

Extended to May 15, 2023

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

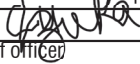
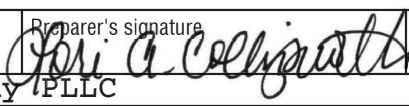
B Check if applicable:	C Name of organization Partnership for a Healthier America, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1875 K Street, NW 4th Floor City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20006-1293	D Employer identification number 27-1712188 E Telephone number (202) 842-9001
Address change Name change Initial return Final return/terminated Amended return Application pending	F Name and address of principal officer: Nancy E. Roman same as C above	G Gross receipts \$ 7,676,647. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ https://www.ahealthieramerica.org/		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 2010
		M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Devoted to transforming the food landscape in pursuit of health equity- See Schedule O 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 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 19 6 Total number of volunteers (estimate if necessary) 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	3	14
Revenue	8 Contributions and grants (Part VIII, line 1h) 15,264,359. 9 Program service revenue (Part VIII, line 2g) 891,680. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,856. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,965. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,164,860.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 183,200. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,935,718. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,303. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,382,361. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,501,279. 19 Revenue less expenses. Subtract line 18 from line 12 9,663,581.	10,373,405.	15,662,608.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 16,700,339. 21 Total liabilities (Part X, line 26) 1,174,535. 22 Net assets or fund balances. Subtract line 21 from line 20 15,525,804.	Beginning of Current Year	End of Year
		8,156,675.	617,951.
		7,538,724.	

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:  Chidimma Ibezim, Senior Vice President, Finance Type or print name and title	Date: 01/18/2023
Paid Preparer Use Only	Print/Type preparer's name: Lori A. Collingsworth Preparer's signature:  Date: 01/18/23 Firm's name: Rogers & Company PLLC Firm's address: 8300 Boone Boulevard, Suite 600 Vienna, VA 22182 Firm's EIN: 58-2676261 Phone no.: (703) 893-0300	Check if self-employed <input type="checkbox"/> PTIN: P00639819

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 ☒ **X**

1 Briefly describe the organization's mission:

The mission of Partnership for a Healthier America (PHA) is to leverage the power of the private sector to transform the food landscape in pursuit of health equity.
See Schedule O for full mission.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,332,296. including grants of \$ 2,125,000.) (Revenue \$ 332,100.)

Commitments: PHA negotiates voluntary business practice change among private sector partners that work to improve the food supply and increase healthy choices. As part of these partnerships, PHA coordinates monitoring activities over the life of the agreement and works with third party contractors to verify progress.

4b (Code:) (Expenses \$ 11,166,912. including grants of \$ 797,000.) (Revenue \$ 365,000.)

Catalyzing Action: Both nationally and regionally, PHA creates and executes programs that build both the supply and demand for vegetables and fruits in all of their forms, working with partners across the public, private and charitable sector. Our Good Food for All program provides participating families with 50 servings of fruits and vegetables weekly for 12 weeks, creating a long-lasting habit of produce. PHA's Healthy Hunger Relief program recognizes, elevates and accelerates the work of food banks across the country that are uplifting the health and well-being of their communities. Our regional food equity work focuses on community-driven change to increase consumption of vegetables and fruits by building a greater local supply and increasing demand.

4c (Code:) (Expenses \$ 64,289. including grants of \$) (Revenue \$ 12,500.)

Convening: PHA brings together thousands of leaders from the private sector, government, and non-profit space to transform the food system through a variety of convening and coalition opportunities, including PHA's annual food equity summit and its coalition of Veggies Early & Often partners that are seeking to shape early palates and create lifelong habits of healthy eating in our youngest eaters.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **14,563,497.**

**Partnership for a Healthier America,
Inc.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Partnership for a Healthier America,
Inc.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

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 ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	30
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 19		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 14		
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
b 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.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI**

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.
☒ Own website ☐ Another's website ☒ 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 **Chidimma Ibezim, Senior VP Finance - (202) 842-9001**
1875 K Street, NW 4th Floor, Washington, DC 20006-1293

