2024 AFFORDABLE HOMEOWNERSHIP REQUEST
COMMUNITIES CREATING OPPORTUNITY 2400 TROOST AVENUE, SUITE #4100 KANSAS CITY, MO 64108	43-1127845	501(C)(3)	10,000.	0.			EVERY VOICE, EVERY VOTE 2024

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY BUILDERS OF KANSAS CITY 4001 DR. MARTIN LUTHER KING JR. BOULEVARD., SUITE 301 - KANSAS CITY, MO 6413	43-1583953	501(C)(3)	105,000.	0.			INTEGRITY CAPITAL MANAGEMENT - SPONSOR
COMMUNITY CAPITAL FUND MOHART MULTIPURPOSE CENTER KANSAS CITY, MO 64109	45-4561134	501(C)(3)	50,000.	0.			KC VOICES COUNT - GOTV
COMMUNITY CAPITAL FUND (ON BEHALF OF PARENT LEADERSHIP TRAINING INSTITUTE-KANSAS - 3200 WAYNE AVENUE - KANSAS CITY, MO 64109	45-4561134	501(C)(3)	35,000.	0.			AMPLIFYING THE VOICES AND CIVIC ACTIONS OF PLTI PARENT LEADERS
COMMUNITY CAPITAL FUND (ON BEHALF OF PARENT LEADERSHIP TRAINING INSTITUTE-KANSAS - 3200 WAYNE AVENUE - KANSAS CITY, MO 64109	45-4561134	501(C)(3)	10,000.	0.			PARENT LEADERS AS VOTER ENGAGEMENT AMBASSADORS
COMMUNITY CAPITAL FUND (ON BEHALF OF PARENT LEADERSHIP TRAINING INSTITUTE-KANSAS - 3200 WAYNE AVENUE - KANSAS CITY, MO 64109	45-4561134	501(C)(3)	60,000.	0.			DEEPENING PLTI-KC'S CIVIC LEADERSHIP IMPACT THROUGH BOARDS & COMMISSIONS SUPPORT & THE CHILDREN'S
COMMUNITY CAPITAL FUND (ON BEHALF OF PARENT LEADERSHIP TRAINING INSTITUTE-KANSAS - 3200 WAYNE AVENUE - KANSAS CITY, MO 64109	45-4561134	501(C)(3)	75,000.	0.			CIVICS AND ADVOCACY TRAINING FOR PARENTS AND PEOPLE WITH LIVED EXPERIENCES
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS INC - 3015 N MICHIGAN - PITTSBURG, KS 66762	75-3002264	501(C)(3)	375,000.	0.			ENSURING ACCESS TO QUALITY & AFFORDABLE HEALTH CARE IN ALLEN COUNTY
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	220,000.	0.			RADLE KC MCH DATA SHARING NETWORK (MCHDSN) AND BUILDING SUSTAINABILITY FOR CHWS THROUGH
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	50,000.	0.			ADVANCING SOCIAL JUSTICE THROUGH CAPACITY BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	20,000.	0.			WE ARE WYANDOTTE 2024 CIVIC ENGAGEMENT
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	550,000.	0.			PEOPLE FUNDING 2024-26
COMMUNITY SERVICES LEAGUE 404 N NOLAND ROAD INDEPENDENCE, MO 64050	43-0976396	501(C)(3)	50,000.	0.			CSL'S DEIB GROWTH AND CAPACITY BUILDING EFFORTS
COMMUNITY SERVICES LEAGUE 404 N NOLAND ROAD INDEPENDENCE, MO 64050	43-0976396	501(C)(3)	150,000.	0.			CSL'S INCREASING HOMEOWNERSHIP PATHWAY FOR BUILDING WEALTH IN EJC
CORNERSTONES OF CARE 8150 WORNALL ROAD KANSAS CITY, MO 64114	43-1689138	501(C)(3)	50,000.	0.			ADVANCING WIDE 3.0: BUILDING AN EQUITABLE AND INCLUSIVE FUTURE AT CORNERSTONES OF CARE
CREDIT & HOMEOWNERSHIP EMPOWERMENT SERVICES, INC. - 3125 GILLHAM PLAZA - KANSAS CITY, MO 64109	27-3693233	501(C)(3)	650,000.	0.			HOMEREDY: TURNING VISIONS INTO KEYS
DIGITAL EQUITY PROGRAM OFFICE OF GREATER KANSAS CITY - 600 BROADWAY SUITE 200 - KANSAS CITY, MO 64105	99-2513607	501(C)(3)	100,000.	0.			FIRST YEAR SUPPORT FOR DEPO-KC
DONNELLY COLLEGE 608 N 18TH STREET KANSAS CITY, KS 66102	48-0623882	501(C)(3)	75,000.	0.			2024-25 PEOPLE FUNDING FOR DONNELLY COLLEGE
DREAM SEEDING INC. 7965 DONNER RIDGE CASEYVILLE, IL 62232	92-1887726	501(C)(3)	75,000.	0.			THE MAMA JOE PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EL CENTRO INC. 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	25,000.	0.			NUESTRO PODER ES NUESTRO VOTO
EL CENTRO INC. 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	150,000.	0.			BIENVENIDO A MI CASA
EL CENTRO INC. 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	10,000.	0.			SAFE & WELCOMING COALITION - MUNICIPAL ID PROJECT
EL CENTRO INC. 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	600,000.	0.			LATINO COMMUNITY HEALTH
EMPIRE DREAMS, INC. 3229 BELLEFONTAINE AVENUE KANSAS CITY, MO 64128	87-1161728	501(C)(3)	75,000.	0.			BLUE VALLEY NEIGHBORHOOD DEVELOPMENT
FIRST CALL ALCOHOL DRUG PREVENTION AND RECOVERY - 9091 STATE LINE ROAD - KANSAS CITY, MO 64114	44-0641486	501(C)(3)	50,000.	0.			FIRST CALL ORGANIZATION MARKETING GROWTH REQUEST
FOOTPRINTS INC. 4501 TROOST AVENUE KANSAS CITY, MO 64110	43-1648039	501(C)(3)	250,000.	0.			OPERATING SUPPORT FOR RESIDENTIAL PROGRAMS
FRIENDS OF YATES 1418 GARFIELD AVENUE KANSAS CITY, KS 66104	48-0908425	501(C)(3)	100,000.	0.			2024 PEOPLE FUNDING
FRONTIER SCHOOLS, INC. 30 W PERSHING ROAD, SUITE 402 KANSAS CITY, MO 64108	42-1692516	501(C)(3)	75,000.	0.			INTERACTIVE ANATOMY LEARNING THROUGH VIRTUAL DISSECTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GATEWAY OF HOPE 801 N MURLEN ROAD, SUITE 111 OLATHE, KS 66061	22-3922901	501(C)(3)	150,000.	0.			WE HELP WOMEN
GENERATING INCOME FOR TOMORROW 5008 PROSPECT AVENUE KANSAS CITY, MO 64130	85-0935933	501(C)(3)	150,000.	0.			ENTREPRENEURSHIP KC
GREENLINE FOUNDATION 3230 BENTON BOULEVARD KANSAS CITY, MO 64128	85-2704983	501(C)(3)	150,000.	0.			CORE OPERATING & CAPACITY BUILDING
GUADALUPE CENTER, INC. 1015 AVENIDA CESAR E. CHAVEZ KANSAS CITY, MO 64108	44-0610781	501(C)(3)	200,000.	0.			FAMILY SUPPORT & SERVICES
HABITAT FOR HUMANITY OF KANSAS CITY - 1423 LINWOOD BOULEVARD - KANSAS CITY, MO 64109	43-1175749	501(C)(3)	450,000.	0.			HABITAT KC AFFORDABLE HOMEOWNERSHIP: DOWN PAYMENT ASSISTANCE AND HOME BUILDS
HABITAT FOR HUMANITY OF KANSAS CITY - 1423 LINWOOD BOULEVARD - KANSAS CITY, MO 64109	43-1175749	501(C)(3)	45,000.	0.			DOWN PAYMENT ASSISTANCE
HCC NETWORK 825 S BUSINESS HIGHWAY 13 LEXINGTON, MO 64067	30-0349221	501(C)(3)	375,000.	0.			2024 PEOPLE FUNDING
HCC NETWORK 825 S BUSINESS HIGHWAY 13 LEXINGTON, MO 64067	30-0349221	501(C)(3)	100,000.	0.			EXCULTA HEALTH AND WELLNESS - COMMUNITY OUTREACH
HEALTH PARTNERSHIP OF JOHNSON COUNTY - 407 S CLAIRBORNE ROAD, SUITE 104 - OLATHE, KS 66062	48-1115529	501(C)(3)	510,000.	0.			2024 - PEOPLE FUNDING/CARE FOR THE UNINSURED AND UNDERINSURED OF JOHNSON

