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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
HEALTH CARE WITHOUT HARM

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 12355 SUNRISE VALLEY DRIVE — Room/suite 680

City or town, state or country, and ZIP + 4
RESTON, VA 20191

D Employer identification number
52-2358837

E Telephone number
703-860-9790

G Gross receipts $ 4,574,286.

F Name and address of principal officer ANNA GILMORE HALL
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3)◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.NOHARM.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2001 **M** State of legal domicile DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TRANSFORMING THE HEALTH CARE INDUSTRY TO BE ECOLOGICALLY SUSTAINABLE.		
2	Check this box ▶ [ ] 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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,820,644.	4,119,650.
9	Program service revenue (Part VIII, line 2g)	248,128.	401,848.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,966.	23,578.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	154,078.	29,210.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,247,816.	4,574,286.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,199,449.	2,225,750.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	592,284.	1,016,559.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 207,753.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,473,585.	2,942,008.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,265,318.	6,184,317.
19	Revenue less expenses. Subtract line 18 from line 12	2,982,498.	<1,610,031.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,388,341.	4,410,144.
21	Total liabilities (Part X, line 26)	528,758.	1,160,592.
22	Net assets or fund balances. Subtract line 21 from line 20	4,859,583.	3,249,552.

SCANNED NOV 30 2010

RECEIVED NOV 09 2010 IRS-OSC OGDEN, UT

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: Anna Gilmore Hall — Date: 11/1/10

Type or print name and title: Anna Gilmore Hall

Paid Preparer's Use Only

Preparer's signature: RHA — Date: 10/29/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
RAFFA, P.C.
1899 L STREET, NW, SUITE 900
WASHINGTON, DC 20036

EIN ▶

Phone no. ▶ (202) 822-5000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

9-17-20

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
HEALTH CARE WITHOUT HARM (HCWH) IS A NON-PROFIT INTERNATIONAL ADVOCACY ORGANIZATION CREATED WITH THE SOLE PURPOSE OF TRANSFORMING THE HEALTH CARE INDUSTRY WORLDWIDE, WITHOUT COMPROMISING PATIENT SAFETY OR CARE, SO THAT IT IS ECOLOGICALLY SUSTAINABLE AND NO LONGER A SOURCE OF HARM

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,913,852. including grants of $ 286,851.) (Revenue $)
GLOBAL HEALTH AND SAFETY INITATIVE (GHSI) - IS A SECTOR-WIDE COLLABORATION TO TRANSFORM THE WAY THAT HEALTHCARE DESIGNS, BUILDS AND OPERATES ITS FACILITIES AS WELL AS THE PRODUCTS HEALTHCARE USES WITHIN THOSE FACILITIES. GHSI AIMS TO BUILD A LEARNING COMMUNITY AND LEVERAGE THE EXPERTISE OF ITS PARTNERS TO SUPPORT EVIDENCE-BASED IMPROVEMENTS AT THE INTERSECTION OF PATIENT SAFETY, WORKER SAFETY AND ENVIRONMENTAL SUSTAINABILITY.

4b (Code) (Expenses $ 886,470. including grants of $ 562,691.) (Revenue $ 129,384.)
GLOBAL PROJECT AND INTERNATIONAL OUTREACH (GPIO) - A PROGRAM OF HCWH THAT WORKS INTERNATIONALLY WITH MEMBERS AND SUPPORTERS TO DEVELOP COLLABORATIVE STRATEGIES AND PROJECTS TO ADVANCE HCWH'S GOALS. THE GPIO PROGRAM CONDUCTS INTERNATIONAL OUTREACH TO IDENTIFY NEW MEMBERS AND SUPPORTS THE WORK OF HCWH OFFICES, PARTNER ORGANIZATIONS AND MEMBERS BY PROVIDING TECHNICAL ASSISTANCE, TRAINING AND INTERNATIONAL NETWORKING OPPORTUNITIES THROUGH PUBLIC EDUCATION, MEDIA WORK AND ADVOCACY. THE GROUP ALSO WORKS TO INFLUENCE INTERNATIONAL ORGANIZATIONS AND FINANCIAL INSTITUTIONS TO PROMOTE GREATER ENVIRONMENTAL SUSTAINABILITY IN THE HEALTH SECTOR.

