



# City of Harrisonburg APPLICATION FOR TAX EXEMPTION

FOR OFFICE USE ONLY:
PAYMENT AMOUNT: _____
RECEIVED ON: _____
CHECK NUMBER: _____

The information requested on this application must be filled out completely and returned to the City Manager's office on or before January 30. Include a \$50 application fee made payable to City of Harrisonburg.

Please attach a copy of your current (1) 501(c)(3) certificate; (2) By-Laws; (3) Articles of Incorporation; (4) most recent financial statement (audited, if available); (5) most recently filed IRS Form 990 or 990EZ.

ORGANIZATION NAME: Center for Health and Human Development

Reviewed By  
COR KDR

MAILING ADDRESS: 340 Maryland Avenue, Harrisonburg VA, 22801

Treasurer  
Finance  
JLS  
KDR

CONTACT PERSON AND PHONE: Sam Nickels, Exec. Dir., 540-476-4180

Type of property for which request is made (circle applicable)    PERSONAL PROPERTY    REAL ESTATE

If requesting a personal property exemption, please attach a detailed itemized listing of the specific item(s) for which the exemption is sought.

If requesting a real estate exemption, complete the following on each parcel for which exemption is sought:

Name in which property is held Center for Health and Human Development

Property address <sup>2019 Assessment</sup> 748 Madison St, Harrisonburg VA 22802

Map identification number <sup>125,600</sup> 41 M 15, Parcel# P1009493    2016 \$ 942.24    2018 \$ 1058.25  
2017 \$ 1026.80    None pd yet

Taxes paid for the preceding three (3) years    About \$1160 total in each of the past 3 years.

Name in which property is held Center for Health and Human Development

Property address 748 Madison St, Harrisonburg VA 22802

Map identification number <sup>24,000</sup> 40 T 18, Parcel# P1009195    2016 \$ 199.20    2018 \$ 204.00  
2017 \$ 204.00    None pd yet

Taxes paid for the preceding three (3) years    About \$240 total in each of the past 3 years.

Please complete the following questions as referenced in City Ordinance 4-2-17 (copy enclosed) and Code of Virginia § 58.1-3651.

1. Do you currently own property in the City that is already tax-exempt?  
 Yes       No  
If yes, what is the property Map ID #? \_\_\_\_\_  
On what date was the exemption granted? \_\_\_\_\_  
How/By whom was the exemption granted? \_\_\_\_\_
  
2. Does the organization have any rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin?       Yes       No
  
3. Does the organization hold a current annual alcoholic beverage license from the Virginia Alcoholic Beverage Control Board for serving alcoholic beverages on the property? If yes, please attach a copy.  
 Yes       No
  
4. What compensation is paid to each director, officer, and employee of the organization?  
 We have no employees. The organization is run by volunteer board members, none of whom currently receive compensation of any type. \_\_\_\_\_
  
5. What services does each director, officer, and employee render?  
 On behalf of the board, I act as volunteer director; I manage the finances and carry out most of the volunteer work on behalf of the organization. \_\_\_\_\_
  
6. Does any part of the net earnings of the organization benefit any individual? If so, please explain.  
 No. \_\_\_\_\_
  
7. What percentage of the services provided by this organization is generated by funds received from donations, contributions, or local, state, or federal grants or funds? For purposes of this question, donation may include the providing of personal services or the contribution of in-kind or other material services.       100%
  
8. What specific services does the organization provide for the common good of the public?  
CHHD is a 501c3 charitable organization. We assist other nonprofits with their work by providing volunteer consulting on organizational development, management, financial oversight, and other needs. We carry out research on programs run by community-based nonprofit mental health providers. We also channel emergency relief funds to organizations overseas involved in disaster/hurricane/earthquake relief.

9. What percentage of the activities of the organization involves carrying on propaganda or otherwise attempting to influence legislation? 0%

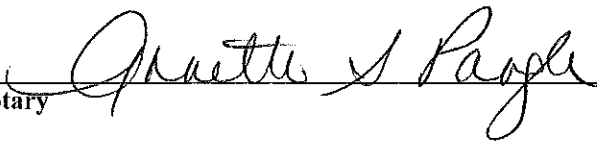
10. Does the organization participate or intervene in any political campaign on behalf of any candidate for public office?

