

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

For	m	JAN	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	le (exce	pt private found	dations)	2022
Den	ortmor	t of the Treasury	Do not enter social security numbers on this form as it m	-	•		Open to Public
Inter	nal Re	venue Service	Go to www.irs.gov/Form990 for instructions and the la	itest inf	ormation.		Inspection
A	For t		lar year, or tax year beginning and endi	ng			
Β	Check applica	if C Name o	forganization		D Employer id	entificati	on number
		nge GRAN	TMAKERS IN HEALTH				
	Nar	20	usiness as		13-320	06571	
	Initi	al		n/suite	E Telephone ni		
	 Fina		CONNECTICUT AVE NW 110		(202)		8331
	tern	nin-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		9,607,726.
		ended TATA CI	INGTON, DC 20036	ľ	H(a) Is this a gro	oup retur	
			nd address of principal officer: ELENA ANDERSON				Yes X No
	pen	ding			H(b) Are all subordi		
1	Tax-e	exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			. See instructions
			GIH.ORG		H(c) Group exe		
ĸ	orm	of organization:	X Corporation Trust Association Other				tate of legal domicile: NY
	art I						
	1	Briefly describ	be the organization's mission or most significant activities: GRANTMA	KER	5 IN HEAI	TH (GIH) IS A
- Sec			IT, EDUCATIONAL ORGANIZATION DEDICATE				NDATIONS
Governance	2	Check this bo	x if the organization discontinued its operations or disposed or	f more t	han 25% of its n	et assets	
Nel	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	17
		Number of inc	dependent voting members of the governing body (Part VI, line 1b)			4	16
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			5	20
/itie	6	Total number	of volunteers (estimate if necessary)			6	0
çti	7		d business revenue from Part VIII, column (C), line 12			7a	0.
_<			business taxable income from Form 990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
¢	8	Contributions	and grants (Part VIII, line 1h)		6,172,22		9,080,863.
ňué	9	Program servi	ice revenue (Part VIII, line 2g)		151,34		387,843.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		127,91		89,649.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,86		44,357.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,468,35		9,602,712.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)			0.	0.
S	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,441,56		2,622,031.
enses	16	a Professional f	undraising fees (Part IX, column (A), line 11e)		189,31	19.	0.
Expe			ing expenses (Part IX, column (D), line 25) 190,453.				
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,334,15		2,106,672.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,965,03		4,728,703.
	19	Revenue less	expenses. Subtract line 18 from line 12		2,503,31		4,874,009.
Assets or				Beg	inning of Current		End of Year
sets	20		Part X, line 16)		9,558,38		16,140,232.
Å,	21	Total liabilities	s (Part X, line 26)		521,74	10.	3,227,840.

 21
 For an additional fraction, fine 20

 22
 Net assets or fund balances. Subtract line 21 from line 20

 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.

036,647.

12

912,

392.

9,

Sign	Signature of off	ficer							Date		
Here	ELENA AI	NDERSON,	DIRECTOR	OF	FINANCE	AND	OPERAT	IONS			
	Type or print na	ame and title									
	Print/Type prep	arer's name		Pre	eparer's signature			Date	Check	PTIN	
Paid	MONIQUE	BOOKER							self-employed	P006442	31
Preparer	Firm's name	SB & COI	MPANY, LL	С					Firm's EIN 20-	2153727	
Use Only	Firm's address	10200 GI	RAND CENT	RAL	AVE., SI	JITE	250				
		OWINGS 1	MILLS, MD	21	117				Phone no. (410) 584-0	060
May the I	RS discuss this	return with the	preparer shown at	oove?	See instructions					X Yes	No
232001 12-1	3-22 LHA F	or Paperwork F	Reduction Act No	tice, s	ee the separate	instru	ctions.			Form 99	0 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	r Name of exempt organization or other filer, see instru	ctions.		Taxpaye	identificatior	n number (TIN)
print	GRANTMAKERS IN HEALTH				13-320	06571
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s		ions.			
return. Sei instructior			ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) ELENA ANDERSON	07				
 If the If this box > 1 the th	phone No. ► (202) 452-8331 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) If ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the extens npt organizati	roup, check this sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069					0.
	stimated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	•		0-	¢	0.
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	
instruct	 If you are going to make an electronic funds withdrawal ions. 	lanect det	ong with this form 6000, see Form 84		u Futiti 00/9-	re for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