4c (Code) (Expenses $ 500,841. including grants of $ 58,000.) (Revenue $ 197,371.)
CLEANMED - IS AN ANNUAL CONFERENCE TO ACCELERATE THE DEVELOPMENT, USE, AND DIFFUSION OF ENVIRONMENTALLY PREFERABLE PRODUCTS AND PRACTICES, AND THE CONSTRUCTION OF GREEN BUILDINGS IN HEALTH CARE BY DISSEMINATING EXAMPLES OF BEST PRACTICES AND CONVENING HEALTH CARE PROFESSIONALS, UNIVERSITY RESEARCHERS, DESIGNERS OF PROFESSIONAL BUILDINGS, AND VENDORS OF CLEANER AND SAFER PRODUCTS AND SERVICES. AWARDS AND SCHOLARSHIPS WERE GIVEN TO A NUMBER OF HOSPITALS AND MEDICAL PROFESSIONALS TO RECOGNIZE THEIR EFFORTS TO INITIATE OR UNDERTAKE SUSTAINABILITY PROGRAMS IN THEIR HEALTHCARE FACILITIES.

4d Other program services (Describe in Schedule O)
(Expenses $ 2,198,556. including grants of $ 1,318,208.) (Revenue $ 75,093.)

4e **Total program service expenses ▶ $** 5,499,719.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X; No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a	22		
b	Enter the number of Forms W-2G included in 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	
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	12		
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* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b			
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966? N/A	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	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			

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 in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	9		
b	Enter the number of voting members that are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ORGANIZATION - 703-860-9790

12355 SUNRISE VALLEY DRIVE, SUITE 680, RESTON, VA 20191

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

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 Use Schedule J-2 if additional space is needed

- 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 See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
KATHY GERWIG CO-CHAIR	2.00	X		X				0.	0.	0.
JOHN W. STRONG CO-CHAIR	2.00	X		X				0.	0.	0.
JOHN B. GROTTING TREASURER	1.00	X		X				0.	0.	0.
BARBARA A. BLAKENEY SECRETARY	1.00	X		X				0.	0.	0.
CHARLOTTE BRODY DIRECTOR	1.00	X						0.	0.	0.
BRUNO GIACOMUZZI DIRECTOR	1.00	X						0.	0.	0.
SHELLEY GOLDBERG DIRECTOR - UNTIL 5/09	1.00	X						0.	0.	0.
KAPIL KHATTER DIRECTOR	1.00	X						0.	0.	0.
WALT VERNON DIRECTOR	1.00	X						0.	0.	0.
SISTER SUSAN VICKERS DIRECTOR	1.00	X						0.	0.	0.
GARY COHEN PRESIDENT	40.00			X				80,340.	0.	6,427.
ANNA GILMORE HALL EXECUTIVE DIRECTOR	38.00			X				107,220.	0.	24,017.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
1b Total ▶								187,560.	0.	30,444.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or 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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
SUSTAIN BIZ 1218 GREEN STREET, SAN FRANCISCO, CA 94109	MANAGEMENT	116,750.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 4,119,650.				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f ▶	4,119,650.			
Program Service Revenue		Business Code			
	2a REGISTRATION	900099	236,964.	236,964.	
	b CONTRACT SERVICES	900099	164,884.	164,884.	
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	401,848.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	23,578.			23,578.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a SUBLEASE	900099	16,457.		16,457.
	b MISCELLANEOUS INCOME	900099	12,753.		12,753.
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	29,210.			
	12 **Total revenue.** See instructions. ▶	4,574,286.	401,848.	0.	52,788.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,472,034.	1,472,034.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	66,025.	66,025.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	687,691.	687,691.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,004.	172,071.	45,933.	
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	622,954.	482,961.	43,323.	96,670.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,563.	10,547.	1,935.	4,081.
9 Other employee benefits	104,386.	82,851.	6,656.	14,879.
10 Payroll taxes	54,652.	39,056.	8,578.	7,018.
11 Fees for services (non employees).				
a Management				
b Legal	22,911.	1,713.	21,198.	
c Accounting	127,825.		127,825.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	679,712.	556,715.	92,127.	30,870.
12 Advertising and promotion	30,000.	30,000.		
13 Office expenses	194,755.	157,195.	28,329.	9,231.
14 Information technology				
15 Royalties				
16 Occupancy	45,520.	21,534.	21,432.	2,554.
17 Travel	145,998.	135,926.	7,494.	2,578.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	445,888.	444,052.	1,245.	591.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,379.		3,379.	
23 Insurance	9,424.		9,424.	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT	902,967.	885,000.	17,967.	
b REFUNDS - GHSI	268,629.	268,629.		
c MEMBERSHIP	65,000.	25,000.	40,000.	
d INDIRECT COSTS	0.	<39,281.>		39,281.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,184,317.	5,499,719.	476,845.	207,753.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		59,430.	1	157,632.
	2	Savings and temporary cash investments		569,668.	2	780,253.
	3	Pledges and grants receivable, net		4,091,780.	3	2,729,780.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		64,377.	9	22,411.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 56,087.			
	b	Less: accumulated depreciation	10b 50,321.	4,375.	10c	5,766.
	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		598,711.	15	714,302.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,388,341.	16	4,410,144.
Liabilities	17	Accounts payable and accrued expenses		499,358.	17	1,077,805.
	18	Grants payable			18	
	19	Deferred revenue		29,400.	19	82,787.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		528,758.	26	1,160,592.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		460,862.	27	<401,890.>
	28	Temporarily restricted net assets		4,398,721.	28	3,651,442.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,859,583.	33	3,249,552.
	34	Total liabilities and net assets/fund balances		5,388,341.	34	4,410,144.