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HEART OF AMERICA INDIAN CENTER 600 W 39TH STREET KANSAS CITY, MO 64111	43-1012392	501(C)(3)	70,000.	0.			DEMOCRACY IS INDIGENOUS
HEARTLAND CENTER FOR JOBS AND FREEDOM, INC. - 4033 CENTRAL STREET - KANSAS CITY, MO 64111	47-4613477	501(C)(3)	70,000.	0.			BILINGUAL ORGANIZING PROJECT
HEARTLAND CENTER FOR JOBS AND FREEDOM, INC. - 4033 CENTRAL STREET - KANSAS CITY, MO 64111	47-4613477	501(C)(3)	130,000.	0.			EVICTION DEFENSE PROGRAM
HISPANIC ECONOMIC DEVELOPMENT CORPORATION - 1722 HOLLY STREET - KANSAS CITY, MO 64108	43-1654693	501(C)(3)	50,000.	0.			HEDC AFFORDABLE HOUSING INCLUSIVE INNOVATION FUND
HOLMES GARDEN NEIGHBORHOOD ASSOCIATION - 9543 CHARLOTTE STREET - KANSAS CITY, MO 64131	92-0846119	501(C)(3)	30,000.	0.			CONSULTANT FOR STRATEGIC PLANNING FOR AFFORDABLE HOUSING AND HOMEOWNERSHIP THROUGH NEIGHBORHOOD
HOPE FAMILY CARE CENTER LLC 3027 PROSPECT AVENUE KANSAS CITY, MO 64128	26-4021005	501(C)(3)	50,000.	0.			2024 PEOPLE FUNDING
HOPE HOUSE, INC. PO BOX 577 LEES SUMMIT, MO 64063	43-1265685	501(C)(3)	250,000.	0.			HOPE HOUSES GENERAL OPERATING FUND
HOUSE OF HOPE, INC. 301 S BROADWAY STREET LEXINGTON, MO 64067	43-1730519	501(C)(3)	100,000.	0.			2024 PEOPLE FUNDING
HUMANITY HOUSE FOUNDATION 110 EAST STREET IOLA, KS 66749	81-1799536	501(C)(3)	150,000.	0.			HUMANITY HOUSE CORE OPERATING FUNDS