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Form	990 (2022) GRANTMAKERS IN HEALTH	13-3206571	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part	ΙΙ	X
1	Briefly describe the organization's mission:		
	TO FOSTER COMMUNICATION AND COLLABORATI	ON AMONG GRANTMAKERS AND	
	OTHERS, AND TO STRENGTHEN THE GRANTMAKI		
	SKILLS, AND EFFECTIVENESS.		
	SKILLS, AND EFFECTIVENESS.		
2	Did the organization undertake any significant program services during the year		
	prior Form 990 or 990-EZ?	Yes	s 🛛 No
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it of		XNo
Ŭ	If "Yes," describe these changes on Schedule O.		, [] 110
	-		
4	Describe the organization's program service accomplishments for each of its t		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of grants and allocations to others, the total expenses, a	ind
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 422,814. including grants of \$) (Revenue \$)
	HEALTH EQUITY AND SOCIAL JUSTICE - GIH'	S HEALTH EOUITY AND SOCIAL	
	JUSTICE PROGRAMMING FOCUSES ON ENSURING)
	JUST OPPORTUNITY TO ACHIEVE THEIR HIGHE		
	RACE AND ETHNICITY, SEXUAL ORIENTATION		
	OR OTHER DETERMINING FACTORS LIKE SOCIO		
	THIS AREA INCLUDES APPLYING A HEALTH EQ	JITY LENS TO ALL OUR FOCUS AR	EAS
	AND EXPLORING THE PARTNERSHIPS, PROGRAM	5, AND POLICY CHANGES NECESSA	RY
	TO ELIMINATE DISPARITIES; ADDRESSES THE		
	AND INSTITUTIONALIZES INTERNAL DIVERSIT		/
	INITIATIVES.	, Lgoili, Mid Includion	
	INITATIVES.		
4b	(Code:) (Expenses \$354,614. including grants of \$) (Revenue \$)
	PHILANTHROPIC GROWTH AND IMPACT - GIH'S	PHILANTHROPIC GROWTH AND IMP	ACT
	PROGRAMMING IDENTIFIES, DISSEMINATES, A		
	THE ONGOING OPERATIONS OF HEALTH FUNDIN		
			. TN
	THIS AREA ADDRESSES GOVERNANCE, GRANTMA	• •	
	COMMUNICATIONS, AND THE MYRIAD WAYS HEA		
	DIVERSE PUBLIC POLICY, ADVOCACY, AND CI	/IC ENGAGEMENT GOALS.	
4c	(Code:) (Expenses \$ 292, 376 . including grants of \$) (Revenue \$)
	CONVENING ACTIVITIES - GIH'S CONVENING	ACTIVITIES INCLUDE THE ANNUAL	·
	CONFERENCE ON HEALTH PHILANTHROPY, FALL		
	ISSUE-FOCUSED STRATEGY SESSIONS. THE GI	•	
	LARGEST GATHERING OF HEALTH FUNDERS AND		
	OPPORTUNITY TO LEARN FROM DIVERSE PERSP	<u>ECTIVES, DISCUSS TOPICAL ISSU</u>	IES
	IN HEALTH FUNDING, AND CONNECT WITH PEE	RS. THE FALL FORUM OFFERS	
	PROGRAMMING DESIGNED FOR FUNDERS WITH A	STRONG INTEREST IN HEALTH	
	POLICY TO FOCUS ON CURRENT ISSUES, INTE		ND
	MEET WITH THEIR GRANTMAKING PEERS.	diel with building inimiding, h	
	MEET WITH THEIR GRANIMARING PEERS.		
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,343,101. including grants of \$) (Revenue \$ 387,843.)	
4e	Total program service expenses 2,412,905.		000
		Form	990 (2022)
232002	2 12-13-22		
	3		
608	14 138138 GIH.001 2022.040	10 GRANTMAKERS IN HEALTH	GIH.0

Form	990	(2022)
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Form 990 (2022) GRANTMAKERS IN HEALTH
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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	128	_ <u>_</u>	<u> </u>
b		106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	126		X
тэ 14а		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.10		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>.</u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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. See instructions	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			[
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"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, Part II, III, or IV, and			v
25.0	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1o 1b 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)
	5			

^{2022.04010} GRANTMAKERS IN HEALTH

Form	990 (2022) GRANTMAKERS IN HEALTH		13-3206	571	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		<u>X</u>
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•		_		v
	to file Form 8282?		I	7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00. e.e. we ew ine el 0	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	5	8		
9	sponsoring organization have excess business holdings at any time during the year?			0		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			0.5		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					37
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
020005	If "Yes," complete Form 6069.			Form	990	(2022)
232005	12-13-22			TUTT		(2022)

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⁶ 2022.04010 GRANTMAKERS IN HEALTH GIH.0011

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 Form 990 (2022)
 GRANTMAKERS
 IN
 HEALTH
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 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI
Obselvit Cabadula O contains a vacance av note to any line in this Day 1/1

|--|

Sec	tion A. Governing Body and Management					
1.	Enter the number of voting members of the governing body at the and of the tay very	4.	17		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1,	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			1		
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-			
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
<u>Sec</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			100		
2		•	, annacoo,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boc			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ū.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				77	
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	Х	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?			16-		x
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			<u>16a</u>		- 23
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $_\mathrm{NY}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			• •		
	Own website Another's website X Upon request Other (explai	n on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records			
	ELENA ANDERSON - (202) 452-8331					
	1100 CONNECTICUT AVE NW, 1100, WASHINGTON, DC 200	36			000	
232006	12-13-22 7			Form	990	(2022)

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Form 990 (2022)
Part VII	Coi