See Schedule O for full list of states

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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) Nancy Roman CEO	40.00			X				350,325.	0.	40,158.
(2) Stacy Molander Chief Operating Officer	40.00				X			202,635.	0.	29,888.
(3) Chidimma Ibezim VP, Finance	40.00			X				157,993.	0.	29,149.
(4) Paula Reichel Senior Vice President	40.00				X			122,299.	0.	11,829.
(5) Peter R. Dolan, MBA Board Chair	2.00	X		X				0.	0.	0.
(6) Gordon Reid Vice Board Chair	2.00	X		X				0.	0.	0.
(7) Tracey Griffin, MBA Treasurer	2.00	X		X				0.	0.	0.
(8) David Blair Board Member	2.00	X						0.	0.	0.
(9) William H. Dietz, MD, Ph.D Board Member	2.00	X						0.	0.	0.
(10) Imani Green Board Member	2.00	X						0.	0.	0.
(11) Daniel Houston Board Member	2.00	X						0.	0.	0.
(12) Leslie Sarasin Board Member	2.00	X						0.	0.	0.
(13) Jason Langheier, MD, MPH Board Member	2.00	X						0.	0.	0.
(14) Viviana Lopez Board Member	2.00	X						0.	0.	0.
(15) John Kiely Board Member	2.00	X						0.	0.	0.
(16) Olajide Williams, MD, MS Board Member	2.00	X						0.	0.	0.
(17) Steve Lacy Board Member	2.00	X						0.	0.	0.

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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) Susan Sher Board Member	2.00	X						0.	0.	0.
1b Subtotal								833,252.	0.	111,024.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								833,252.	0.	111,024.

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
Genuine Food Lab LLC 121 MacDonough St, Brooklyn, NY 11216	Pass the Love (PTL) food distribution	4,009,260.
Castellini Company 2 Plum Street, Wilder, KY 41076	Good Food for All distribution Midwest	3,617,902.
Freshpoint of Denver 5151 N Bannock St, Denver, CO 80216	Good Food for All distribution Denver	526,050.
The Children's Hospital of Philadelphia, 3401 Civic Center Blvd, Philadelphia, PA	Research study on Impact of PTL	228,830.
Top Box Foods New Orleans 300 North Broad St, New Orleans, LA 70119	Good Food for All dist. New Orleans	204,000.

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 **13**

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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	401,800.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,561,759.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a Strategic Partner Program	Business Code 900099		365,000.	365,000.		
	b Commitment and Evaluation Fees	900099		332,100.	332,100.		
	c Food Equity Summit	900099		12,500.	12,500.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			709,600.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,363.		
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	1,119.				
c Gain or (loss)		7c	-994.				
d Net gain or (loss)				-994.			-994.
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			7,675,528.	709,600.	0.	2,369.

**Partnership for a Healthier America,
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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 ☒ **X**

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	2,922,000.	2,922,000.		
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	832,000.	591,357.	226,106.	14,537.
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	1,210,795.	860,592.	329,047.	21,156.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,382.	33,678.	12,876.	828.
9 Other employee benefits	105,363.	74,165.	29,395.	1,803.
10 Payroll taxes	139,163.	99,433.	36,936.	2,794.
11 Fees for services (nonemployees):				
a Management				
b Legal	20,816.	3,558.	17,258.	
c Accounting	21,263.		21,263.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,500.			32,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,619,843.	1,415,728.	153,115.	51,000.
12 Advertising and promotion	64,523.	58,548.	1,080.	4,895.
13 Office expenses	102,815.	95,123.	6,340.	1,352.
14 Information technology	85,178.	43,603.	41,575.	
15 Royalties				
16 Occupancy	50,429.		50,429.	
17 Travel	37,811.	21,443.	16,368.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,097.	53,518.	579.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,821.	62,576.	10,320.	5,925.
23 Insurance	13,164.	10,451.	1,724.	989.
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 Fresh food distribution	8,047,559.	8,047,559.		
b Bad debt	143,505.	143,505.		
c Dues and subscriptions	21,485.	17,057.	2,813.	1,615.
d Licenses and fees	12,096.	9,603.	1,584.	909.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,662,608.	14,563,497.	958,808.	140,303.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Partnership for a Healthier America,
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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	8,819,798.	1	5,883,436.
	2 Savings and temporary cash investments	902,259.	2	121,311.
	3 Pledges and grants receivable, net	6,823,938.	3	1,577,960.
	4 Accounts receivable, net	27.	4	307,555.
	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	64,402.	9	35,442.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	691,156.		
	b Less: accumulated depreciation	460,185.		
		89,915.	10c	230,971.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,700,339.	16	8,156,675.	
Liabilities	17 Accounts payable and accrued expenses	743,669.	17	617,951.
	18 Grants payable		18	
	19 Deferred revenue	8,299.	19	0.
	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	401,800.	24	0.
	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	20,767.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,174,535.	26	617,951.
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	4,905,567.	27	4,243,731.
	28 Net assets with donor restrictions	10,620,237.	28	3,294,993.
	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	15,525,804.	32	7,538,724.
	33 Total liabilities and net assets/fund balances	16,700,339.	33	8,156,675.