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IVANHOE NEIGHBORHOOD COUNCIL 3700 WOODLAND AVENUE KANSAS CITY, MO 64109	43-1843831	501(C)(3)	50,000.	0.			BUILDING A BETTER IVANHOE: MINOR HOME REPAIR & AUDIT SUPPORT
JEWISH VOCATIONAL SERVICE 4600 THE PASEO KANSAS CITY, MO 64110	44-0545994	501(C)(3)	300,000.	0.			2024 PEOPLE FUNDING
KANSAS BLACK LEADERSHIP COUNCIL 504 PERRY STREET LAWRENCE, KS 66044	87-2969074	501(C)(3)	20,000.	0.			KBLC "MY BLACK VOTE CAMPAIGN"
KANSAS BREASTFEEDING COALITION, INC. - 3005 CHERRY HILL - MANHATTAN, KS 66503	26-4042868	501(C)(3)	50,000.	0.			EQUITY MIRROR, EQUITY LENS 2.0
KANSAS CITY BLACK MENTAL HEALTH INITIATIVE - 300 E 39TH STREET, SUITE 5C - KANSAS CITY, MO 64111	92-1026896	501(C)(3)	100,000.	0.			COMMUNITY MENTAL WELLNESS SERVICES
KANSAS CITY CARE HEALTH CENTER (KC CARE) - 3515 BROADWAY BOULEVARD - KANSAS CITY, MO 64111	43-0967292	501(C)(3)	800,000.	0.			2024 PEOPLE FUNDING
KANSAS CITY MEDICAL SOCIETY FOUNDATION - 6750 ANTIOCH ROAD, SUITE 3051 - MERRIAM, KS 66204	56-2552704	501(C)(3)	550,000.	0.			PROJECT ACCESS - SPECIALTY CARE FOR THE UNINSURED
KANSAS HEALTH INSTITUTE 212 SW 8TH AVENUE TOPEKA, KS 66603	48-1148972	501(C)(3)	50,000.	0.			FROM LISTENING TO LEADING: KHI'S STRATEGY FOR HEALTH EQUITY AND INCLUSIVE RESEARCH 2024
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	165,000.	0.			K12 INITIATIVE

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KC COMMON GOOD, INC. 801 W 47TH STREET, SUITE 500 KANSAS CITY, MO 64112	83-4482500	501(C)(3)	350,000.	0.			KC UNITED FOR PUBLIC SAFETY- CAPACITY BUILDING
KC HEALTH COLLABORATIVE 600 BROADWAY; SUITE 200 KANSAS CITY, MO 64105	85-2336925	501(C)(3)	263,292.	0.			2024 LAN PROJECT MANAGEMENT
KEYSTONE COMMUNITY CORPORATION 800 E 18TH STREET KANSAS CITY, MO 64108	83-2218909	501(C)(3)	75,000.	0.			KEYSTONE ORGANIZATIONAL CAPACITY 2024
KIDS COMMUNITY GROWING PROSPERITY 5520 BYRAMS FORD ROAD KANSAS CITY, MO 64129	46-1972274	501(C)(3)	25,000.	0.			I'M PROUD TO VOTE INITIATIVE
KIDS COMMUNITY GROWING PROSPERITY 5520 BYRAMS FORD ROAD KANSAS CITY, MO 64129	46-1972274	501(C)(3)	10,000.	0.			PROUD TO VOTE INITIATIVE
KIDS COMMUNITY GROWING PROSPERITY 5520 BYRAMS FORD ROAD KANSAS CITY, MO 64129	46-1972274	501(C)(3)	35,000.	0.			I'M PROUD TO VOTE INITIATIVE E.C.L.I.S.P.E
LAFAYETTE COUNTY HEALTH DEPARTMENT 547 S BUSINESS HIGHWAY 13 LEXINGTON, MO 64067	43-1241723	GOVERNMENTAL ENT	50,000.	0.			INCLUSIVE LAFAYETTE COUNTY
LEADMO ACTION 3407 S JEFFERSON AVENUE ST. LOUIS, MO 63118	84-4939515	501(C)(4) SOCIAL	50,000.	0.			MODELING EQUITY, INCLUSION AND ANTI RACISM IN LEADERSHIP FOR MISSOURI'S LEADERSHIP
LEAGUE OF WOMEN VOTERS OF KANSAS 303 SW COLLEGE AVENUE, ROOM 7 TOPEKA, KS 66611	48-6119262	501(C)(3)	10,000.	0.			2024 LEAGUE GOTV