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

		Jiga	πza	uon	0011	ipci	Jan	cu any current officer, u		
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	offic	cer an	d a d	irecto	r/trus I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	1 trus	nal tr		oyee	duo		1099-NEC)		and related
	below	In dividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Emple	Former			
(1) CARA V. JAMES, PHD	40.00									
PRESIDENT AND CEO		Х						339,217.	0.	58,772.
(2) OSULA RUSHING	40.00									
VICE PRESIDENT OF PROGRAM AND STRATE					Х			209,055.	0.	40,566.
(3) DAVID GESSNER	40.00									
DIRECTOR OF FINANCE AND OPERATIONS							Х	183,059.	0.	26,251.
(4) KATE TREANOR	40.00									
INTERIM VICE PRESIDENT OF PROGRAMMIN						X		125,892.	0.	6,231.
(5) EILEEN SALINSKY	20.00								_	
PROGRAM ADVISOR						X		121,609.	0.	0.
(6) ANN MCMILLAN	40.00									
PROGRAM DIRECTOR		<u> </u>				X		107,845.	0.	27,284.
(7) MICHELLE A. LARKIN, JD, MS, RN	4.00	-								
CHAIR		Х		Х				0.	0.	0.
(8) LAURA GERALD, MD, MPH	2.00	-								
VICE CHAIR		Х		Х				0.	0.	0.
(9) ANDREA M. COLE, MBA	2.00								•	
TREASURER		Х		Х				0.	0.	0.
(10) QIANA THOMASON	2.00								•	
SECRETARY		Х		Х				0.	0.	0.
(11) BRENDA SOLORZANO	2.00									
MEMBER-AT-LARGE		Х		Х				0.	0.	0.
(12) IRFAN HASAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LAURA LANDY, MBA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) OANH MARONEY-OMITADE, MLS, MA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TRICIA NEUMAN, SCD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JILL NOWAK, CAE, CPA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) MARIA S. PESQUEIRA	1.00									
BOARD MEMBER		Х						0.	0.	0.
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2022.04010 GRANTMAKERS IN HEALTH

Form 990 (2022) GRANTMAKE	ERS IN H	IEA	LT	Ή					13-32	206	571	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average hours per week				than o s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orga anc	oensa om th anizat I relat nizati	e ion ed
(18) ELIZABETH RIPLEY, MAR BOARD MEMBER	1.00	x						0.		0.			0.
(19) RANDALL RUSSELL BOARD MEMBER	1.00	x						0.		0.			0.
(20) PATRICK SIMPSON, MPH BOARD MEMBER	1.00	x						0.		0.			0.
(21) NIKKI HIGHSMITH VERNICK, MPH BOARD MEMBER	1.00	x						0.		0.			0.
(22) WINSTON F. WONG, MD, MS BOARD MEMBER	1.00	x						0.		0.			0.
(23) GIL ALVARADO, CPA TREASURER (TERM ENDED SEP 2022)	2.00	x		x				0.		0.			0.
(24) PATRICIA MATHEWS BOARD MEMBER (TERM ENDED MARCH 2022)	1.00	x						0.		0.			0.
(25) GARY NELSON BOARD MEMBER (TERM ENDED MARCH 2022)	1.00	x						0.		0.			0.
(26) DAVID ROUSSEAU BOARD MEMBER (TERM ENDED MARCH 2022)	1.00	x						0.		0.	159) 1	0.
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							1,086,677. 0. 1,086,677.		0.	159		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 									000 of reportable		15	, <u> </u>	<u>6</u>
3 Did the organization list any former officer,	director trust			mol	01/01	o or	hio	nhest compensated empl	0,000 00			Yes	No
 line 1a? If "Yes," complete Schedule J for s. For any individual listed on line 1a, is the su 	uch individual										3	X	
 and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	Jt	for such individual			4	Х	
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors											5		х
Complete this table for your five highest control the organization. Report compensation for the organization.	-									ensat	tion fro	m	
(A)				<u>ig w</u>				(B) Description of s		C	(C comper		n
WHOLE FINANCIAL SERVICES 4938 HAMPDEN LANE, BETHES		20	81	4				ACCOUNTING, I GRANTS MGMT S	HR, AND				45.
MISSION PARTNERS LLC PO BOX 1400, ROCKVILLE, M								COMMUNICATION CONSULTANT					00.
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	zation				2	2			ore than				
SEE PART VII, SECTION 232008 12-13-22	I A CONT	IN	UA	ΤI	ON	S	HE	ETS			Form 9	990 (2022)

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Form 990 GRANTMAKE	ERS IN H	[EA	LT	Ή					13-320	6571
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
(A) (B) (C) (D)									(E)	(F)
Name and title	Position					Reportable	Reportable	Estimated		
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	related	tee or	istee			en sate				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pen sated em ployee				organizations
	below	ividua	titutio	Officer	/ em p	hesto	Former			
	line)	Ind	lus	9#0	Key	Hig	For			
(27) EMILY YU, MBA	1.00									
BOARD MEMBER		Х						0.	0.	0.
					<u> </u>					
Total to Part VII, Section A, line 1c										