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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	7,675,528.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,662,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,987,080.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,525,804.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	7,538,724.

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
b	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	
c	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 Single Audit Act and OMB Circular A-133? _____		X
b	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** (2021)

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

2021

Open to Public
Inspection

Name of the organization **Partnership for a Healthier America, Inc.** Employer identification number **27-1712188**

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 _____
- g Provide the following information about the supported organization(s).

(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		
Total						

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

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,112,434.	2,019,746.	1,305,260.	15,264,359.	6,963,559.	27,665,358.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,112,434.	2,019,746.	1,305,260.	15,264,359.	6,963,559.	27,665,358.
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)						5,723,188.
6 Public support. Subtract line 5 from line 4.						21,942,170.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,112,434.	2,019,746.	1,305,260.	15,264,359.	6,963,559.	27,665,358.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68,914.	80,332.	61,903.	6,856.	3,363.	221,368.
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						27,886,726.
12 Gross receipts from related activities, etc. (see instructions)					12	6,194,512.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	78.68 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	49.23 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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).			

Partnership for a Healthier America,
Inc.

Schedule A (Form 990) 2021

27-1712188 Page 7

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 (<i>describe in Part VI</i>). 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

[illegible]

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Partnership for a Healthier America,
Inc.

Employer identification number

27-1712188

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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 Partnership for a Healthier America, Inc.	Employer identification number 27-1712188
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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
<u>1</u>		\$ <u>2,457,183.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,091,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>447,433.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>401,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>345,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Partnership for a Healthier America, Inc.	Employer identification number 27-1712188
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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
<u>7</u>		\$ <u>309,620.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>256,935.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>206,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

27-1712188

Part II

[illegible]

Name of organization Partnership for a Healthier America, Inc.	Employer identification number 27-1712188
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

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

2021

Open to Public Inspection

Name of the organization Partnership for a Healthier America, Inc.

Employer identification number
27-1712188

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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?

☐ Yes ☐ No

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation 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

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

☐ Yes ☐ No

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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11

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				230,971.
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**Partnership for a Healthier America,
Inc.**

Schedule D (Form 990) 2021

27-1712188 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,686,803.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	10,156.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,156.
3	Subtract line 2e from line 1	3	7,676,647.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-1,119.
c	Add lines 4a and 4b	4c	-1,119.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,675,528.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,673,883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,156.
b	Prior year adjustments	2b	
c	Other losses	2c	1,119.
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	11,275.
3	Subtract line 2e from line 1	3	15,662,608.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,662,608.

Part XIII Supplemental Information.

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

Part X, Line 2:

Management has evaluated PHA's tax positions and concluded that the financial statements do not include any uncertain tax positions.

Part XI, Line 4b - Other Adjustments:

Loss on disposal of fixed assets

**Partnership for a Healthier America,
Inc.**

Schedule G (Form 990) 2021

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Fuse Fundraising Group

(i) Address of Fundraiser:

12355 Sunrise Valley Drive Suite 240, Reston, VA 20191

[illegible]

SCHEDULE I
(Form 990)

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 the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **Partnership for a Healthier America, Inc.** Employer identification number **27-1712188**

