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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Decement of the Treesury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1646 (t)47

2008

Open to Public Inspection

		enue Service	L						Employe	r Manifilas	fion oursbor	—	
Name of the organization Alliance of Coalitions for Healthy Communities							20	er identification number 0529208					
				parity Status (All or	antzatí	ARE MUS	t comp	ete this					
_	r t [-C 1113(14	<u> </u>		
				dation because it is:						8.V.C3			
1	_	•		rches, or association				ecuon i	ין ני ונטאס י	- 717.			
2	빔			on 170(b)(1)(A)(ll). (Att hospital service organ				ve 470/h	ZINIAVIN	(Attach (Schadula H)	١	
3													
4	u	A medical research organization operated in conjunction with a hospital described in section 170(b)(1 hospital's name, city, and state:								Mediat con	31 1116		
_	$\overline{}$				ao or uni	ih. o	amed or	nnembod	by a goar	ommonto	il unit deecel	had a	
Б	U	An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.)										DOO II	
	- 1			aument or doneuwe	tion loter	doscobo	d in east	ion 170/	huavanha				
8				y receives a substanti							the general :	مراجاءيت	
7	W			/ receives a substantil (1)(A)(vi). (Complete f		ua anbbe	ort troitt E	governin	KENTEN UNI	LOFTON	tue Beneral	puond	
0	П			d in section 170(b)(1)		`omolete	Part II)						
8	H			receives: (1) more that				m contrib	n enceite	nembersh	un fees and	arass	
•	ш			ed to its exempt func									
		support from	n gross investm	ent income and unre	lated bu	siness ta	xable inc	ome (les	s section	511 tax) from busin	105505	
				after June 30, 1975.									
10		An omanizat	tion organized a	nd operated exclusive	ely to tes	t for pub	lic safety	. Seo seo	tion 509	(a)(4). (se	e instruction	rs)	
11	$\tilde{\Box}$			and operated exclusiv									
	_			blicly supported organ									
		509(a)(3). CI	heck the box tha	nt describes the type	of suppo	irting org	enizetion	and con	nplete line	2S 11e th	rough 11h.		
		a 🗌 Type	1 6] Type II — c	: 🗌 Typ	e III-Fun	ctionally	integrate	d	d [Type III-O	ther	
9		By checking	this box, I cert	tify that the organizat	tion is no	ot control	iled direc	tly or Inc	directly by	y one or			
		persons other	er than foundation	n managers and othe	r than on	e or more	publicly	supporte	ed organb	enota	escribed in s	ection	
		509(a)(1) or	section 509(a)(2)	L.									
1		if the organi	zation received	a written detorminati	ion from	the IRS	that it is	a Type	l, Type II	. or Type	illi supporti	ng	
			, check this box									. [
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontributo	on from a	any of the	•			
		following pe	rsons?								<u> </u>	T	
		• • •	•	r indirectly controls, a		_	•	th beason	is describ	(ii) ni bec	1 . 1	No	
			-	ning body of the supp		ganizatio	n? ,				11g()	├	
		•	•	rson described in (i) a		<i>:</i> . ·. ·					11g(ii)	├	
				of a person described					•		11g(iii)	l	
_ <u>n</u>				ation about the organ					1 601		4.10. 4		
Ų		a of supported pankration	(ii) EIN	(iii) Type of organization (described on lines 1-9	(hv) is the organization (v) Did you notify in col. (f) isted in your the organization in			in organization in col		nucimA (lin) noqqua			
Q				above or IRC section [see instructions]	governing document? col. (i) of you support?								
				loss a con occupatati	Yes	No	Yes	No	Yes	No			
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Sched	ule A (Form 990 or 900 EZ) 2008						Page 2		
Par	Support Schedule for Org (Complete only if you check	anizations liked the box	Described in on line 5, 7, c	Sections 170 or 8 of Part I.	D(b)(1)(A)(īv))	and 170(b)(1)(A)(vi)		
Sec	lion A. Public Support								
Ca	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
٦	Gifts, grants, contributions, and membership fees received (On not include any "unusual grants.")		191602	208808	190626	416902	1007938		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	0	0	0			
3	The value of scrvices or facilities furnished by a governmental unit to the organization without charge.		0	0	0	0	1007938		
4	Total. Add @nes 1-3		-		· · · · · · · · · · · · · · · · · · ·		1007338		
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)			.~	··		0		
6	Public support. Subtract line 5 from line 4.		l				1007938		
	tion B. Total Support	(-) 0004	1 01 0000	(4) 2000	I-0 0007	4-3 0000	60 T		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
7	Amounts from line 4		191602	208808	190626	416902	1007938		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		g.	0	Œ	0	0		
9	Not income from unrelated business activities, whether or not the business is regularly carried on		0	0	0	0	0		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		0	0	0	0	0		
41	Total support, Add lines 7 through 10 .		<u> </u>	<u>.</u>			1007938		
12	Gross receipts from rolated activities, etc	. (see Instruction	эпв) ,			12	24000		
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secon	d, third, fourth.			n 501(c)(3) > 🔽		
Sec	tion C. Computation of Public Su					· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2008 (line	6, column (t) d	ivided by line 11	l, column (f))		14			
16	Public support percentage from 2007 Schedule A, Part IV-A, line 261								
163									
b	33½ % support test -2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-oiroumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
18	10%-fects-end-circumstances test—2007 more, and if the organization meets the "fects-end-circumsta Private foundation. If the organization did	acts-and-ciroun inces" test. The	nstances" test, c organization qua	heck this box a Unics as a public	nd stop here ly supported or	Explain in Part genization	lV how the		