232201 04-01-22

			S IN HEALTH			13-3206	571 Page 9
Pa	rt VI						
		Check if Schedule O contains a resp	onse or note to any line		(P)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S,G	с	v					
Gift Jar	d	.					
)s, (imi	е	Government grants (contributions)					
er S	f	All other contributions, gifts, grants, and					
0 th th		similar amounts not included above 1f	9,080,863.				
ont	g			9,080,863.			
οσ	h	Total. Add lines 1a-1f	Business Code	9,000,003.			
	2 3	REGISTRATION FEES	624200	387,843.	387,843.		
Program Service Revenue	z a b				50770150		
Ser	c						
	d						
Be	е						
۲, P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		387,843.			
	3	Investment income (including dividends,	interest, and				
				94,663.			94,663.
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
	•		al (ii) Personal				
	6 a						
	c v						
	d						
		Gross amount from sales of (i) Secur	ities (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
е		and sales expenses 7b	5,014.				
evenue	с	Gain or (loss)	-5,014.				
Be	d	Net gain or (loss)		-5,014.	-5,014.		
Other R	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	b						
	С	() 5					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b						
		 Net income or (loss) from gaming activitie Gross sales of inventory, less returns 	*>				
	iu a	and allowances	10a				
	h	Less: cost of goods sold					
		 Net income or (loss) from sales of inventor 	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·	Business Code				
sno	11 a	MISCELLANEOUS REVENUE	E 900099	44,357.	44,357.		
scellaneo Revenue	b	·					
Sells	с						
Miscellaneous Revenue	d	All other revenue	I				
-		Total. Add lines 11a-11d		44,357.	407 404		0.4.652
	12	Total revenue. See instructions		9,602,712.	427,186.	0.	94,663.
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	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,622,031.	1,287,574.	1,189,524.	144,933.
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	481,986.	39,831.	442,155.	
b	Legal				
с	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	56,532.	29,315.	24,211.	3,006.
13	Office expenses	225,916.	113,760.	99,772.	12,384.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	85,216.	16,624.	68,592.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	793,084.	699,443.	88,937.	4,704.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	293,831.	145,510.	131,939.	16,382.
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER OPERATING EXPENSE	162,744.	80,848.	72,852.	9,044.
b	MISCELLANEOUS	7,363.		7,363.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,728,703.	2,412,905.	2,125,345.	190,453.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

GRANTMAKERS IN HEALTH 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)

(A) Total expenses

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

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(D) Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

232010 12-13-22

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

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Form 990 (2022)

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		Check if Schedule O contains a response or note	line in this Part X				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			236,533.	1	6,171,936.
	2	Savings and temporary cash investments			1,605,939.	2	0.
	3	Pledges and grants receivable, net			2,493,134.	3	2,662,113.
	4					4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disqualif	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
000	8	Inventories for sale or use		8			
ζ	9	Prepaid expenses and deferred charges			13,801.	9	11,186.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		287,857.			
	b	Less: accumulated depreciation	10b	76,017.	248,834.	10c	211,840.
	11	Investments - publicly traded securities			4,909,991.	11	4,571,978.
	12	Investments - other securities. See Part IV, line 1	1		50,155.	12	2,511,179.
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets		L		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa		· · · · · · · · · · · · · · · · · · ·	9,558,387.	16	16,140,232.
	17	Accounts payable and accrued expenses			209,378.	17	424,602.
	18	Grants payable				18	10.000
	19	Deferred revenue	0.	19	10,000.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		·····		21	
ß	22	Loans and other payables to any current or form	er office	er, director,			

X

.

Part X Balance Sheet

trustee, key employee, creator or founder, substantial contributor, or 35%

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

GRANTMAKERS IN HEALTH

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

23

24

25

26

27

28

29

30

31

32

33

of Schedule D

2,793,238.

3,227,840.

9,083,640.

3,828,752.

12,912,392.

16,140,232.

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22

23

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312,362.

521,740.

5,451,122.

3,585,525.

9,036,647.

9,558,387.

Form 99	OO (2022) GRANTMAKERS IN HEALTH	13-3	3206571	Page 1 2	2
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 T	otal revenue (must equal Part VIII, column (A), line 12)	1		2,712.	
2 T	otal expenses (must equal Part IX, column (A), line 25)	2		3,703.	
3 R	evenue less expenses. Subtract line 2 from line 1	3		.,009.	
4 N	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,6 <u>4</u> 7.	
5 N	et unrealized gains (losses) on investments	5	-998	3,264.	•
6 D	onated services and use of facilities	6			_
	ivestment expenses	7			
	rior period adjustments	8			
9 C	ther changes in net assets or fund balances (explain on Schedule O)	9		0.	•
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	olumn (B))	10	12,912	<u>,392</u>	•
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes No	<u>)</u>
1 A	ccounting method used to prepare the Form 990: X Cash Accrual Other		_		
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2 a V	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
S	eparate basis, consolidated basis, or both:				
[X Separate basis Consolidated basis Both consolidated and separate basis				
b٧	/ere the organization's financial statements audited by an independent accountant?		2b	X	_
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
С	onsolidated basis, or both:				
[X Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2c	X	_
lf	the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
U	niform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b lf	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
0	r audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Onen to Public