\_\_\_\_\_ Yes       No

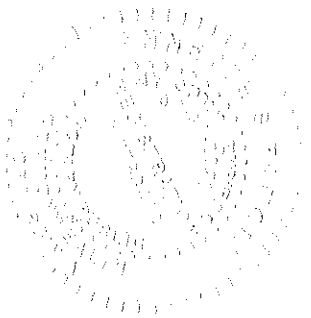
I, Samuel Nickels (printed name), do hereby certify that the information provided and/or attached to this Application for Tax Exemption, is true and accurate, to the best of my knowledge. I acknowledge that knowingly providing false information will result in criminal charges pursuant to *Code of Virginia* § 58.1-11. I acknowledge that the organization I represent may be subjected to audit by the Commissioner of the Revenue, or an appointed employee of the Commissioner of the Revenue, to ensure that all information provided is true and correct.

      12/19/18  
Signature      Date

Board Director and Secretary  
Title

  
Notary

My commission expires: July 31, 2021



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 18 2006**

CENTER FOR HEALTH AND HUMAN  
DEVELOPMENT  
340 MARYLAND AVE  
HARRISONBURG, VA 22801

Employer Identification Number:  
37-1529562  
DLN:  
17053283013036  
Contact Person:  
DEL TRIMBLE ID# 31309  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
DECEMBER 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
YES  
Effective Date of Exemption:  
SEPTEMBER 19, 2006  
Contribution Deductibility:  
YES  
Advance Ruling Ending Date:  
DECEMBER 31, 2010

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

R29266

TE3

371529562



Department of the Treasury  
Internal Revenue Service  
EO RULINGS AND AGREEMENTS  
PO BOX 2508  
CINCINNATI OH 45201

Date of this notice: June 15, 2009  
Notice Number: CP-158  
Taxpayer Identification Number:  
37-1529562

114758.615786.0384.009 1 AB 0.360 535



Advance Ruling Period Ending Date:  
December 31, 2010



CENTER FOR HEALTH AND HUMAN  
% SAMUEL NICKELS  
340 MARYLAND AVE  
HARRISONBURG VA 22801-1823409

For assistance, call:  
1-877-829-5500

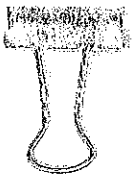
114758

Our records indicate that you were issued an advance ruling letter that treated you as a public charity, rather than a private foundation, during an advance ruling period that ends on the date indicated above. That letter required you to file IRS Form 8734 at the end of your advance ruling period to establish that you qualify as a public charity.

New IRS regulations changed the procedures governing your public charity status. You are no longer required to file Form 8734 at the end of the ruling period. The regulations also provide that donors can rely on your advance ruling letter with respect to your public charity status unless the IRS changes that status, based on the organization no longer meeting an applicable public support test, and publishes notice of the change.

If you have received Form 8734 from the IRS, please do not file it. Please keep your advance ruling letter along with this letter for your permanent records.

The regulations also changed the rules for computing public support, consistent with the redesigned Form 990, Return of Organization Exempt from Income Tax. For more information regarding those rules and the redesigned Form 990, please see the IRS website at [www.irs.gov/eo](http://www.irs.gov/eo).



*Commonwealth of Virginia*



STATE CORPORATION COMMISSION

*Richmond, September 19, 2006*

*This is to certify that the certificate of incorporation of*

**Center for Health and Human Development**

*was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all Virginia laws applicable to the corporation and its business. Effective date: September 19, 2006*



*State Corporation Commission*  
*Attest:*

*Joel H. Beck*  
Clerk of the Commission

**BYLAWS**  
**OF**  
**The Center for Health and Human Development (CHHD)**  
(revision approve by Board January 6, 2019)

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**ARTICLE I. Name and Address**

The name of this corporation shall be The Center for Health and Human Development (also known as "CHHD"). The principal office shall be located at 340 Maryland Avenue, Harrisonburg VA 22801.

**ARTICLE II. Objectives**

The corporation's purpose shall be support and carry out high quality impactful programs and research that improve the health and development of persons within the U.S. and low resource countries.

**ARTICLE III. Membership**

Members of the board of directors shall constitute the membership of the corporation.

**ARTICLE IV. Board of Directors**

A. Composition of the Board of Directors. The number of board members shall be at least 4 and no more than 15. Directors shall be of adult age and be able to contribute to CHHD's obtaining its mission and vision.

B. Election. A majority of members present may nominate candidates for positions on the board of directors. Directors shall be elected by a majority vote of those members present.

C. Terms. Each director shall serve for a term of three years, or until a successor is selected. Terms shall be established so that one-third of the directors may be elected each year.