Form **990** (2009)

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	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 in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		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 in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
HEALTH CARE WITHOUT HARM	52-2358837

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 11, 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)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
11g(i)	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii)	(ii) A family member of a person described in (i) above?		
11g(iii)	(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	3052051.	4277741.	2028626.	6820644.	4119650.	20298712.
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	3052051.	4277741.	2028626.	6820644.	4119650.	20298712.
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)						6851476.
6 **Public support.** Subtract line 5 from line 4						13447236.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3052051.	4277741.	2028626.	6820644.	4119650.	20298712.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,595.	51,329.	57,458.	46,684.	40,035.	215,101.
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 IV.)					12,753.	12,753.
11 **Total support.** Add lines 7 through 10						20526566.

12 Gross receipts from related activities, etc. (see instructions)	12	998,178.

13 **First five 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	65.51 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	64.18 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 in 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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CONTRACT SERVICES $164,884

SOFTWARE SALES $12,753

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

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 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		53,383.	47,617.	5,766.
e Other		2,704.	2,704.	0.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,766.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
DUE FROM AFFILIATE	714,302.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	714,302.

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,574,286.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,184,317.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,610,031.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<1,610,031.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18)*			5	

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART X: HCWH HAS PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2009, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

HEALTH CARE WITHOUT HARM

Employer identification number

52-2358837

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** 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? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA (WHICH INCLUDES CANADA AND MEXICO, BUT NOT THE US)	0	0	GRANTMAKING		33,800.
SOUTH AMERICA	0	0	GRANTMAKING		258,872.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		18,000.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		195,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		128,600.
SOUTH ASIA	0	0	GRANTMAKING		53,419.
Totals ▶	0	0			687,691.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 ▶ ☐

Use Schedule F-1 (Form 990) if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA, BUT NOT THE US	PROGRAM MISSION WORK	33,800.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ORGANIZATION AND PROGRAM MISSION WORK	258,872.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROGRAM MISSION WORK	18,000.	WIRE TRANSFER	0.		
		EUROPE	ORGANIZATION AND PROGRAM MISSION WORK	195,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ORGANIZATION AND PROGRAM MISSION WORK	128,600.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROGRAM MISSION WORK	53,419.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 6

3 Enter total number of other organizations or entities ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) if additional space is needed

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, PART I, LINE 2: GRANTEES ARE REQUIRED TO SUBMIT INTERIM MID-YEAR REPORTS AS WELL AS FINAL REPORTS. IN ADDITION THE INTERNATIONAL TEAM COORDINATOR MONITORS THE INTERNATIONAL GRANTEES CLOSELY THROUGHOUT THE YEAR.