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	inspect	
or	idantification	numh

Nan	ne or t	ne organization							
D			TMAKERS IN						3-3206571
Pa	art I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 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). (C							
6	X	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\square	An organization that norma	•				.,	e general r	public described in
-		section 170(b)(1)(A)(vi). (C			onn a gore			ie general p	
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11)				
9		An agricultural research org			-	ad in coniu	unction with a	land-grant	college
5		or university or a non-land-g	-			-		-	-
			grant conege of agrici			lame, ony	, and state of	the college	
10		university: An organization that norma	Illy reacives (1) more	than 22 1/20/ of its supr	ort from o	ontributior	na mambarab	in food and	d aroos rossints from
10		•	•				-	•	•
		activities related to its exem		-					-
		income and unrelated busin		(less section 511 tax) in	m busines	ses acqui	red by the org	anization a	iter Julie 30, 1975.
		See section 509(a)(2). (Con					O(-)(4)		
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						neck the box on
	_	lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • •	-			
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
C		Type III functionally inte						ly integrate	d with,
		its supported organization							
C		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	reness
		_ requirement (see instructi		-					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f		Enter the number of supported organizations							
<u> </u>		vide the following information			(iv) Is the orga	nization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
_									
Tota	al								

Schedule A	(Form	000	202
Schedule A		990) 202.

Part II

GRANTMAKERS IN HEALTH

13	3 –	3	2	0	6	5	7	1	Page 2
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage			<u> </u>	
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2021					15	%
1 6a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this b	box and
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	: - 2022. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10	% or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the orga	nization
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15	is 10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	in Part VI how th	e
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ons
						Schedule	A (Form 990) 2022

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Schedule A	(Form	990	202

GRANTMAKERS IN HEALTH

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

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

Section A. Public Support		1	-			
Calendar year (or fiscal year beginning in	i) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do n	ot					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per formed, 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 bus iness under section 513						
4 Tax revenues levied for the organ	۱-					
ization's benefit and either paid t or expended on its behalf	0					
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, a 3 received from disgualified personal structures of the second secon						
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						
Section B. Total Support		•	•	•	•	
Calendar year (or fiscal year beginning in	i) (a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	1					
b Unrelated business taxable income						
(less section 511 taxes) from busines	sses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busin activities not included on line 10t whether or not the business is regularly carried on						
12 Other income. Do not include gai or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and						
14 First 5 years. If the Form 990 is	for the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
check this box and stop here Section C. Computation of P	ublic Support Per					
15 Public support percentage for 20		-	column (f))		15	%
16 Public support percentage from 2 Section D. Computation of In					16	%
17 Investment income percentage for		•	line 13 column (f))		17	%
18 Investment income percentage fr		B			18	% %
19a 33 1/3% support tests - 2022.						
more than 33 1/3%, check this b						
b 33 1/3% support tests - 2021.	-	•				3%, and
line 18 is not more than 33 1/3%						
20 Private foundation. If the organi						
232023 12-09-22		, • •	,			ule A (Form 990) 2022
		17	7			

2022.04010 GRANTMAKERS IN HEALTH

GRANTMAKERS IN HEALTH

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18

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	(Form 990) 2022	GRANTMAKER
Part IV	Supporting Org	ganizations (continued)

GRANTMAKERS IN HEALTH

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and what conditions or restrictions if only applied to support during the toxy work.
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

SUDEIVISE			i organization.
Section C. T	ype II Supp	porting Orga	anizations

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

Section D.	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	-------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b Schedule A (Form 990) 2022

Yes No

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19 2022.04010 GRANTMAKERS IN HEALTH Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

GRANTMAKERS IN HEALTH

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
1	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d .	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
:	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

1

d Excess from 2021 e Excess from 2022 GRANTMAKERS IN HEALTH

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Sche	dule A (Form 990) 2022 GRANTMAKERS I			1	<u>.3-3206571 Ра</u>	age 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)		
Secti	on D - Distributions			-	Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - prior	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsive				
Ū	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
10		(i)	(ii)	10	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	S	Distributable Amount for 2022	2
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
-	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
Ū	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
Ŭ	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018 Excess from 2019					
	Excess from 2019 Excess from 2020					
<u> </u>						

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	GRANT	MAKERS	IN	HEALTH			13-3206571	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4 lines 2 and	4b, 4c, 5a, 6, 3; Part IV, Se	9a, 9b ction E	, 9c, 11a, 11b, E, lines 1c, 2a, 2	and 11c; Part 2b, 3a, and 3b;	IV, Section B, lines ; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	۱C,
	(See instructions.)	_,	-,,		_, _, _,				
232028 12-09-2	2				22			Schedule A (Form	990) 2022

** PUBLIC DISCLOSURE COPY

GRANTMAKERS IN HEALTH

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

1	2		2	\mathbf{r}	n	6	E	7	1
т	Э	_	Э	4	υ	σ	Э	1	1

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-3206571

GRANTMAKERS IN HEALTH

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>5,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>424,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>173,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>119,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

