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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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

F Name and address of principal officer: GARY COHEN

SAME AS C ABOVE

D Employer identification number

52-2358837

E Telephone number

703-860-9790

G Gross receipts \$

4,928,888.

H(a) Is this a group return

for affiliates?

☐ Yes☒ 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: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.NOHARM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: DC

Part I Summary

Activities & Governance	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)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	19	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-E, line 31	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,119,650.	Current Year 3,887,577.
	9	Program service revenue (Part VIII, line 2g)	401,848.	723,773.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,578.	13,929.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	29,210.	49,567.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,574,286.	4,674,846.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,225,750.	2,045,117.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,016,559.	969,154.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	273,011.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,942,008.	1,211,188.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,184,317.	4,225,459.
	19	Revenue less expenses. Subtract line 18 from line 12	<1,610,031.>	449,387.
	20	Total assets (Part X, line 16)	Beginning of Current Year 4,410,144.	End of Year 4,364,882.
	21	Total liabilities (Part X, line 26)	1,160,592.	665,943.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	3,249,552.	3,698,939.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	Annat How, Chief Operating Officer	10/12/11
Paid	Print/Type preparer's name	Preparer's signature
	FRANK H. SMITH	Frank H. Smith
Preparer	Firm's name	Date
	RAFFA, P.C.	09/30/11
Use Only	Firm's address	Check if self-employed ☐ PTIN
	1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036	Firm's EIN ▶
Phone no. (202) 822-5000		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

SCANNED NOV 16 2011

916
16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission.

A NON-PROFIT INT'L ADVOCACY ORGANIZATION CREATED WITH THE 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 TO PUBLIC HEALTH AND THE ENVIRONMENT.

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 \$ 771,158. including grants of \$ 472,358.) (Revenue \$ 130,826.)
GLOBAL PROJECTS 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.

4b (Code:) (Expenses \$ 544,432. including grants of \$ 15,000.) (Revenue \$ 317,888.)
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.

4c (Code:) (Expenses \$ 529,315. including grants of \$ 395,000.) (Revenue \$ 12,576.)
FOOD - HEALTH CARE WITHOUT HARM IS WORKING WITH HOSPITALS TO ADOPT FOOD PROCUREMENT POLICIES THAT PROVIDE NUTRITIONALLY IMPROVED FOOD FOR PATIENTS, STAFF, VISITORS, AND THE GENERAL PUBLIC, AND CREATE FOOD SYSTEMS WHICH ARE ECOLOGICALLY SOUND, ECONOMICALLY VIABLE, AND SOCIALLY RESPONSIBLE. BY ADOPTING FOOD PROCUREMENT POLICIES THAT ARE ECOLOGICALLY SOUND, ECONOMICALLY VIABLE, AND SOCIALLY RESPONSIBLE, HEALTH CARE SYSTEMS DEMONSTRATE AN UNDERSTANDING OF THE INEXTRICABLE LINKS BETWEEN HUMAN, PUBLIC, AND ECOSYSTEM HEALTH.

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

(Expenses \$ 2,062,367. including grants of \$ 1,065,720.) (Revenue \$ 262,483.)

4e Total program service expenses 3,907,272.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b		

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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 (or a family member thereof) 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)?	35 X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ☒ Yes ☐ No		
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?	38 X	

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	21		
1b	0		
c		X	
2a	19		
b		X	
3a			X
3b			
4a			X
b			
5a			X
5b			X
5c			
6a			X
6b			
7			
a			X
b			
c			X
d			
e			X
f			X
g		N/A	
h		N/A	
8			
9			
a			
b			
10			
a			
b			
11			
a			
b			
12a			
b			
13			
a			
b			
c			
14a			X
b			

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	9	
1b Enter the number of voting members included in line 1a, above, who are independent	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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		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?		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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b 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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process 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?		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?		

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 **▶**
GARY COHEN - 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	1.00	X		X				0.	0.	0.
JOHN W. STRONG CO CHAIR	1.00	X		X				0.	0.	0.
BRUNO GIACOMUZZI 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.
NOE COPLEY-WOODS DIRECTOR	1.00	X						0.	0.	0.
JOHN GROTTING DIRECTOR (THRU 05/10)	1.00	X						0.	0.	0.
ANDY PINES DIRECTOR (BEGINNING 05/10)	1.00	X						0.	0.	0.
WALT VERNON DIRECTOR (THRU 05/10)	1.00	X						0.	0.	0.
SISTER SUSAN VICKERS DIRECTOR	1.00	X						0.	0.	0.
ALAN YUSEPH DIRECTOR (BEGINNING 05/10)	1.00	X						0.	0.	0.
ANNA GILMORE HALL EXEC. DIR. (THRU 03/10)	40.00			X				41,100.	84,750.	18,057.
GARY COHEN CO-EXECUTIVE DIRECTOR	22.00			X				51,720.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Sub-total								92,820.	84,750.	18,057.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								92,820.	84,750.	18,057.