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
Akron-Canton Regional Foodbank Inc 350 Opportunity Parkway Akron, OH 44307	34-1369388	501(c)(3)	25,000.	0.	N/A	N/A	GFA Partnership - OR21-10; Distribution of Good Food For All boxes in Akron Ohio; 480 boxes
Apostolic Faith Church 3823 South Indiana Avenue Chicago, IL 60653	36-2202881	501(c)(3)	25,000.	0.	N/A	N/A	Good Food for All Program distribution partner - Chicago, IL : July 28 to Oct 31, 2021
Capital Area Food Bank 4900 Puerto Rico Avenue NW Washington, DC 20017	52-1167581	501(c)(3)	10,000.	0.	N/A	N/A	PHA/GFA Subgrant Partner - Distribution for DC Good For All
Chicago Housing Authority 60 East Van Buren Street Chicago, IL 60605	36-6000618	115	25,000.	0.	N/A	N/A	Grant Award for participation in Good Food For All distribution - Chicago
Cincinnati Public Schools 2315 Iowa Avenue Cincinnati, OH 45206	31-6000758	115	25,000.	0.	N/A	N/A	Cincinnati Public Schools: GFA Partner Agreement - distribution of food boxes for period
City of Indianapolis 200 E. Washington Street Indianapolis, IN 46204	35-6001063	115	25,000.	0.	N/A	N/A	Mid West Covid-19 Fresh Food Program - Indianapolis deployment

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **57.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

See Part IV for Column (h) descriptions

**Partnership for a Healthier America,
Inc.**

Schedule I (Form 990)

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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
City of Sioux Falls Health Department - 521 North Main Avenue Suite 100 - Sioux Falls, SD 57104	46-6000425	115	25,000.	0.	N/A	N/A	Midwest Covid-19 Fresh Food Program (CFF Subgrant Funding - Sioux Falls deployment
Community Harvest Food Bank of Northeast Indiana Inc. - 999 East Tillman Road, - Fort Wayne, IN 46816	31-1100607	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Des Moines Area Religious Council 1435 Mulberry Street Des Moines, IA 50309	42-0788211	501(c)(3)	25,000.	0.	N/A	N/A	GFA agreement: Grant payment for Good Food for All - 12 weeks beginning July 19th
Des Moines Area Religious Council 1435 Mulberry Street Des Moines, IA 50309	42-0788211	501(c)(3)	50,000.	0.	N/A	N/A	Midwest Grant - Fresh Produce Support - \$50,000
Eastern Illinois Foodbank 2405 North Shore Drive Urbana, IL 61802	37-1130252	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Feed My People Food Bank 2610 Alpine Road, Eau Claire, WI 54703	36-1488941	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Feeding America Eastern Wisconsin 1700 West Fond du Lac Avenue Milwaukee, WI 53205	39-1384593	501(c)(3)	6,250.	0.	N/A	N/A	GFA Program distribution in Eastern Wisconsin
Feeding America Eastern Wisconsin 1700 West Fond du Lac Avenue Milwaukee, WI 53205	39-1384593	501(c)(3)	50,000.	0.	N/A	N/A	Healthy Hunger Relief - Midwest Grant: Free Produce Support
Feeding South Dakota 4701 North Westport Avenue Sioux Falls, SD 57107	36-3293534	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce

Schedule I (Form 990)

**Partnership for a Healthier America,
Inc.**

Schedule I (Form 990)

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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
Focus: Hope 1400 Oakman Boulevard Detroit, MI 48328	38-1948285	501(c)(3)	25,000.	0.	N/A	N/A	GFA Grant to Focus: Hope for Fresh Food distribution in Detroit, MI - 1020 boxes weekly
Food Bank for the Heartland 10525 J Street Omaha, NE 68127	47-0637701	501(c)(3)	25,000.	0.	N/A	N/A	GFA distribution of Fruit & Vegetable Boxes - Omaha, NE
Food Bank of Iowa P.O. Box 1517 Des Moines, IA 50305	42-1177880	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Food Bank of Lincoln Inc. 1221 Kingbird Road Lincoln, NE 68521	47-0640293	501(c)(3)	25,000.	0.	N/A	N/A	PHA Good Food for All Subcontractor - Foodbank of Lincoln; food distribution of 1000
Food Bank of Northwest Indiana Inc 6490 Broadway Merillville, IN 46410	35-1528285	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Food Finders Food Bank 1204 Greenbush Street Lafayette, IN 47904	31-1020198	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Food Gatherers Food Bank 1 Carrot Way Ann Arbor, MI 48105	38-2853858	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Food Rescue US 16 Washington Street, Box 1316 Norwalk, CT 06854	27-4486556	501(c)(3)	25,000.	0.	N/A	N/A	GFA Subcontractor Agreement - distribution of produce boxes in Columbus OH area - 1000
Freestore Foodbank Inc. 1141 Central Parkway Cincinnati, OH 45202	23-7122205	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce