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LEAGUE OF WOMEN VOTERS OF KANSAS CITY, JACKSON, CLAY AND PLATTE COUNTIES - PO BOX 10416 - KANSAS CITY, MO 64171-0416	23-7010089	501(C)(3)	10,000.	0.			2024 GOTV BUS AND RADIO ADVERTISING
LEGAL AID OF WESTERN MISSOURI 4001 DR. MARTIN LUTHER KING JR. BOULEVARD., SUITE 300 - KANSAS CITY, MO 6413	43-0824638	501(C)(3)	250,000.	0.			2024 PEOPLE FUNDING
LEVELUP KIDS INC. 5416 NE ANTIOCH ROAD KANSAS CITY, MO 64119	20-3664224	501(C)(3)	150,000.	0.			SAFETY NET SCHOOL-BASED DENTAL AND VISION SERVICES FOR LOW-INCOME CHILDREN
LOCAL INITIATIVES SUPPORT CORPORATION - 600 BROADWAY, SUITE 280 - KANSAS CITY, MO 64105	13-3030229	501(C)(3)	200,000.	0.			2024 HEALTHY COMMUNITIES THROUGH NEIGHBORHOOD AND CAPACITY BUILDING
LOUD LIGHT INC PO BOX 4045 TOPEKA, KS 66604	81-0798700	501(C)(3)	45,000.	0.			2024 KANSAS YOUTH VOTER ENGAGEMENT
LYRIK'S INSTITUTION 7201 E 67 STREET KANSAS CITY, MO 64133	84-2799526	501(C)(3)	50,000.	0.			IBUILD
LYRIK'S INSTITUTION 7201 E 67 STREET KANSAS CITY, MO 64133	84-2799526	501(C)(3)	10,000.	0.			TELLING THEIR STORY/ QUALITATIVE AND QUANTITATIVE DATA
MATTIE RHODES CENTER 148 N TOPPING AVENUE KANSAS CITY, MO 64123	44-0546343	501(C)(3)	450,000.	0.			2024 PEOPLE FUNDING
MERCY & TRUTH MEDICAL MISSIONS INC. - 721 N 31ST STREET - KANSAS CITY, KS 66102	74-2847917	501(C)(3)	200,000.	0.			STRENGTHENING THE SAFETY-NET: INCREASING ACCESS TO NEEDED CARE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT - 3100 BROADWAY, SUITE 400 - KANSAS CITY, MO 64111	43-1061620	501(C)(3)	150,000.	0.			2024 PEOPLE FUNDING
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	GOVERNMENTAL ENT	150,000.	0.			DOUBLE UP FOOD BUCKS - HEARTLAND PROGRAM (YEAR 9)
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	GOVERNMENTAL ENT	50,000.	0.			ENSURE EQUITY, TRANSPARENCY, AND FAIRNESS IN MARC'S COMMUNITY PARTNERSHIPS
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	GOVERNMENTAL ENT	125,000.	0.			REGIONAL HOUSING PARTNERSHIP - KCCLT SPECIFIC REQUEST
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	GOVERNMENTAL ENT	150,000.	0.			DOUBLE UP BUCKS (YEAR 10)
MIGRANT FARMWORKERS ASSISTANCE FUND - PO BOX 413223 - KANSAS CITY, MO 64141	43-1805495	501(C)(3)	250,000.	0.			FARMWORKERS AND FAMILIES - 2024
MISSION VISION PROJECT KC PO BOX 32134 KANSAS CITY, MO 64171	84-2139145	501(C)(3)	200,000.	0.			MVPKC OPERATIONS
MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE - 1410 TOWER GROVE AVENUE - ST. LOUIS, MO 63110	46-3104615	501(C)(3)	100,000.	0.			MAKING ADVOCACY ACTIONABLE: BUILDING CAPACITY OF LOCAL PUBLIC HEALTH AGENCIES (LPHAS)
MISSOURI COALITION FOR ORAL HEALTH 617 BOONVILLE ROAD JEFFERSON CITY, MO 65109-0882	20-5032836	501(C)(3)	150,000.	0.			MISSOURI COALITION FOR ORAL HEALTH - CIVIC ENGAGEMENT 2024