D. Removal. A director who has missed three or more consecutive meetings may be removed by a majority vote of the board members then sitting. A director may be removed for any reason by a vote of two-thirds of the members then sitting.

E. Vacancies. Vacancies may be filled at any time by a majority vote of members then sitting.

F. General Powers. The board of directors shall constitute the governing body of the corporation. The board shall manage the business and affairs of the corporation. It shall have all powers necessary to carry out the objectives of the corporation as set forth in Article 2. The board may accept, on behalf of the corporation, any contribution, bequest, or other gift. The board shall have the authority to hire and dismiss the executive director as necessary in order to carry out the objectives of the corporation.

G. Meetings. Meetings of the board of directors shall be held one to two times each year, at a reasonable time and place designated by the president or executive director. The president may designate additional meeting dates, or one-third of the board members may, at any time by written request, schedule additional meetings.

H. Action via email or other communication. Directors may carry out board business via writing (includes email) to any action taken or to be taken by the corporation, the action shall be as valid as though it had been authorized at a meeting of the board.

I. Attendance by Telephone. If a member is not reasonably able to attend a meeting, a majority of the members present may authorize participation by telephone, skype or other communication, so long as the absent member can hear, or be advised of the discussion of business, and other members can hear, or be advised of the absent member's votes or comments. A member participating by telephone may count toward a quorum.

J. Resignations. Any director may resign at any time by giving notice of resignation to any officer of the board.

K. Quorum. A quorum shall be 66% of the directors then sitting, with a minimum of 4 board directors present or participating to constitute the quorum.

L. Proxy Voting. There shall be no proxy voting. Upon a vote of two-third members then sitting, the board may allow proxy voting on a specific resolution, provided that a copy of the resolution shall be distributed to members at least 30 days prior to the meeting at which proxy voting on the resolution is proposed.

M. Committees. The board of directors may appoint any committee it deems necessary to help fulfill its functions.

N. Compensation of Board Members. No member of the board of directors shall receive any salary or compensation for their services as director. No member shall receive any service or benefit not provided to the general public. Members may receive



reimbursement for out-of-pocket expenses incurred while conducting authorized business on behalf of the corporation. Members shall be entitled to receive reasonable fees for goods or services rendered to the corporation in capacities other than as members of the board.

O. The board shall have primary responsibility for establishing and updating the organization's key documents, including the articles of incorporation, bylaws, mission, vision, and strategic plan in order to provide direction to the organization.

P. The board may establish and maintain a board development plan which includes the orientation and ongoing professional development of its board members. The annual budget will include a board development budget to support the plan. The board will use evidence-based best practices for its work and professional development.

## **ARTICLE V. Officers**

A. Officers. The board of directors shall have a president and, if approved by the board, a vice-president, a secretary, and a treasurer. Any person may hold two or more offices except that the president shall not also be vice-president, secretary or treasurer.

### **B. Duties of Officers.**

1. The president shall preside at all meetings of the board and executive committee and develop meeting agendas with the executive director. The president (or board by a vote of 2/3 of those present) shall appoint members to standing and ad hoc committees. The president shall perform whatever duties the board of directors may from time to time assign.

2. The vice-president shall carry out the duties of the president when the president is absent or incapacitated; shall have the same power and duties as the president when acting in that capacity; and shall perform whatever duties the board may from time to time assign.

3. The secretary shall have charge of such books, documents and papers as the board of directors may determine; shall keep, or cause to be kept, a true and complete record of the meetings of the board of directors; shall give, or cause to be given, notice of all meetings of the directors; shall keep, or cause to be kept, a record containing the names, alphabetically arranged, of all persons who are members of the corporation, showing their places of residence, the names of persons entitled to participate in corporate affairs. Such books shall be open for inspection as provided by law, and to all board members at any time, and to anyone from the public pending majority vote of the board. The secretary shall, in general, perform all the duties incident to the office of secretary subject to the control of the board of directors and shall perform other duties as may be prescribed by the board of directors. In the absence of a treasurer, the secretary will assume all responsibilities of the

treasurer office on behalf of the board, unless the board designates another position to cover such responsibilities.

4. The treasurer shall have custody of all corporate funds, property and securities subject to such regulations as may be imposed by the board of directors. The treasurer shall keep, or cause to be kept, full and accurate accounts of receipts and disbursements and shall deposit, or cause to be deposited all corporate funds and other valuable effects in the name of and to the credit of the corporation in a depository or depositories designated by the board of directors. Corporate funds may be deposited only in banks or institutions which are insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation. The treasurer shall give to the president and board, whenever they require it, an account of transactions as treasurer and of the financial condition of the corporation and shall, in general, perform all duties incident to the office of treasurer, subject to the control of the board of directors.