Schedule I (Form 990)

**Partnership for a Healthier America,
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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
Gateway Region Young Men's Christian Association - 2815 Scott Avenue - St. Louis, MO 63103	43-0653616	501(c)(3)	120,000.	0.	N/A	N/A	Good Food for All - St Louis - local coordinating partner sub-grant for program
Gleaners Foodbank of Indiana, Inc. 3737 Waldemere Avenue Indianapolis, IN 46241	35-1483868	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Great Plains Food Bank 1720 3RD AVE N Fargo, ND 58102	47-2229589	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Greater Chicago Food Depository 4100 West Ann Lurie Place Chicago, IL 60632	36-2971864	501(c)(3)	50,000.	0.	N/A	N/A	Healthy Hunger Relief Program Midwest Grant: Fresh Produce Support - \$50,000
Greater Wichita YMCA 402 North Market Street Wichita, KS 67202	48-0554440	501(c)(3)	10,000.	0.	N/A	N/A	PHA Good Food for All program grant: Distribution of 480 Fruit and Vegetable boxes
Harvey School District 152 16001 Lincoln Avenue Harvey, IL 60426	36-6004367	115	25,000.	0.	N/A	N/A	GFA Partner Agreement - Distribution of food boxes (fruits & vegetables) - 1200 boxes
Hawkeye Area Community Action Program Inc. - 1515 Hawkeye Drive - Hiawatha, IA 52233	42-0898405	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Hocking Athens Perry Community Action Program (HAPCAP) - 3 Cardaras Drive, P.O. Box 220 - Glouster, OH 45732	31-0718322	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Hoosier Hills Food Bank P.O. Box 697 Bloomington, IN 47402	31-1051402	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce

Schedule I (Form 990)

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Inc.**

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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
Human Agricultural Cooperative 4617 Barrington Drive Fort Wayne, IN 46806	31-3117330	501(c)(3)	25,000.	0.	N/A	N/A	GFA grant subcontractor - Distribution of 540 fruit and vegetable boxes weekly for 12 weeks
Human Agricultural Cooperative 4617 Barrington Drive Fort Wayne, IN 46806	31-3117330	501(c)(3)	20,000.	0.	N/A	N/A	GFA grant subcontractor - Food distribution in Gary, IN with the Calumet Township & Legacy Taste
Human Agricultural Cooperative 4617 Barrington Drive Fort Wayne, IN 46806	31-3117330	501(c)(3)	25,000.	0.	N/A	N/A	GFA grant subcontractor - Food distribution in Cleveland OH for Rid-All Solutions;
Kansas Food Bank 1919 E. Douglas Wichita, KS 67211	48-0959213	501(c)(3)	15,000.	0.	N/A	N/A	GFA grant subcontractor - distribution of 540 fruit and vegetable boxes for 12 weeks
Kansas Food Bank 1919 E. Douglas Wichita, KS 67211	48-0959213	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award: Produce purchasing - \$50,000; Capacity
Midwest Food Bank 2031 Warehouse Rd Normal, IL 61761	41-2120170	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134	36-3203648	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Operation Food Search 1644 Lotsie Boulevard St. Louis, MO 63132	43-1241854	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Racine County Food Bank 2000 DeKoven Avenue, Unit #2 Racine, WI 53402	39-1269080	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce

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**Partnership for a Healthier America,
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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
River Bend Food Bank 4010 Kimmel Drive Davenport, IA 52802	36-3147342	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Schoolseed Foundation P.O. Box 111169 Memphis, TN 38111	26-4477567	501(c)(3)	12,000.	0.	N/A	N/A	GFA Partner with Shelby County Schools in Memphis
Second Harvest Food Bank CCL 20 North Murray Street Springfield, OH 45503	83-2134113	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Second Harvest Food Bank of East Central Indiana Inc, - 6621 N Old SR 3 - Muncie, IN 47303	31-1111795	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Second Harvest Food Bank of North Central Ohio - 5510 Baumhart Road - Lorain, OH 44053	34-1446685	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Second Harvest Heartland 7101 Winnetka Ave N Brooklyn Park, MN 55428	23-7417654	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
Sheboygan County Food Bank Inc. 3115 North 21st Street, Suite 1 Sheboygan, WI 53083	39-1733883	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
South Michigan Food Bank 5451 Wayne Road Batte Creek, MI 49037	38-2445948	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
St. Louis Area Food Bank 70 Corporate Woods Drive Bridgeton, MO 63044	43-1253102	501(c)(3)	35,000.	0.	N/A	N/A	Midwest Grant Award - Nutrition Ranking Track: Food Purchase -\$25,0000; Capacity Building