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON HEATHLINK PO BOX 301 SWAMPSCOTT, MA 01907	04-3547142	501 C3	23,435.	0.			PROGRAM MISSION WORK
CENTER FOR ENVIRONMENTAL HEALTH 2201 BROADWAY, SUITE 302 OAKLAND, CA 94612	94-3251981	501 C3	42,870.	0.			PROGRAM MISSION WORK
CENTER FOR MAXIMUM POTENTIAL BUILDING SYSTEMS - 8604 FM 969 - AUSTIN, TX 78724	74-1873474	501 C3	30,000.	0.			PROGRAM MISSION WORK
CLEAN PRODUCTION ACTION PO BOX 153 SPRING BROOK, NY 14140	94-3213100	501 C3	30,150.	0.			PROGRAM MISSION WORK
COMMONWEAL PO BOX 316 BOLINAS, CA 94924	94-2366094	501 C3	35,000.	0.			PROGRAM MISSION WORK
ECOLOGY CENTER 117 N. DIVISION ANN ARBOR, MI 48104	38-1912803	501 C3	59,750.	0.			PROGRAM MISSION WORK

2 Enter total number of section 501(c)(3) and government organizations ▶ 21.

3 Enter total number of other organizations ▶ 3.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance
REGRANT	2	66,025.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANTEES ARE REQUIRED TO SUBMIT INTERIM MID-YEAR REPORTS AS WELL AS FINAL REPORTS. IN ADDITION, STEERING COMMITTEE MEMBERS/WORKGROUP LEADERS CLOSELY MONITOR THE WORK OF GRANTEES ASSIGNED TO THEIR PARTICULAR WORKGROUP.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL HEALTH FUND 41 OAKVIEW TERRACE JAMAICA PLAIN, MA 02130	04-3429794	501 C3	61,999.	0.			ORGANIZATION AND PROGRAM MISSION WORK
EVALUATION CONSULTANTS 77 ADAMS STREET FL NEWARK, NJ 07105	26-2406087	N/A	10,000.	0.			PROGRAM MISSION WORK
GREENACTION FOR HEALTH AND ENVIRONMENTAL JUSTICE - 1095 MARKET STREET, SUITE 712 - SAN FRANCISCO, CA 94103	43-2050242	501 C3	10,000.	0.			PROGRAM MISSION WORK
HEALTHY BUILDING NETWORK 927 15TH ST., NW, 4TH FLOOR WASHINGTON, DC 20005	20-5036229	501 C3	25,700.	0.			PROGRAM MISSION WORK
INSTITUTE FOR AGRICULTURE AND TRADE POLICY - 2105 1ST AVE. - MINNEAPOLIS, MN 55405	36-3501938	501 C3	55,500.	0.			PROGRAM MISSION WORK
INSTITUTE FOR A SUSTAINABLE FUTURE 32 E. 1ST ST., SUITE 206 DULUTH, MN 55802	41-1917360	501 C3	68,750.	0.			PROGRAM MISSION WORK
OREGON CENTER FOR ENVIRONMENTAL HEALTH - 819 SE MORRISON, SUITE 235 - PORTLAND, OR 97214	93-1226265	501 C3	14,000.	0.			PROGRAM MISSION WORK
OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY - 812 SW WASHINGTON, SUITE 1050 - PORTLAND, OR 97205	93-0774594	501 C3	8,000.	0.			PROGRAM MISSION WORK