07460814 138138 GIH.001

Name of organization

Employer identification number

GRANTMAKERS IN HEALTH

13-3206571

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$64,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$58,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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2022.04010 GRANTMAKERS IN HEALTH GIH.0011

Schedule B (Form 9	990) ((2022)
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Name of organization

Employer identification number

13-3206571

GRANTMAKERS IN HEALTH

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

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

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07460814 138138 GIH.001

2022.04010 GRANTMAKERS IN HEALTH

Schedule	B (Form 990) (2022)		Page 4				
Name of c	organization		Employer identification number				
GRANT	MAKERS IN HEALTH		13-3206571				
			tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$				
(a) No. from	Use duplicate copies of Part III if additional s	space is needed.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gift					
		(c) francier of gire					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		·					
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
223454 11-1	5-22		Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022)

27 2022.04010 grantmakers in health

GIH.0011

			Supplement	al Einanaial Statamanta		OMB No. 1545-0047
Part W, Jine 5, 7, 8, 9, 10, 11g, 11g, 11g, 11g, 11g, 11g, 11g,						2022
Intervention Cost to work rs.gow/Form@00 for instructions and the latest information. Inspection Name of the organization GRANTMAKERS IN HEALTH Employer identification number organization anaword 'Ves' on Form 980, Part V, line 6. Image: Total number at end of year (a) Donor advised funds (b) Funds and other accounts. Aggregate value of contributions to fouring year) (a) Donor advised funds (b) Funds and other accounts Aggregate value of grant from (during year) (a) Donor advised funds (b) Funds and other accounts Aggregate value of grant from (during year) (b) Donor advised funds (b) Funds and other accounts Aggregate value of grant from (during year) (b) Donor advised funds (b) Funds and other accounts Bo the organization inform all advises, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the beard or of anor advisor, of for any other purpose conferring imperimetion advisor, of for any other purpose conferring imperimetion advisor, and provide in the organization inform all advisor, and provide in the accounts (b) Partition (b) Part (b) (b) Pa	(FOI)	1 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
GRANTMAKERS IN HEALTH 13-3206571 Part II Organizations Ministering Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of conton took (uning year) (a) Aggregate value of and took (uning year) (b) Funds and other accounts 3 Aggregate value at end of year (b) Funds and other accounts (b) Funds and other accounts 4 Aggregate value at end of year (c) Total parts (c) Particular Parts (c) Pa						
Perter Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization asswered 'Vee' on Form 980, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of ortholicins to (during year) (a) Segmentations properly subject to for organization's explanation's explanation's explanation's properly subject to for organization inform all donors and donor advises in writing that the assets held in donor advised funds are the organization inform all grantese, donors, and acon radvises of rom yothe purposes confering importantiation's properly subject to the organization readvisor, of rom yothe purposes confering important benefit? Perto: Complete if the organization inform all grantese, donors, and cance radvisor, of rom yothe purposes confering important land area Protection of natural habitati Protection of a historically important land area Protection of natural habitati Preservation elasements held by the organization check all that apply. 2 Complete if the organization held a qualified conservation contribution in the form of a construction assements on a certified historic structure 2 Intel an explain the advisor is a structure included in (a) 2 3 Number of conservation easements 2 4 Intel at a protein easements on a certified historic structure included in (a) 2 4 Number of conservation ease	Nam	e of the organizatio				
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are the organization's property, subject to the organization's exclusive legal control? Ves 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 important land assemble private benefit? No 7 Purpose(6) of conservation easements. Complete if the organization answered "Ves" on Form 990, Part IV, line 7. Yes No 8 Complete lines 2a through 20 if the organization beld a qualified conservation caterilied historic structure Preservation of an informal area in the last day of the tax year. Important land area Preservation easements Preservation easements 2a Important land area Important land area Preservation easements 2a Important land area 2a Important land area Important land ar	4	Aggregate value at	end of year			
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Impermissible private benefit? Yes No. Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of conservation easements held by the organization held a qualified conservation contribution in the form of a conservation easement in the item of the tax year. If eld at the End of the Tax Year a Total number of conservation easements 2a 2a 2a b Total acreage restricted by conservation easements 2a 2a 2a a Number of conservation easements included in (c) acquired after July 25,2006, and not on a 1biotion structure listed in the National Register 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2a 2a 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements in blocks 9 wes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue st	6	•		0 0	•	
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Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Complete lines 2 a 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. Total another of conservation easements	1					
Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Total acreage restricted by conservation easements Income of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Year A nount of expenses incurred in the conservation easements is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements balance sheet, and include, if applicable, the text of the footnote to the organization for conservation easements. Fart III Organization easements Complete if the organization reports conservation easements. Fart III Organization second "Yes" on Form 990, Part IV, line 8. If the organization second "Yes" on Form 990, Part IV, line 8. If the organization secon	-		, ,		rically impo	ortant land area
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. a Total number of conservation easements Idd at the End of the Tax Year b Total acreage restricted by conservation easements Idd at the End of the Tax Year c Number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure listed in the National Register Idd at the End of the Tax Year 3 Number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure listed in the National Register Idd at the organization during the tax year 4 Number of states where property subject to conservation easement is located Idd at the end of the Year 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement: reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the tex of the footnote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets hel		Protection of	natural habitat	Preservation of a certi	fied historic	structure
day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acceage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed Register 2d 3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 4 Number of states where property subject to conservation easement is located		Preservation	of open space			
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 4 Number of states where property subject to conservation easements is located 2d 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is holds? Yes 6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Yes 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i) 9 In Part XII, 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 fanancial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibiti	2		č č .	fied conservation contribution in the form of a cor		
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d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 4 Number of states where property subject to conservation easement is located 5 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form '90, Part V, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibiti		-	•			
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					20	
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 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)?	6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easemen	ts 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)?	_	<u> </u>	<u> </u>			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part XIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X d Assets included in Form 990, Part X d Assets included in Form 990, Part X d Assets included in Form 990, Part X e	_	organization's acco	unting for conservation easements.			-
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a Revenue included on Form 990, Part VIII, line 1 \$	2				provide	
b Assets included in Form 990, Part X \$		-		-	*	
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LHA For Paperwork Reduction Act Notice, see the	Instructions for Form 990.
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2022.04010	GRANTMAKERS	IN	HEALTH