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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
Terre Haute Catholic Charities Foodbank - 1801 Poplar Street - Terre Haute, IN 47803	31-1074018	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
The Food Group 8501 54th Ave North New Hope, MN 55428	41-1246504	501(c)(3)	50,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Produce Purchasing - \$50,000;
The Other Way Ministries 839 Sibley St NW Grand Rapids, MI 49504	38-2236821	501(c)(3)	25,000.	0.	N/A	N/A	Good Food For All distribution partner - Grand Rapids MI: Aug 31 to Nov 11, 2021
The Sanneh Foundation 2090 Conway Street Saint Paul, MN 55119	56-2332269	501(c)(3)	25,000.	0.	N/A	N/A	Good Food For All Partnership Contract: July - October 2021 Servicing Greater
Toledo Northwestern Ohio Food Bank 24 East Woodruff Avenue Toledo, OH 43604	34-1441016	501(c)(3)	70,000.	0.	N/A	N/A	Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce
West Harvey Dixmoor School District 147 - 191 West 155th Place - Harvey, IL 60426	36-6004362	115	10,000.	0.	N/A	N/A	GFA Partner Agreement - Distribution of food boxes (fruits & vegetables) - 3840 boxes
Wisconsin Early Childhood Association Inc - 2908 Marketplace Drive Ste 101 290 - Fitchburg, WI 53719	39-1345572	501(c)(3)	18,750.	0.	N/A	N/A	GFA Partnership - manage distribution for food boxes in Milwaukee
Wisconsin Early Childhood Association Inc - 2908 Marketplace Drive Ste 101 290 - Fitchburg, WI 53719	39-1345572	501(c)(3)	25,000.	0.	N/A	N/A	GFA Partnership - manage distribution for food boxes in Wisconsin
YMCA of Greater Toledo 6465 Sylvania Sylvania, OH 43560	34-4428262	501(c)(3)	25,000.	0.	N/A	N/A	GFA subcontractor agreement - for distribution of produce boxes to The YMCA of

Schedule I (Form 990)

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11-18-21

Partnership for a Healthier America,
Inc.

27-1712188

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 organization expended a total sum of \$2,922,000 to food banks in the country. The selection process was based on the food banks that had the greatest need for assistance. There were stipulations from PHA to the food banks on how the funds were to be spent.

Part II, line 1, Column (h):

Name of Organization or Government: Akron-Canton Regional Foodbank Inc

(h) Purpose of Grant or Assistance: GFA Partnership - OR21-10;

Part IV Supplemental Information

Distribution of Good Food For All boxes in Akron Ohio; 480 boxes weekly
for 12 weeks

Name of Organization or Government: Cincinnati Public Schools

(h) Purpose of Grant or Assistance: Cincinnati Public Schools: GFA

Partner Agreement - distribution of food boxes for period 9/13/21 to
11/29/21

Name of Organization or Government:

Community Harvest Food Bank of Northeast Indiana Inc.

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Eastern Illinois Foodbank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Feed My People Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Feeding South Dakota

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Food Bank of Iowa

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Part IV Supplemental Information

Name of Organization or Government: Food Bank of Lincoln Inc.

(h) Purpose of Grant or Assistance: PHA Good Food for All Subcontractor
- Foodbank of Lincoln; food distribution of 1000 boxes/weekly beginning
Aug 31st

Name of Organization or Government: Food Bank of Northwest Indiana Inc

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Food Finders Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Food Gatherers Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Food Rescue US

(h) Purpose of Grant or Assistance: GFA Subcontractor Agreement -
distribution of produce boxes in Columbus OH area - 1000 boxes weekly for
12 weeks

Name of Organization or Government: Freestore Foodbank Inc.