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERKINS AND WILL 15057 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	37-7623851	N/A	40,000.	0.			PROGRAM MISSION WORK
PRACTICE GREENHEALTH 12355 SUNRISE VALLEY DRIVE, # 680 RESTON, VA 20191	76-0815736	501 C3	305,095.	0.			ORGANIZATION AND PROGRAM MISSION WORK
ROOM TO MANUEVER 31 SOUTH STREET MONTAGUE, MA 01351	21-6468817	N/A	30,000.	0.			PROGRAM MISSION WORK
SAN FRANCISO PHYSICIANS FOR SOCIAL RESPONSIBILITY - 2288 FULTON ST., SUITE 307 - BERKELEY, CA 94704	94-2702750	501 C3	61,170.	0.			PROGRAM MISSION WORK
SCIENCE AND ENVIRONMENTAL HEALTH NETWORK - 3703 WOODLAND STREET - AMES, IL 50014	45-0452872	501 C3	31,000.	0.			PROGRAM MISSION WORK
UNIVERSITY OF CHICAGO, ILLINOIS 835 S. WOLCOTT CHICAGO, IL 60612	37-6000511	501 C3	182,260.	0.			PROGRAM MISSION WORK
VERMONT FRESH NETWORK PO BOX 895 RICHMOND, VT 05477	03-0356841	501 C3	25,500.	0.			PROGRAM MISSION WORK
WASHINGTON PHYSICIANS FOR SOCIAL RESPONSIBILITY - 1604 NE 50TH STREET - SEATTLE, WA 98105	91-1123316	501 C3	62,250.	0.			PROGRAM MISSION WORK

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S HEALTH AND ENVIRONMENTAL NETWORK - 704 NORTH 23RD STREET - PHILADELPHIA, PA 19130	23-2395818	501 C3	55,000.	0.			PROGRAM MISSION WORK
WASHINGTON TOXICS COALITION 4649 SUNNYSIDE AVE., N, SUITE 540 SEATTLE, WA 98105	91-1214158	501 C3	26,000.	0.			PROGRAM MISSION WORK

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2009**

932241 02-01-10

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" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

HEALTH CARE WITHOUT HARM

Employer identification number

52-2358837

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in 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" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

DURING 2009, HCWH GRANTED ENVIRONMENTAL HEALTH FUND (EHF), AN UNRELATED ORGANIZATION, $148,766 TOWARDS EHF'S MISSION AND PROGRAMS. INCLUDED IN THIS GRANT WAS THE SALARY EXPENSE OF GARY COHEN, HCWH'S PRESIDENT, WHO WAS ALSO THE EXECUTIVE DIRECTOR OF AND PAID BY EHF. THEREFORE IN ACCORDANCE WITH THE IRS INSTRUCTIONS, MR. COHEN'S SALARY HAS BEEN REPORTED ON FORM 990, PART VII, SECTION A.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
CONSORTA	THE CO-CHAIR OF HCW	16,990.	THE CO-CHAI		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PUBLIC HEALTH AND THE ENVIRONMENT.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ON JANUARY 6, 2010, THE GHSI, A PROGRAM OF HCWH, VOTED TO DISSOLVE. AS OF DECEMBER 31, 2009, HCWH/PRACTICE GREENHEALTH WROTE OFF AMOUNTS RECORDED AS GRANTS AND CONTRIBUTIONS RECEIVABLE AND TEMPORARILY RESTRICTED NET ASSETS OF $885,000. IN ADDITION, IN MARCH 2010, HCWH/PRACTICE GREENHEALTH REFUNDED THE EXCESS CASH RECEIPTS TO THE CONTRIBUTORS, LESS EXPENSES INCURRED TO DATE OF $268,629, WHICH HAS BEEN ACCRUED AS OF DECEMBER 31, 2009, AND IS INCLUDED IN ACCOUNTS PAYABLE IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION. ADDITIONAL EXPENSES TO WIND DOWN THE PROGRAM WERE INCURRED IN 2010 AND, AS A RESULT, $179,013 IS HELD IN TEMPORARILY RESTRICTED NET ASSETS UNDER THE GHSI PROGRAM AS OF DECEMBER 31, 2009.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FOOD

EXPENSES $ 499833. INCLUDING GRANTS OF $ 327385. REVENUE $ 0.