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI JOBS WITH JUSTICE, DBA KANSAS CITY JOBS WITH JUSTICE - 2725 CLIFTON AVENUE - ST. LOUIS, MO 63139	43-1864844	501(C)(3)	50,000.	0.			MOJWJ ANTI-RACISM PROGRAM
MISSOURI WORKERS CENTER PO BOX 63002 ST. LOUIS, MO 63136	86-3339847	501(C)(3)	100,000.	0.			LOW-WAGE WORKER VOTER REGISTRATION PROJECT
MISSOURI WORKERS CENTER PO BOX 63002 ST. LOUIS, MO 63136	86-3339847	501(C)(3)	50,000.	0.			MOBILIZING FOR HEALTH AND ECONOMIC RIGHTS: VOTER OUTREACH IN UNDERSERVED COMMUNITIES
MISSOURIANS FOR CONSTITUTIONAL FREEDOM - 2742 CHEROKEE STREET - ST. LOUIS, MO 63118	92-2712562	501(C)(4) SOCIAL	250,000.	0.			REPRODUCTIVE RIGHTS I PHASE TWO
MISSOURIANS FOR CONSTITUTIONAL FREEDOM - 2742 CHEROKEE STREET - ST. LOUIS, MO 63118	92-2712562	501(C)(4) SOCIAL	250,000.	0.			REPRODUCTIVE RIGHTS
MORE2 3151 OLIVE STREET KANSAS CITY, MO 64109	20-2470054	501(C)(3)	20,000.	0.			KANSAS VOTER ENGAGEMENT: OUR VOTES MATTER
MT. CARMEL REDEVELOPMENT CORPORATION - 1130 TROUP AVENUE - KANSAS CITY, KS 66104	48-1160735	501(C)(3)	200,000.	0.			2024 PEOPLE FUNDING
NAACP ST. LOUIS COUNTY PO BOX 210464 ST. LOUIS, MO 63121	87-1859505	501(C)(4) SOCIAL	100,000.	0.			ST. LOUIS VOTER EQUITY INITIATIVE: CLOSING THE GAP
NATIONAL COALITION OF 100 BLACK WOMEN, INC. METROPOLITAN ST. LOUIS CHAPTER - 1720 MARKET STREET - ST. LOUIS, MO 63177	43-1387058	501(C)(3)	10,000.	0.			KNOW BEFORE YOU VOTE - VOTER REGISTRATION AND CIVIC ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWHOUSE, INC. PO BOX 240019 KANSAS CITY, MO 64124	43-0962293	501(C)(3)	150,000.	0.			2025 - 2026 PEOPLE FUNDING
NORTHLAND HEALTH CARE ACCESS 5810 NW BARRY ROAD LOWER LEVEL KANSAS CITY, MO 64154	43-1578121	501(C)(3)	75,000.	0.			2024 SUPPORT FOR ACCESS TO CARE FOR ALL
NURTURE KC 1111 W 39TH STREET, SUITE 100 KANSAS CITY, MO 64111	43-1897000	501(C)(3)	400,000.	0.			MATERNAL AND INFANT HEALTH EQUITY
ORAL HEALTH KANSAS, INC. PO BOX 4567 TOPEKA, KS 66604	20-0337278	501(C)(3)	150,000.	0.			STRENGTHENING CAPACITY AT ORAL HEALTH KANSAS
PEAK GRANTMAKING 1701 PENNSYLVANIA AVENUE NW, SUITE WASHINGTON, DC 20006	74-3158155	501(C)(3)	50,000.	0.			PEAK GENERAL OPERATING SUPPORT, PEAK2025 SPONSORSHIP, AND PEAK2026 SPONSORSHIP
POETRY FOR PERSONAL POWER PO BOX 300440 KANSAS CITY, MO 64130	46-2612596	501(C)(3)	200,000.	0.			S.T.A.R.S. PATHWAYS TO RECOVERY
POETRY FOR PERSONAL POWER PO BOX 300440 KANSAS CITY, MO 64130	46-2612596	501(C)(3)	30,000.	0.			2024 RESPONSIVE FUNDING
RECONCILIATION SERVICES 3101 TROOST AVENUE KANSAS CITY, MO 64109	36-4580402	501(C)(3)	250,000.	0.			RECONCILIATION SERVICES PROGRAMS AND OPERATIONS
REDISCOVER 1555 NE RICE ROAD LEES SUMMIT, MO 64086	23-7169417	501(C)(3)	80,000.	0.			ACCESS TO FAIR AND EQUITABLE HEALTH CARE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTART, INC. 918 E 9TH STREET KANSAS CITY, MO 64106	43-1349378	501(C)(3)	350,000.	0.			2024 PEOPLE
REVOLUCION EDUCATIVA 2301 LEXINGTON AVENUE KANSAS CITY, MO 64124	83-2534690	501(C)(4) SOCIAL	100,000.	0.			REVIVED CIVIC ENGAGEMENT 2024
ROSE BROOKS CENTER, INC. PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	300,000.	0.			ROSE BROOKS CENTER'S CONTINUITY OF CARE FOR DOMESTIC VIOLENCE SURVIVORS
ROSEDALE DEVELOPMENT ASSOCIATION 1403 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	48-0886413	501(C)(3)	75,000.	0.			ROSEDALE NEIGHBORHOOD LEADERSHIP CAPACITY
SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	50,000.	0.			2024 EQUITY, INCLUSION AND ANTI-RACISM CAPACITY BUILDING
SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	75,000.	0.			2024 PEOPLE FUNDING
SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	600,000.	0.			UNINSURED PATIENT CARE (INDIGENT CARE) SUPPORT.
SARITA LYNNE MINISTRIES 2214 BENTON BOULEVARD KANSAS CITY, MO 64127	68-0507807	501(C)(3)	30,000.	0.			RECOVERY HOUSING FACILITY THAT SPECIALIZES IN MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT
SAVE, INC. PO BOX 45301 KANSAS CITY, MO 64171	43-1465268	501(C)(3)	150,000.	0.			SAVE INC OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETON CENTER FAMILY & HEALTH SERVICES - 2816 E 23RD STREET - KANSAS CITY, MO 64127	43-0926003	501(C)(3)	300,000.	0.			SETON CENTER DENTAL CLINIC WITH HOLISTIC CARE
SHEFFIELD PLACE 6604 E 12TH STREET KANSAS CITY, MO 64126	43-1532267	501(C)(3)	200,000.	0.			2024 PEOPLE FUNDING
SHEPHERD'S CENTER OF KANSAS CITY CENTRAL - 9200 WARD PARKWAY SUITE 200 - KANSAS CITY, MO 64114	43-0994417	501(C)(3)	10,000.	0.			GRASSROOTS PARTNERS MISSOURI-BASED VOTER ENGAGEMENT
SISTERS IN CHRIST 6317 EVANSTON AVENUE RAYTOWN, MO 64133	43-1799360	501(C)(3)	200,000.	0.			SISTERS IN CHRIST RESOURCE HUB
ST. LOUIS COMMUNITY FOUNDATION 2 OAK KNOLL PARK CLAYTON, MO 63105	43-6023126	501(C)(3)	250,000.	0.			MISSOURI ECLISPE FUND
SUBURBAN BALANCE 316 NE LAKES EDGE CIRCLE LEES SUMMIT, MO 64064	90-0805670	501(C)(3)	10,000.	0.			ADVANCE PARTICIPATION IN DEMOCRACY -MISSOURI DEMOCRACY INCLUSION FUNDING
SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	800,000.	0.			PEOPLE FUNDING - 2024
SYNERGY SERVICES, INC. 400 E 6TH STREET PARKVILLE, MO 64152	43-0970674	501(C)(3)	300,000.	0.			SYNERGY SERVICES TEENS AND TOTS INTEGRATED HEALTH CLINIC
SYNERGY SERVICES, INC. 400 E 6TH STREET PARKVILLE, MO 64152	43-0970674	501(C)(3)	60,000.	0.			PLATTE COUNTY - CHILDREN'S SERVICE CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CURATORS OF THE UNIVERSITY OF MISSOURI - UNIVERSITY OF MISSOURI-KANSAS CITY - KANSAS CITY, MO 64110	43-6003859	501(C)(3)	100,000.	0.			2024 ELECTION AND DEMOCRACY COVERAGE PROJECT
THE FAMILY CONSERVANCY 444 MINNESOTA AVENUE KANSAS CITY, KS 66101	44-0454800	501(C)(3)	100,000.	0.			2024 PEOPLE FUNDING
THE FOUNDATION FOR DELTA EDUCATIONAL AND ECONOMIC DEVELOPMENT - 900 E LINWOOD BOULEVARD - KANSAS CITY, MO 64109	43-1761424	501(C)(3)	97,284.	0.			VOTER ADVOCACY PROGRAM
THE GEM THEATER CULTURAL AND PERFORMING ARTS CENTER, INC. - 2033 VINE STREET - KANSAS CITY, MO 64108	43-1558517	501(C)(3)	100,000.	0.			COMMUNITY CARES KC: ADVOCACY TO ACTION
THE KANSAS CITY PUBLIC LIBRARY 14 W 10TH STREET KANSAS CITY, MO 64105	43-1497955	501(C)(3)	25,000.	0.			EMPOWERING CIVIC PARTICIPATION AT THE KANSAS CITY PUBLIC LIBRARY
THE LINKS FOUNDATION, INCORPORATED 1200 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20005	52-1170830	501(C)(3)	50,000.	0.			LINK UP TO VOTE: MO/KAN ACTION PLAN
THE VILLAGE INITIATIVE 3004 N 27TH STREET KANSAS CITY, KS 66104	90-0808727	501(C)(3)	150,000.	0.			THE VILLAGE INITIATIVE: BREAKING THE CYCLE OF RECIDIVISM IN WYANDOTTE COUNTY, KANSAS