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government:

Part IV Supplemental Information

Gateway Region Young Men's Christian Association

(h) Purpose of Grant or Assistance: Good Food for All - St Louis - local coordinating partner sub-grant for program operations, community engagement, and supplies and mate

Name of Organization or Government: Gleaners Foodbank of Indiana, Inc.

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Great Plains Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Greater Wichita YMCA

(h) Purpose of Grant or Assistance: PHA Good Food for All program grant: Distribution of 480 Fruit and Vegetable boxes weekly for 12 weeks

Name of Organization or Government: Harvey School District 152

(h) Purpose of Grant or Assistance: GFA Partner Agreement - Distribution of food boxes (fruits & vegetables) - 1200 boxes in Harvey, IL area

Name of Organization or Government:

Hawkeye Area Community Action Program Inc.

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government:

Hocking Athens Perry Community Action Program (HAPCAP)

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Hoosier Hills Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Human Agricultural Cooperative

(h) Purpose of Grant or Assistance: GFA grant subcontractor - Food
distribution in Gary, IN with the Calumet Township & Legacy Taste of the
Garden - 480 boxes for 12 weeks each

Name of Organization or Government: Kansas Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award: Produce purchasing - \$50,000; Capacity Building - \$20,000

Name of Organization or Government: Midwest Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Northern Illinois Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Operation Food Search

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant
Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Part IV Supplemental Information

Name of Organization or Government: Racine County Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: River Bend Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Second Harvest Food Bank CCL

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government:

Second Harvest Food Bank of East Central Indiana Inc,

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government:

Second Harvest Food Bank of North Central Ohio

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Second Harvest Heartland

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: Sheboygan County Food Bank Inc.

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Part IV Supplemental Information

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: South Michigan Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: St. Louis Area Food Bank

(h) Purpose of Grant or Assistance: Midwest Grant Award - Nutrition

Ranking Track: Food Purchase -\$25,0000; Capacity Building -\$10,000

Name of Organization or Government:

Terre Haute Catholic Charities Foodbank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government: The Sanneh Foundation

(h) Purpose of Grant or Assistance: Good Food For All Partnership

Contract: July - October 2021 Servicing Greater Minneapolis/St Paul MN

Name of Organization or Government: Toledo Northwestern Ohio Food Bank

(h) Purpose of Grant or Assistance: Healthy Hunger Relief Midwest Grant

Award 2021 - Capacity Building \$20,000 and Produce Purchasing \$50,000

Name of Organization or Government:

West Harvey Dixmoor School District 147

(h) Purpose of Grant or Assistance: GFA Partner Agreement - Distribution
of food boxes (fruits & vegetables) - 3840 boxes in Harvey, IL area

Part IV Supplemental Information

Name of Organization or Government: YMCA of Greater Toledo

(h) Purpose of Grant or Assistance: GFA subcontractor agreement - for distribution of produce boxes to The YMCA of Greater Toledo 1020 boxes weekly for 12 weeks.

Name of Organization or Government: YMCA of Metropolitan Denver

(h) Purpose of Grant or Assistance: sub-grant to operate as local coordinating partner of meal kits pilot program of Beacon Aurora Grant

**SCHEDULE J
(Form 990)**

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

2021

**Open to Public
Inspection**

Name of the organization **Partnership for a Healthier America, Inc.** Employer identification number **27-1712188**

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 type="checkbox"/> Written employment contract		
<input 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	

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

Schedule J (Form 990) 2021

Partnership for a Healthier America,
Inc.

Schedule J (Form 990) 2021

27-1712188

Page 2

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

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

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

(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) Nancy Roman CEO	(i)	350,325.	0.	0.	14,143.	26,015.	390,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Stacy Molander Chief Operating Officer	(i)	192,635.	10,000.	0.	7,852.	22,036.	232,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Chidimma Ibezim VP, Finance	(i)	147,993.	10,000.	0.	6,206.	22,943.	187,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990)

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 the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Partnership for a Healthier America,
Inc.