GREEN BUILDINGS

EXPENSES $ 372209. INCLUDING GRANTS OF $ 97014. REVENUE $ 0.

RESEARCH COLLABORATIVE

EXPENSES $ 225605. INCLUDING GRANTS OF $ 172130. REVENUE $ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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2009

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CLIMATE

EXPENSES $ 218773. INCLUDING GRANTS OF $ 48203. REVENUE $ 35500.

NURSES

EXPENSES $ 171618. INCLUDING GRANTS OF $ 73821. REVENUE $ 0.

EUROPE

EXPENSES $ 153249. INCLUDING GRANTS OF $ 121972. REVENUE $ 0.

BOSTON

EXPENSES $ 131593. INCLUDING GRANTS OF $ 18765. REVENUE $ 810.

SAFER MATERIALS

EXPENSES $ 125638. INCLUDING GRANTS OF $ 67929. REVENUE $ 0.

PURCHASING

EXPENSES $ 97867. INCLUDING GRANTS OF $ 82209. REVENUE $ 0.

CHICAGO

EXPENSES $ 79520. INCLUDING GRANTS OF $ 62599. REVENUE $ 0.

PRACTICE GREENHEALTH

EXPENSES $ 59692. INCLUDING GRANTS OF $ 15505. REVENUE $ 0.

REGIONAL ORGANIZERS WORKGROUP

EXPENSES $ 28531. INCLUDING GRANTS OF $ 21247. REVENUE $ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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PHARMACEUTICALS NEW HORIZON

EXPENSES $ 20000. INCLUDING GRANTS OF $ 18765. REVENUE $ 0.

MEDWASTE

EXPENSES $ 14428. INCLUDING GRANTS OF $ 190664. REVENUE $ 38783.

FORM 990, PART VI, SECTION A, LINE 4: HCWH MADE THREE REVISIONS TO ITS BYLAWS IN OCTOBER 2009:

1. HCWH REVISED ITS BYLAWS IN OCTOBER 2009 TO DECREASE THE MINIMUM NUMBER OF DIRECTORS FROM TEN (10) TO SEVEN (7). 2. HCWH REVISED ITS BYLAWS TO ESTABLISH A PRESIDENT. HE OR SHE SHALL SERVE AS AN EX-OFFICIO MEMBER OF THE BOARD AND OF ANY EXECUTIVE COMMITTEE ESTABLISHED BY THE BOARD, BUT SHALL HAVE NO VOTING RIGHTS. THE PRESIDENT COLLABORATES WITH THE EXECUTIVE DIRECTOR TO EFFECTIVELY MANAGE HEALTH CARE WITHOUT HARM AND RELATED INITIATIVES. HE OR SHE SHALL BE RESPONSIBLE FOR FUNDRAISING AND CO-DEVELOP AND MONITOR FUNDRAISING PLANS, CO-COORDINATE STRATEGIC PLANNING, COORDINATE OVERALL MANAGEMENT WITH THE EXECUTIVE DIRECTOR, PROVIDE STRATEGIC INPUT, DEVELOP NEW BUSINESS RELATIONSHIPS AND STRATEGIC OPPORTUNITIES, SERVE AS A PUBLIC SPOKESPERSON, REPORT TO THE BOARD OF DIRECTORS FROM TIME TO TIME ON ALL MATTERS WITHIN HIS OR HER KNOWLEDGE WHICH THE INTERESTS OF HEALTH CARE WITHOUT HARM MAY REQUIRE TO BE BROUGHT TO THEIR NOTICE, AND CARRY OUT SUCH DUTIES AS MAY BE PROPERLY ASSIGNED TO HIM OR HER BY THE BOARD FROM TIME TO TIME. THE EXECUTIVE DIRECTOR WILL REPORT TO THE PRESIDENT AND THE BOARD OF DIRECTORS. 3. THE HCWH BYLAWS WERE REVISED TO AMEND THE COMPENSATION OF THE BOARD. INCLUDE THE FOLLOWING LANGUAGE ON COMPENSATION OF BOARD MEMBERS AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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KEY EMPLOYEES: "BOARD MEMBERS MAY ALSO AUTHORIZE PAYMENT FOR SERVICES RENDERED IN A CAPACITY OTHER THAN AS A DIRECTOR, WITH PRIOR BOARD APPROVAL. ALL BOARD MEMBER COMPENSATION WILL BE APPROVED BY THE BOARD IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE IX. A BOARD COMMITTEE, AS PROVIDED IN SECTION 9.02, WILL BE ESTABLISHED TO SET AND MANAGE APPROPRIATE COMPENSATION LEVELS FOR THE PRESIDENT AND EXECUTIVE DIRECTOR. THIS COMMITTEE WILL ALSO REVIEW ON AN ANNUAL BASIS THE LEVELS OF REIMBURSEMENT FOR BOARD TRAVEL AND OTHER EXPENSES AND ANY OTHER PAYMENTS TO DIRECTORS FOR SERVICES."