THE VOTER NETWORK FOUNDATION 6750 ANTIOCH ROAD OVERLAND PARK, KS 66204	92-1581742	501(C)(3)	65,000.	0.			GET OUT THE 2024 VOTE IN KANSAS
THRIVE ALLEN COUNTY 9 S JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	50,000.	0.			DEI IN ALLEN COUNTY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE ALLEN COUNTY 9 S JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	50,000.	0.			AFFORDABLE HOMEOWNERSHIP IN ALLEN COUNTY
THRIVE ALLEN COUNTY 9 S JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	500,000.	0.			2024-2026 PEOPLE INITIATIVES FOR ALLEN COUNTY
TRI-COUNTY MENTAL HEALTH SERVICES, INC., DBA BEACON MENTAL HEALTH - 3100 NE 83RD STREET, SUITE 1001 - KANSAS CITY, MO 64119	43-1556416	501(C)(3)	50,000.	0.			DEEP DIVE ON DIVERSITY
TRUMAN MEDICAL CENTER (DBA UNIVERSITY HEALTH) CHARITABLE FOUNDATION - 2310 HOLMES, SUITE 735 - KANSAS CITY, MO 64108	43-1194064	501(C)(3)	750,000.	0.			2024 PEOPLE FUNDING
TRUST NEIGHBORHOODS 1737 WALNUT STREET KANSAS CITY, MO 64108	85-2544201	501(C)(3)	400,000.	0.			NORTHEAST NEIGHBORHOOD TRUST
TURNER HOUSE CLINIC INC DBA VIBRANT HEALTH - 21 N 12TH STREET, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	750,000.	0.			VIBRANT HEALTH: COMMUNITY ANCHOR & TRUSTED CONNECTOR
TURNER HOUSE CLINIC INC DBA VIBRANT HEALTH - 21 N 12TH STREET, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	50,000.	0.			VIBRANT HEALTH: LANGUAGE ACCESS PLAN
UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS, PUBLIC HEALTH DEPART - 619 ANN AVENUE - KANSAS CITY, KS 66101	48-1194075	GOVERNMENTAL ENT	150,000.	0.			EQUITY THROUGH COLLABORATION: 2024-2028 WYANDOTTE COUNTY CHIP CORE SUPPORT
UNITED COMMUNITY SERVICES OF JOHNSON COUNTY, INC. - 9001 W 110TH STREET, SUITE 100 - OVERLAND PARK, KS 66210	48-0914699	501(C)(3)	350,000.	0.			RACIAL EQUITY, COMMUNITY ENGAGEMENT, AND SYSTEMS ADVOCACY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER KANSAS CITY, INC. - 4801 MAIN STREET, SUITE 425 - KANSAS CITY, MO 64112	44-0545812	501(C)(3)	100,000.	0.			KC STRONG FUND
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BOULEVARD - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	100,000.	0.			KANSAS BIRTH EQUITY NETWORK: STRENGTHENING COMMUNITIES CAPACITY AND EFFECTIVENESS TO ADVANCE
URBAN NEIGHBORHOOD INITIATIVE 2300 MAIN STREET, SUITE 180 KANSAS CITY, MO 64108	45-4879810	501(C)(3)	20,000.	0.			HOUSING CONSULTANT
UZAZI VILLAGE 4232 TROOST AVENUE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	250,000.	0.			2024 PEOPLE FUNDING
FOUNDATION FOR LOUISIANA 2022 ST. BERNARD AVENUE, STE 122B NEW ORLEANS, LA 70116	20-3399944	501(C)(3)	15,000.	0.			VOICE. VISION. VALUE. BLACK WOMEN LEADING PHILANTHROPY
VOTER RIGHTS NETWORK OF WYANDOTTE COUNTY - 2223 N 64TH STREET, SUITE 100 - KANSAS CITY, KS 66104	92-3124458	501(C)(3)	10,000.	0.			VOTER ENGAGEMENT GRANT
WALKER FOUNDATION 118 N CONISTOR LANE SUITE B UNIT 27 LIBERTY, MO 64068	37-1996333	501(C)(3)	40,000.	0.			THE WALKER FOUNDATION HAIR HEALTH FAIR, HAIR CONFIDENCE, HAIR LOVE AND HAIR ADVOCACY PROJECT
WELCOME WELLNESS HEALTH EDUCATION RESOURCE CENTER - 700 TREVIS AVENUE - BELTON, MO 64012-1896	88-3353781	501(C)(3)	100,000.	0.			GENERAL OPERATES FUNDING
WESTSIDE HOUSING ORGANIZATION INC 919 W 24TH STREET KANSAS CITY, MO 64108	43-1122742	501(C)(3)	250,000.	0.			EXPANDING AFFORDABLE HOUSING WITH MINOR HOME REPAIR