Employer identification number
27-1712188

Form 990, Part III, Line 1, Description of Organization Mission:

PHA'S mission is to leverage the power of the private sector to transform the food landscape in pursuit of health equity. PHA employs its vast convening power, diverse network, and thought leadership to develop and spotlight the top programs and practices with the greatest potential to create positive change in the U.S. food landscape. PHA works with organizations across the supply chain food producers, manufacturers, distributors and retailers to improve the nutritional profile of foods and beverages wherever consumers are resulting in a greater volume of healthier options for all. We also collaborate with other non-profit organizations, including food banks, who understand the importance of, not just providing any food to communities in need, but providing the right food to children and families who suffer the most from health disparities caused by lack of access to healthier food options.

Form 990, Part VI, Section B, line 11b:

After the audited financial statements are approved by the Finance and Audit Committee of the PHA Board of Directors, the Form 990 is first prepared and reviewed by external accountants, then reviewed internally by PHA staff, then by the Finance and Audit Committee of the Board and finally is shared with the full Board of Directors prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

PHA requires all directors, officers, members of the Board of Directors and key employees to sign a statement annually, which indicates their

Name of the organization	Partnership for a Healthier America, Inc.	Employer identification number	27-1712188
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understanding and acceptance of the Conflict-of-Interest Policy. PHA enforces compliance on a situational basis. It does not include individuals with potential conflicts in certain conversations or meetings where a conflict may exist. Periodic reviews are conducted to ensure PHA does not engage in activities that may jeopardize its tax-exempt status. If there is cause to believe that an individual has acted in violation of the Conflict-of-Interest Policy, the Board or Committee shall inform the individual and offer the opportunity to explain the violation. If the individual fails to explain the conflict-of-interest violation adequately, proper disciplinary action is taken.

Form 990, Part VI, Section B, Line 15:

When hired, the Board of Directors used an executive compensation consultant to assess competitive market pay levels for the CEO and senior staff of similarly situated organizations and recommended a salary range. The Compensation Committee utilized this data to determine appropriate compensation. The Board of Directors approves the compensation of the CEO.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI

Form 990, Part VI, Section C, Line 19:

PHA 'S Form 990 and audited financial statements are available on the PHA website. The Conflict of Interest Policy and Application for Exemption are available upon request.

Form 990, Part IX, Line 11g, Other Fees:

Name of the organization	Partnership for a Healthier America, Inc.	Employer identification number	27-1712188
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Industry-paid evaluations:

Program service expenses	662,933.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	662,933.

Consultant/Contractual fees:

Program service expenses	126,079.
Management and general expenses	127,800.
Fundraising expenses	51,000.
Total expenses	304,879.

Research:

Program service expenses	286,000.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	286,000.

Media Consultant / Public Relations:

Program service expenses	149,752.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	149,752.

Content Creation:

Program service expenses	145,587.
Management and general expenses	0.
Fundraising expenses	0.

Name of the organization	Partnership for a Healthier America, Inc.	Employer identification number	27-1712188
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Total expenses	145,587.
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Digital Strategy:

Program service expenses	37,590.
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Management and general expenses	0.
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Fundraising expenses	0.
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Total expenses	37,590.
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Payroll service:

Program service expenses	0.
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Management and general expenses	25,315.
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Fundraising expenses	0.
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Total expenses	25,315.
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Stipends:

Program service expenses	3,900.
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Management and general expenses	0.
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Fundraising expenses	0.
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Total expenses	3,900.
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Annual Progress Report:

Program service expenses	2,800.
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Management and general expenses	0.
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Fundraising expenses	0.
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Total expenses	2,800.
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Temporary Help:

Program service expenses	1,087.
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Name of the organization	Partnership for a Healthier America, Inc.	Employer identification number 27-1712188
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Management and general expenses 0.

Fundraising expenses 0.

Total expenses 1,087.

Total Other Fees on Form 990, Part IX, line 11g, Col A 1,619,843.

Form 990, Part XII, Line 2c:

The Finance and Audit Committee is responsible for oversight of the audit, including selection of the independent accountant. The process has not changed from prior years.

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

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. Partnership for a Healthier America, Inc.	Taxpayer identification number (TIN) 27-1712188
	Number, street, and room or suite no. If a P.O. box, see instructions. 1875 K Street, NW 4th Floor	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20006-1293	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

Chidimma Ibezim, VP Finance

- The books are in the care of ► **1875 K Street, NW 4th Floor - Washington, DC 20006-1293**

Telephone No. ► **(202) 842-9001**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **May 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.