FORM 990, PART VI, SECTION B, LINE 11: HCWH'S FEDERAL FORM 990 IS REVIEWED BY THE SENIOR ACCOUNTANT, THE ASSOCIATE DIRECTOR AND THE EXECUTIVE DIRECTOR. SUCH REVIEW TAKES PLACE UPON RECEIPT OF THE DRAFT FORM 990 RECEIVED FROM THE INDEPENDENT PUBLIC ACCOUNTING FIRM WHO CONDUCTS THE FINANCIAL STATEMENT AUDIT OF THE ORGANIZATION. THE REVIEW INVOLVES COMPARISON OF FINANCIAL DATA IN THE FORM 990 WITH THE AUDITED FINANCIAL STATEMENTS AND THE BOOKS AND RECORDS OF HCWH AND REVIEW OF ALL NARRATIVE INFORMATION FOR ACCURACY AND COMPLETENESS. ADDITIONALLY, THE TREASURER OF THE BOARD REVIEWS A COPY OF THE RETURN FOR ACCURACY. PRIOR TO FILING THE FORM 990 WITH THE IRS, A COMPLETE COPY IS PROVIDED TO ALL VOTING MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD CONFLICT OF INTEREST POLICY PROVIDES THE FOLLOWING PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS OF INTEREST THAT MAY REQUIRE BOARD OR COMMITTEE ACTION: 1) THE INTERESTED PERSON MUST DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST AND

SUCH DISCLOSURE MUST BE REFLECTED IN THE MINUTES OF THE MEETING WHERE SUCH MATTER IS BEING REVIEWED; 2) THE INTERESTED PERSON IS PROHIBITED FROM PARTICIPATING IN DISCUSSIONS EXCEPT TO DISCLOSE MATERIAL FACTS AND RESPOND TO QUESTIONS; 3) SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER EITHER AT OR OUTSIDE OF THE MEETING; 4) SUCH PERSON MAY NOT BE PRESENT TO HEAR THE BOARD OR COMMITTEE DISCUSSIONS ON THE MATTER; 5) SUCH INTERESTED PERSON IS PRECLUDED FROM VOTING ON THE MATTER AND SUCH PERSON'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE AT THE MEETING; 6) SUCH PERSON MAY NOT BE PRESENT DURING THE VOTE UNLESS THE VOTE IS BY SECRET BALLOT; AND 7) SUCH PERSON'S INELIGIBILITY TO VOTE SHOULD BE REFLECTED IN THE MINUTES.

ADDITIONALLY, THE EMPLOYEE CODE OF CONDUCT APPLIES TO ALL EMPLOYEES; AND ALL EMPLOYEES RECEIVE A COPY OF THE CODE OF CONDUCT AND RETURN AN ACKNOWLEDGEMENT TO THE HR DEPARTMENT THAT THEY UNDERSTAND AND WILL COMPLY WITH THE CODE OF CONDUCT.