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

THE FOUNDATION HAS SPECIFIC POLICIES REGARDING GRANT APPLICATIONS AND ONGOING MONITORING WHICH INCLUDES FREQUENT UPDATES WITH THE GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BELTON SCHOOL DISTRICT #124

(H) PURPOSE OF GRANT OR ASSISTANCE: APPROPRIATE CLINICAL CARE ENGAGED IN SCHOOL SETTINGS (ACCESS) - BELTON'S SCHOOL-BASED THERAPY PROGRAM 2024

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CAPITAL FUND (ON BEHALF OF PARENT LEADERSHIP TRAINING INSTITUTE-KA

(H) PURPOSE OF GRANT OR ASSISTANCE: DEEPENING PLTI-KC'S CIVIC LEADERSHIP IMPACT THROUGH BOARDS & COMMISSIONS SUPPORT & THE CHILDREN'S LEADERSHIP TRAINING INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: RADLE KC MCH DATA SHARING NETWORK

Part IV Supplemental Information

(MCHDSN) AND BUILDING SUSTAINABILITY FOR CHWS THROUGH MEDICAID/MEDICARE REIMBURSEMENT

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH PARTNERSHIP OF JOHNSON COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: 2024 - PEOPLE FUNDING/CARE FOR THE UNINSURED AND UNDERINSURED OF JOHNSON COUNTY, KANSAS

NAME OF ORGANIZATION OR GOVERNMENT:
HOLMES GARDEN NEIGHBORHOOD ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTANT FOR STRATEGIC PLANNING FOR AFFORDABLE HOUSING AND HOMEOWNERSHIP THROUGH NEIGHBORHOOD ASSOCIATION

NAME OF ORGANIZATION OR GOVERNMENT: LEADMO ACTION
(H) PURPOSE OF GRANT OR ASSISTANCE: MODELING EQUITY, INCLUSION AND ANTI RACISM IN LEADERSHIP FOR MISSOURI'S LEADERSHIP PIPELINE

NAME OF ORGANIZATION OR GOVERNMENT:
MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE
(H) PURPOSE OF GRANT OR ASSISTANCE: MAKING ADVOCACY ACTIONABLE: BUILDING CAPACITY OF LOCAL PUBLIC HEALTH AGENCIES (LPHAS) TO CHAMPION PRO-PUBLIC HEALTH POLICIES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF KANSAS MEDICAL CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: KANSAS BIRTH EQUITY NETWORK: STRENGTHENING COMMUNITIES CAPACITY AND EFFECTIVENESS TO ADVANCE EQUITABLE SOLUTIONS IN BLACK BIRTHING

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

HEALTH FORWARD FOUNDATION

Employer identification number

20-0167282

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) QIANA THOMASON PRESIDENT/CEO	(i)	544,667.	0.	810.	34,480.	36,740.	616,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTIE ZARKOVICH CAFIO/ASST TREASURER	(i)	431,860.	0.	810.	34,500.	22,218.	489,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MCCLAIN BRYANT MACKLIN VP OF POLICY & IMPACT/ASST SECRETARY	(i)	248,093.	0.	1,210.	24,809.	36,421.	310,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EUSEBIO DIAZ VP SLC & ASST SECRETARY	(i)	224,463.	0.	810.	22,436.	22,218.	269,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRENDA CALVIN CHIEF OPERATIONS OFFICER	(i)	216,815.	0.	3,210.	21,682.	1,118.	242,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER SYKES DIR. OF COMMUNICATIONS & NARRATIVE	(i)	153,907.	0.	810.	15,391.	36,295.	206,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TERESA TOAL DIRECTOR OF TALENT & ADMIN	(i)	160,690.	0.	1,310.	8,080.	36,052.	206,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANGELIQUE WILLIAMS DIRECTOR OF ORG. LEARNING & CULTURE	(i)	152,407.	0.	810.	15,241.	36,300.	204,758.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HAYAT ABDULLAHI DIRECTOR OF COMMUNITY IMPACT	(i)	155,300.	0.	810.	6,212.	22,880.	185,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENNIFER TIDWELL IMPACT STRATEGIST	(i)	144,642.	0.	810.	9,671.	11,831.	166,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HEALTH FORWARD FOUNDATION

Employer identification number

20-0167282

FORM 990, PART VI, SECTION A, LINE 4:
BYLAWS WERE UPDATED IN 2024.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 RETURN IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. THE
RETURN IS PROVIDED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST
STATEMENT ANNUALLY. IF A BOARD MEMBER OR EMPLOYEE HAS ANY CONFLICT WITH A
POTENTIAL GRANTEE OR GRANT, THEY ARE EXCUSED AND ARE NOT PRESENT FOR ANY
DISCUSSIONS REGARDING THE GRANT OR POTENTIAL GRANT. THEY ARE NOT ALLOWED TO
VOTE ON THE GRANT PROPOSAL.

FORM 990, PART VI, SECTION B, LINE 15:
THE PRESIDENT/CEO'S COMPENSATION PACKAGE IS REVIEWED ANNUALLY BY THE
COMPENSATION SUB-COMMITTEE OF THE BOARD OF DIRECTORS. THE PRESIDENT/CEO
SETS THE COMPENSATION OF EXECUTIVE OFFICERS IN ALIGNMENT WITH THE
ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AND PHILOSOPHY INCLUDING
BENCHMARKING WITH COMPARABLE INDUSTRY DATA.

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES FINANCIAL AND POLICY INFORMATION, INCLUDING BOARD
MINUTES, AVAILABLE ON ITS WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE UPON
REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **HEALTH FORWARD FOUNDATION** Employer identification number **20-0167282**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE COMMUNITY ADVISORY COMMITTEE - 27-2536603, 2555 GRAND BLVD, KANSAS CITY, MO 64108	PUBLIC CHARITY	MISSOURI	501(C)(3)	LINE 7			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