Sche		KERS IN HEA					13-32			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Othe	r Similaı	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	make s	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange progra	m					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization	n's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	easures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza [.]	tion answered ""	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	ons or other ass	ets not	included		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					-		
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							1		7
	Did the organization include an amount on F					ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.					10				
T ai	t V Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two years			ware back	(e) Fou	VADR	hack
4.	Device in a factor balance									
	Beginning of year balance		4,201,770	3,630	, 510.		<u>31,131.</u> 50,000.	5	,223, 50	000.
	Contributions		619,970	5 571	,452.		49,187.			525.
	Net investment earnings, gains, and losses		015,57	5, 571	, 452.	0	4J,107.		05,	525.
	Grants or scholarships									
е	Other expenditures for facilities								259	001.
	and programs								255,	
	Administrative expenses End of year balance		4,821,740	5 4 201	,770.	3 6	30,318.	2	,931,	131
g 2	Provide the estimated percentage of the cur	· · · · · · · · · · · · · · · · · · ·	, ,		,,,,,,,,	•,•			,,,,,	
ے a	Board designated or quasi-endowment	1 0 0	%	(a)) Held as.						
	Permanent endowment	%								
		%								
Ŭ	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse		ation that are held	and administere	ed for th	ne.				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	• • •	ost or other is (other)	• •	ccumulate	ed	(d) Boo	k valu	e
1 a	Land									
	Buildings									
	Leasehold improvements			29,337.				2	9,3	37.
	Equipment		2	58,520.		76,03	17.	18	2,5	03.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. column (B). line	10c.)				21	1,8	40.

Schedule D (Form 990) 2022

Schedule D (For	rm 990) 2022	GRANTMAKERS	IN	HEALTH
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DEPOSITS	15,155.	COST
(B) RIGHT-TO-USE ASSET	2,496,024.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must agual Form 000, Part V. col. (P) line 12.)	2 511 179	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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

1. (a) Description of liability	(b) Book value			
(1) Federal income taxes				
(2) RIGHT TO USE OPERATING LEASE				
(3) LIABILITY	2,793,238.			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,793,238.			

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 GRANTMAKERS IN HEALTH	13-	3206571 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,604,448.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -998, 264	•	
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	-998,264.
3	Subtract line 2e from line 1	3	9,602,712.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	9,602,712.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,728,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,728,703.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	4,728,703.
Pa	rt XIII Supplemental Information.		

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

PART V, LINE 4:

BOARD DESIGNATED FUNDS ARE GENERAL FUNDS WHICH MAY BE USED AS NECESSARY

FOR UNANTICIPATED PROGRAM AND OPERATIONAL COSTS.

PART X, LINE 2:

THE ORGANIZATION COMPLIES WITH THE PROVISIONS OF FASB ASC TOPIC 740,

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON

A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT

EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE

ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT

TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS

232054 09-01-22

Schedule D (Form 990) 2022

07460814 138138 GIH.001

31 2022.04010 GRANTMAKERS IN HEALTH

Schedule D (Form 990) 2022 GRANTMAKERS IN HEALTH	13-3206571 Page 5
Schedule D (Form 990) 2022 GRANTMAKERS IN HEALTH Part XIII Supplemental Information (continued) (continued) (continued)	
GUIDANCE. FOR THE YEARS ENDED DECEMBER 31, 2022 AND	2021, NO UNRECOGNIZED
TAX PROVISION OR BENEFIT EXISTS IN THE ACCOMPANYING	FINANCIAL STATEMENTS.
	Schedule D (Form 990) 2022
232055 09-01-22	. ,

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2022.04010 GRANTMAKERS IN HEALTH GIH.0011