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 **▶**

- 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*
- 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*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
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 ►		0

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,887,577.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,887,577.			
Program Service Revenue	2 a	CONTRACT SERVICES	Business Code 900099	380,079.	380,079.		
	b	REGISTRATION	900099	343,694.	343,694.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		723,773.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,929.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 254,042.				
b		Less: cost or other basis and sales expenses	254,042.				
c		Gain or (loss)	0.				
d		Net gain or (loss)		0.			
8 a		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					
9 a		Gross income from gaming activities See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		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			
11 a	SUBLEASE	900099	37,727.			37,727.	
b	MISCELLANEOUS INCOME	900099	11,840.			11,840.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		49,567.				
12	Total revenue. See instructions.		4,674,846.	723,773.	0.	63,496.	

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	1,362,430.	1,362,430.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	51,500.	51,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	631,187.	631,187.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,415.	29,946.	41,924.	24,545.
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	685,618.	512,880.	54,809.	117,929.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,829.	10,620.	2,415.	2,794.
9 Other employee benefits	107,703.	84,294.	10,851.	12,558.
10 Payroll taxes	63,589.	42,432.	9,674.	11,483.
11 Fees for services (non-employees):				
a Management	459,111.	418,466.	32,608.	8,037.
b Legal	15,583.	6,164.	9,419.	
c Accounting	49,562.		49,562.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	103,058.	75,987.	18,708.	8,363.
14 Information technology				
15 Royalties				
16 Occupancy	67,526.	4,442.	60,491.	2,593.
17 Travel	112,720.	91,743.	2,577.	18,400.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	382,951.	382,354.	476.	121.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,651.		4,651.	
23 Insurance	7,875.	174.	7,596.	105.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	5,361.	4,868.	479.	14.
b BAD DEBTS	2,195.		2,195.	
c MISCELLANEOUS	595.	31.	545.	19.
d INDIRECT COSTS	0.	197,754.	<263,804.>	66,050.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,225,459.	3,907,272.	45,176.	273,011.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). 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	157,632.	1	122,634.
	2 Savings and temporary cash investments	780,253.	2	438,378.
	3 Pledges and grants receivable, net	2,729,780.	3	2,999,233.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,411.	9	58,209.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 198,537.		
	b Less accumulated depreciation	10b 65,447.	10c	133,090.
	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	714,302.	15	613,338.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,410,144.	16	4,364,882.	
Liabilities	17 Accounts payable and accrued expenses	1,077,805.	17	414,536.
	18 Grants payable		18	
	19 Deferred revenue	82,787.	19	129,897.
	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	0.	25	121,510.
	26 Total liabilities. Add lines 17 through 25	1,160,592.	26	665,943.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		<401,890.>	27	165,510.
28 Temporarily restricted net assets		3,651,442.	28	3,533,429.
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		3,249,552.	33	3,698,939.
34 Total liabilities and net assets/fund balances	4,410,144.	34	4,364,882.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,674,846.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,225,459.
3	Revenue less expenses Subtract line 2 from line 1	3	449,387.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,249,552.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,698,939.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- 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.
- 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 separate basis, consolidated 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4277741.	2028626.	6820644.	4119650.	3887577.	21134238.
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	4277741.	2028626.	6820644.	4119650.	3887577.	21134238.
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)						6470321.
6 Public support. Subtract line 5 from line 4						14663917.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4277741.	2028626.	6820644.	4119650.	3887577.	21134238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,329.	57,458.	46,684.	40,035.	51,656.	247,162.
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.	11,840.	24,593.
11 Total support. Add lines 7 through 10						21405993.
12 Gross receipts from related activities, etc. (see instructions)					12	1,835,617.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	68.50	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	65.51	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ▶ ☐

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

2010Open 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 the 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

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

	Amount
1c	
1d	
1e	
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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI 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		131,985.	10,475.	121,510.
d Equipment		62,173.	52,184.	9,989.
e Other		4,379.	2,788.	1,591.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				133,090.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) DUE FROM AFFILIATE	613,338.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	613,338.

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

1. (a) Description of liability		(b) Amount
(1)	Federal income taxes	
(2)	DEFERRED LEASE INCENTIVE	121,510.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		121,510.