SECTION 21 OF THE PERSONNEL POLICIES SETS FORTH THE CONFLICT OF INTEREST RULES APPLICABLE TO ALL EMPLOYEES. IT IS OUR INTENT TO AVOID IMPROPRIETY IN ALL OF OUR DECISIONS AND ACTIONS. HCWH EMPLOYEES ARE PROHIBITED FROM PARTICIPATING IN ACTIVITIES THAT CONFLICT WITH HCWH'S ACTIVITIES OR INTERESTS. IT IS IMPOSSIBLE TO DESCRIBE ALL OF THE SITUATIONS THAT MIGHT CAUSE OR GIVE RISE TO A CONFLICT OF INTEREST. HOWEVER, IN GENERAL EMPLOYEES SHOULD NOT ENGAGE IN ANY ACTIVITY WHERE THERE IS THE POTENTIAL FOR THEIR PROFESSIONAL, FINANCIAL, OR OTHER PERSONAL INTERESTS TO BE

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OPPOSED TO THE INTERESTS OF HCWH OR WHERE THEIR OUTSIDE AND PERSONAL INTERESTS MIGHT ADVERSELY INFLUENCE THEIR ACTIONS AND JUDGMENTS ON BEHALF OF HCWH OR INTERFERE WITH THEIR ABILITY TO ACT IN THE BEST INTERESTS OF HCWH. IN ADDITION, EMPLOYEES MAY NOT USE THEIR POSITIONS AT HCWH FOR PERSONAL BENEFIT, FOR THE BENEFIT OF FRIENDS OR RELATIVES, OR TO FURTHER ANY OUTSIDE INTERESTS OR PERSONAL AGENDA. IF A CONFLICT OR POTENTIAL CONFLICT ARISES, EMPLOYEES UNDER THE POLICY MAY CONSULT WITH THE EXECUTIVE DIRECTOR, THEIR SUPERVISOR OR HUMAN RESOURCES. IF THE EXECUTIVE DIRECTOR CONSIDERS A POSSIBLE CONFLICT OF INTEREST, THEY ARE REQUIRED TO REPORT THIS TO THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FEDERAL FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CONSORTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

THE CO-CHAIR OF HCWH IS THE FORMER PRESIDENT OF CONSORTA

(C) AMOUNT OF TRANSACTION $ 16990.

(D) DESCRIPTION OF TRANSACTION: THE CO-CHAIR OF HCWH, JOHN W. STRONG, IS THE FORMER PRESIDENT OF CONSORTA. IN 2009, HCWH PAID CONSORTA $16,990 FOR FEES AND EXPENSES RELATED TO CLEANMED PROGRAMS IN 2009. IN 2009, CONSORTA PAID HCWH $5,000 FOR SPONSORSHIP OF CLEANMED IN 2009.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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2009

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Employer identification number

52-2358837

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PRACTICE GREENHEALTH - 76-0815736 12355 SUNRISE VALLEY DRIVE, SUITE 680 RESTON, VA 20191	PROMOTING ENVIRONMENTALLY SAFE HEALTH PRACTICES	ILLINOIS	501 (C)(3)	LINE 7	

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

Schedule R (Form 990) 2009

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02-04-10

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) PRACTICE GREENHEALTH	B	305,095.
(2) PRACTICE GREENHEALTH	D	260,899.
(3) PRACTICE GREENHEALTH	N	84,333.
(4) PRACTICE GREENHEALTH	P	181,514.
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	Health Care Without Harm	52-2358837
	Number, street, and room or suite no. If a P.O. box, see instructions 1901 N. Moore Street, No. 509	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Arlington, VA 22209	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ The Organization
  1901 N. Moore Street, Suite 509 - Arlington, VA 22209
  Telephone No. ▶ 703-243-0056 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
Additional time is needed to gather information necessary to file a complete and accurate return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	
b	If this application is for Form 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 and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ RNA Title ▶ CPA Date ▶ 8/9/10