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022					
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	22	-		
Dena	tment of the Treasury	Attach to Form 990.		Open to				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	e of the organization		Employer ic			mber		
D		GRANTMAKERS IN HEALTH	13-3	20657	1			
Ра	rt I Question	s Regarding Compensation						
	o				Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	<u> </u>						
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
		pending account Personal services (such as maid, chauffer	ur, chet)					
L-	If any of the house	n line to are checked, did the examination follows written policy recording to most an						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46				
2		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	trustees, and onice							
3	Indicate which if ar	y, of the following the organization used to establish the compensation of the organization's						
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the organ						
		ation of the CEO/Executive Director, but explain in Part III.	01110					
	X Compensation							
		ompensation consultant IX Compensation survey or study						
		ther organizations X Approval by the board or compensation of	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а	•	e payment or change-of-control payment?		4a		X		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с		eive payment from an equity-based compensation arrangement?		4.		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the re							
а	The organization?			. 5a		X		
		ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the n	et earnings of:						
а	The organization?			. <u>6a</u>		X		
b	Any related organiz	ation?		. 6b		X		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		es 5 and 6? If "Yes," describe in Part III		7		X		
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne					
				8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
	Regulations section							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)) 2022		

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13-3206571

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and (D) Nontaxable other deferred benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CARA V. JAMES, PHD	(i)	322,776.	16,171.	270.	48,513.	10,259.	397,989.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) OSULA RUSHING	(i)	208,721.	0.	334.	31,172.	9,394.	249,621.	0.
VICE PRESIDENT OF PROGRAM AND STRATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID GESSNER	(i)	181,871.	0.	1,188.	24,768.	1,483.	209,310.	0.
DIRECTOR OF FINANCE AND OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



GRANTMAKERS IN HEALTH

Employer identification number 13 - 3206571

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

AND CORPORATE GIVING PROGRAMS IMPROVE THE HEALTH OF ALL PEOPLE.

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

OTHER ISSUE AREAS INCLUDE ACCESS AND QUALITY, ADVOCACY STRATEGIES,

BEHAVIORAL HEALTH, CHILDREN AND FAMILIES, COMMUNITY ENGAGEMENT AND

EMPOWERMENT, HEALTHY EATING / ACTIVE

LIVING, INTEGRATIVE HEALTH, OLDER ADULTS, ORAL HEALTH, AND POPULATION

HEALTH.

EXPENSES \$ 1,343,101. INCLUDING GRANTS OF \$ 0. REVENUE \$ 387,843.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE DIRECTOR, PRESIDENT AND CEO, AND FINANCE COMMITTEE CHAIR REVIEW THE 990 DRAFT WHICH IS PREPARED BY THE CPA FIRM. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FORM IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS. COMMENTS MAY BE ADDRESSED TO GIH STAFF BY MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ORGANIZATIONAL POLICIES, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE

REVIEWED ANNUALLY BY THE ORGANIZATION'S BOARD OF DIRECTORS AND EXECUTIVE

MANAGEMENT TEAM TO ENSURE COMPLIANCE. IF A CONFLICT OF INTEREST SHOULD

ARISE, THE INTERESTED BOARD MEMBER SHALL DISCLOSE ALL MATERIAL FACTS TO THE

BOARD OF DIRECTORS AND SHALL NOT BE PRESENT DURING BOARD DISCUSSION OR

DECISION ON THE MATTER, OTHER THAN WHEN ASKED TO RESPOND TO INQUIRIES AT

THE DISCRETION OF THE BOARD OF DIRECTORS.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22
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FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (WHICH SERVES AS THE BOARD COMPENSATION COMMITTEE) COMMISSIONS AN INDEPENDENT COMPENSATION CONSULTANT TO EITHER 1) CONDUCT A COMPETITIVE ASSESSMENT OF THE PRESIDENT AND CEO'S, AND OTHER KEY EMPLOYEES', COMPENSATION VERSUS COMPENSATION FOR SIMILAR POSITIONS IN THE RELEVANT LABOR MARKET OR 2) ADVISE ON A COMPENSATION INCREASE BASED ON THE EXISTING ASSESSMENT. A FULL ASSESSMENT IS CONDUCTED EVERY FEW YEARS AND DRAWS ON DATA FROM PUBLISHED SURVEYS AND SELECTED COMPARATIVE ORGANIZATIONS. THIS ASSESSMENT WAS LAST DONE IN 2022. THE CONSULTANT ADVISES ON COMPENSATION INCREASES IN THE INTERVENING YEARS BASED ON DATA FROM AVAILABLE SALARY PLANNING SURVEYS. THE RELEVANT LABOR MARKET INCLUDES COMPARABLE EDUCATIONAL ORGANIZATIONS AND ASSOCIATIONS, HEALTH POLICY RESEARCH AND CONSULTING FIRMS, THE FEDERAL GOVERNMENT, PHILANTHROPIC SUPPORT ORGANIZATIONS, OTHER NON-PROFITS, AND GENERAL INDUSTRY IN THE WASHINGTON D.C. AREA. COMPARABILITY IS BASED ON SUCH CRITERIA AS ANNUAL OPERATING BUDGET, REOUIRED SKILL/EXPERIENCE LEVEL, AND TYPE AND COMPLEXITY OF PROGRAMS AND SERVICES.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FOR VALID RESEARCH OR EDUCATIONAL PURPOSES.

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