2. FIN 48 (ASC 740) 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 (ASC 740).

032053
12-20-10

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
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	

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, LINE 2: HCWH HAS PERFORMED AN EVALUATION OF UNCERTAIN TAX

POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2010, 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

2010Open to Public
Inspection

Name of the organization

Employer identification number

HEALTH CARE WITHOUT HARM

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? ☒ Yes ☐ No

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
NORTH AMERICA (WHICH INCLUDES CANADA AND MEXICO, BUT NOT THE US)	0	0	GRANTMAKING		13,500.
SOUTH AMERICA	0	0	GRANTMAKING		271,909.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		226,329.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		119,449.
3 a Sub-total	0	0			631,187.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			631,187.

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

Schedule F (Form 990) 2010

52-2358837

HEALTH CARE WITHOUT HARM

Schedule F (Form 990) 2010

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 ☐

Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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	13,500	WIRE TRANSFER	0.		
		SOUTH AMERICA	ORGANIZATION AND PROGRAM MISSION WORK	266,909	WIRE TRANSFER	0.		
		EUROPE	ORGANIZATION AND PROGRAM MISSION WORK	226,329	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ORGANIZATION AND PROGRAM MISSION WORK	119,449	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 0

3 Enter total number of other organizations or entities 4

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

2010

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? ☒ 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. Part II can be duplicated if additional space is needed ☐

• 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON HEALTHLINK PO BOX 301 SWAMPSCOTT, MA 01907	04-3547142	501(C)(3)	36,000.	0.			PROGRAM MISSION WORK
CENTER FOR MAXIMUM POTENTIAL BUILDING SYSTEMS - 8604 PM 969 - AUSTIN, TX 78724	74-1873474	501(C)(3)	30,000.	0.			PROGRAM MISSION WORK
CLEAN PRODUCTION ACTION P.O. BOX 153 SPRING BROOK, NY 14140	94-3213100	501(C)(3)	11,250.	0.			PROGRAM MISSION WORK
COMMONWEAL P.O. BOX 316 BOLINAS, CA 94924	94-2366094	501(C)(3)	15,000.	0.			PROGRAM MISSION WORK
ECOLOGY CENTER 117 N DIVISION ANN ARBOR, MI 48104	38-1912803	501(C)(3)	40,000.	0.			PROGRAM MISSION WORK
GA TECH 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501(C)(3)	26,279.	0.			PROGRAM MISSION WORK

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

3 Enter total number of other organizations

▶ **15.**
▶ **3.**

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

Schedule I (Form 990) (2010)

Part II 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
INSTITUTE FOR AGRICULTURE AND TRADE - 2105 FIRST AVENUE, S. - MINNEAPOLIS, MN 55404	36-3501938	501(C)(3)	37,000.	0.			PROGRAM MISSION WORK
INSTITUTE FOR SUSTAINABLE FUTURE 8 N. 2ND AVENUE EAST, SUITE 200 DULUTH, MN 55802	41-1917360	501(C)(3)	62,500.	0.			PROGRAM MISSION WORK
OREGON PHYSIANS FOR SOCIAL RESPONSIBILITY - 812 SW WASHINGTON, SUITE 1050 - PORTLAND, OR 97205	93-0774594	501(C)(3)	38,250.	0.			PROGRAM MISSION WORK
PERKINS AND WILL 15057 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	37-7623851		50,500.	0.			PROGRAM MISSION WORK
PRACTICE GREENHEALTH 12355 SUNRISE VALLEY DRIVE, # 680 RESTON, VA 20191	76-0815736	501(C)(3)	210,618.	0.			ORGANIZATION AND PROGRAM MISSION WORK
ROOM TO MANEUVER 31 SOUTH STREET MONTAGUE, MA 01351	21-6468817		95,000.	0.			PROGRAM MISSION WORK
SAN FRANCISCO PHYSICIANS FOR SOCIAL RESPONSIBILITY - 2288 FULTON STREET, SUITE 307 - BERKELEY, CA 94704	94-2702750	501(C)(3)	107,000.	0.			PROGRAM MISSION WORK
SCIENCE AND ENVIRONMENTAL HEALTH NETWORK - 3703 WOODLAND STREET - AMES, IA 50014	45-0452872	501(C)(3)	15,500.	0.			PROGRAM MISSION WORK
UNIVERSITY OF CHICAGO, ILLINOIS 835 S. WOLCOTT CHICAGO, IL 60612	37-6000511		182,260.	0.			PROGRAM MISSION WORK

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REGRANT	1	51,500.	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 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

2010

Open to Public
Inspection

Name of the organization

HEALTH CARE WITHOUT HARM

Employer identification number

52-2358837

Part I Questions Regarding Compensation

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

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?

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 from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?

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?
- b** Any related organization?

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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				
1	(i)						
	(ii)						
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(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.