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Bathya	hile A (Form 990 or 990-EZ) 2008						Page 3	
Par	Support Schedule for Organ (Complete only if you checke	nizations De d the box o	s scribed in S	ection 509(a at 1.)	1)(2)			
5	tion A. Public Support	d the box of	IIIIO 3 OF TO	1.7				
	lendar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	B (1) Total	
-	RETURN YOU TO THOSE YOU WE WIND MY		(-, -, -, -, -, -, -, -, -, -, -, -, -, -					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, morchandise 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 eaction 519							
4	Tex revenues lovied for the organization's benefit and wither 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 Ilnes 1-5		 			 		
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons		ļ					
b	Amounts included on lines 2 and 3 received from other than disquallified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
C	Add lines 7a and 7b					 		
8	Public support (Subtract line 7c from line 6)					<u></u>		
	tion B. Total Support	·	T-5	1 1 2 2 2 2 2	4 8 4447	1 ()	<u> </u>	
C	elendar year (or fiscal year beginning in) 🕨	(a) 2004	(ъ) 2005	(c) 2008	(d) 2007	(e) 200	8 (f) Total	
9 10a	Amounts from line 6							
b	Unrelated business taxable income (loss section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b			ļ		<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whother 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 IV.)							
13	Total support. (Add lines 9, 10c, 11.		-	 		 		
14	and 12.) First five years. If the Form 990 is for toganization, check this box and stop			nd, third, fourt			ection 501(c)(3)	
Sec	ction C. Computation of Public Su							
16	Public support percentage for 2008 (lin	MI)	15	%				
15							%	
Section D. Computation of Investment Income Percentage								
17	Investment income percentage for 200	olumn (f)) .	17	%				
18	Investment Income percentage from 20		18	%				
19a	33% % support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ □							
b	33% % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and line 18 is not more than 33%%, check this box and stop here. The organization qualifies as a publicly supported organization.							
20	Private foundation, if the organization							

0425870078 July 22, 2010 LTR 2695C 0 R 20-0529208 200909 67 00017649

ALLIANCE OF COALITIONS FOR HEALTHY COMMUNITIES PD BOX 1771 ROYAL OAK MI 48068



DECLARATION

014145

Under penalties of periury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true; correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee Treosuror

Title