THE CO-EXECUTIVE DIRECTOR OF HCWH IS ALSO THE EXECUTIVE DIRECTOR OF THE NONPROFIT ORGANIZATION, ENVIRONMENTAL HEALTH FUND (EHF), WHICH IS BASED IN BOSTON, MASSACHUSETTS. DURING THE YEAR ENDED DECEMBER 31, 2010, THIS INDIVIDUAL'S SALARY WAS PAID BY EHF. HCWH PROVIDED \$58,470 IN REGRANTS TO EHF FOR TIME SPENT BY THIS INDIVIDUAL ON WORK FOR HCWH. HCWH ALSO REIMBURSED \$18,047 TO EHF FOR ADDITIONAL COSTS INCURRED BY THIS INDIVIDUAL ON BEHALF OF HCWH. THEREFORE IN ACCORDANCE WITH THE IRS INSTRUCTIONS, MR. COHEN'S SALARY HAS BEEN REPORTED ON FORM 990, PART VII,

SECTION A.

Department of the Treasury
Internal Revenue Service

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

2010

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

[illegible]

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26; or Form 990-E, Part I, line 5d.										
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

Total	▶	\$
--------------	----------	-----------

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2010

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	No
CONSORTA	THE CO-CHAIR OF HCW	47,568.	THE CO-CHAI		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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 \$ 47,568.

(D) DESCRIPTION OF TRANSACTION: THE CO-CHAIR OF HCWH, JOHN W. STRONG, IS THE FORMER PRESIDENT OF CONSORTA. IN 2010, HCWH PAID CONSORTA \$47,568 FOR FEES AND EXPENSES RELATED TO CLEANMED PROGRAMS IN 2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

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

HEALTHY HOSPITALS INITIATIVE

EXPENSES \$ 428,685. INCLUDING GRANTS OF \$ 238,461. REVENUE \$ 0.

RESEARCH COLLABORATIVE

EXPENSES \$ 306,878. INCLUDING GRANTS OF \$ 224,736. REVENUE \$ 0.

GLOBAL HEALTH AND SAFETY INITIATIVE

EXPENSES \$ 234,222. INCLUDING GRANTS OF \$ 129,932. REVENUE \$ 0.

ENERGY AND BUILT ENVIRONMENT

EXPENSES \$ 194,117. INCLUDING GRANTS OF \$ 90,118. REVENUE \$ 0.

GREEN GUIDE FOR HEALTH CARE

EXPENSES \$ 193,791. INCLUDING GRANTS OF \$ 52,000. REVENUE \$ 25,806.

BOSTON

EXPENSES \$ 174,277. INCLUDING GRANTS OF \$ 60,275. REVENUE \$ 0.

CHICAGO

EXPENSES \$ 172,478. INCLUDING GRANTS OF \$ 26,333. REVENUE \$ 166,677.

EUROPE

EXPENSES \$ 136,294. INCLUDING GRANTS OF \$ 115,948. REVENUE \$ 0.

Name of the organization

HEALTH CARE WITHOUT HARM

Employer identification number

52-2358837

CLIMATE

EXPENSES \$ 108,688. INCLUDING GRANTS OF \$ 82,000. REVENUE \$ 0.

CHEMICALS POLICY

EXPENSES \$ 85,762. INCLUDING GRANTS OF \$ 28,000. REVENUE \$ 0.

H-CAP

EXPENSES \$ 13,470. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEDIA

EXPENSES \$ 5,626. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER

EXPENSES \$ 4,398. INCLUDING GRANTS OF \$ 17,917. REVENUE \$ 0.

NURSES

EXPENSES \$ 3,681. INCLUDING GRANTS OF \$ 0. REVENUE \$ 70,000.

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

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

HEALTH CARE WITHOUT HARM

Employer identification number
52-2358837

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

Name of the organization

HEALTH CARE WITHOUT HARM

Employer identification number

52-2358837

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 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.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PRACTICE GREENHEALTH	B	210,618.FMV	
(2) PRACTICE GREENHEALTH	D	220,086.FMV	
(3) PRACTICE GREENHEALTH	M	44,985.FMV	
(4) PRACTICE GREENHEALTH	N	74,381.FMV	
(5) PRACTICE GREENHEALTH	P	253,454.FMV	
(6)	45		

Part VII	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

- 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 File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	HEALTH CARE WITHOUT HARM	52-2358837
	Number, street, and room or suite no. If a P.O. box, see instructions 12355 SUNRISE VALLEY DRIVE, NO. 680	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RESTON, VA 20191	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

GARY COHEN

- The books are in the care of **12355 SUNRISE VALLEY DRIVE, SUITE 680 - RESTON, VA 20191**
Telephone No. **703-860-9790** FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐ **X**
- 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, 2011**

5 For calendar year **2010**, or other tax year beginning , and ending

6 If the tax year entered in line 5 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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

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 **RHC** Title **CPA** Date **8/11/11**

Form 8868 (Rev. 1-2011)