C. Executive Committee. If the board approves the formation of an Executive Committee, the Executive Committee shall be composed of the officers of the board of directors and other board members as a majority of the board shall designate. They shall meet as needed to plan for the board's work and to fulfill tasks assigned to them by the board. The Executive Committee shall not act on items for which the Board has not previously approved such action.

D. Election and Terms. The officers shall be elected by the board of directors. The term of office shall be for three years, or until the member's term as director expires. Officers may be re-elected to the same or different positions, and officers may change positions pending board approval.

## **ARTICLE VI. Staff**

A. Executive Director. The executive director is responsible for administering the program of the corporation. The executive director is accountable to the board of directors and shall work closely with the board to fulfill its objectives. The executive director, as authorized by the board's fiscal policy, shall open and close financial accounts, sign or delegate authority to sign checks and enter into agreements with the approval of the board of directors, which are necessary to carry out the objectives of the corporation. The executive director may hire other staff members as the board of directors authorizes. The board may choose to have the ED as part of the board, or the executive director may be an ex officio member of the board without right to vote but shall be entitled to notice of and attendance at meetings, except those portions of a meeting at which matters directly relating to the director are discussed. The board shall establish a job description with performance measures and will use those measures on an annual basis to provide feedback to the ED as well as to determine with good cause whether to continue to employ or dismiss the ED from his/her position.

B. Other Staff. All other staff shall be supervised by and accountable to the director. The ED will be responsible for providing job descriptions with performance measures for each employee, and will use those measures as the basis for supervision, monitoring and job evaluation on an annual basis or more frequently as needed.

C. Hiring policies. Hiring shall be conducted in full compliance with the corporation's anti-discrimination policy. The corporation shall hire no employees who are members of the immediate family (spouse, grandparent, parent, brother or sister, son or daughter) of any board member, or of any person who will supervise the employee.

## **ARTICLE VII. Finances**

A Fiscal Year. The board shall establish the corporation's fiscal year.

B Budget. The board of directors shall approve an annual budget.

C Annual Financial Statement. The corporation shall prepare an annual financial statement for distribution to board members.

D Fiscal Policy. The board shall adopt and from time to time review a fiscal policy setting out a formal procedure that shall govern internal controls; the signing of checks; the obligation of funds; approval of contracts, leases, deeds and mortgages; and other significant aspects of the organization's fiscal operation. The fiscal policy shall assure that the corporation shall have sound financial controls that are appropriate, under generally accepted accounting principles, to its size and purpose.

E Seal. The corporation will not use a common seal. The signature of the name of the corporation by an authorized person shall be legal and binding.

F. Audit. The board may authorize an audit and shall take responsibility for the hiring of an auditor/firm and receipt of results of any audit, review, or compilation.

## **ARTICLE VIII. Parliamentary Procedures**

The board may choose to use Robert's Rules of Order or any other format as the parliamentary authority for all matters of procedure not specifically covered by these bylaws.<sup>1</sup>

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<sup>1</sup> The basic requirement for adoption of a motion by any assembly with a quorum is a **Majority Vote**, except for certain motions as listed below. A Majority is 'more than half' of the votes cast by persons legally entitled to vote, excluding blank votes and abstentions. (<http://www.roberts-rules.com/par117.htm>)

## **ARTICLE IX. Amendments of the Charter and Bylaws**

The charter and these bylaws may be amended, supplemented, or repealed by a two-thirds vote of the Directors present at any meeting at which a quorum is present. Before directors may vote on an amendment to the charter or bylaws, notice must be given in no case less than 30 days before the amendment is to be considered. These bylaws shall become effective upon approval by the board of directors.

## **ARTICLE X. Statement of Nondiscrimination**

The corporation shall not discriminate against any person in the hiring of personnel, election of board members, provision of service to the public, the contracting for or purchasing of services or in any other way, on the basis of race, color, sex, national origin, disabling condition, age, sexual orientation, or any other basis prohibited by law. This policy against discrimination includes, but is not limited to, a commitment to full compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and any subsequent amendments to these statutes.

## **ARTICLE XI. Dissolution**

Upon dissolution of the organization, any remaining assets of the organization shall be transferred to, or sold with funds given to, a nonprofit or nonprofits by vote of at least 50% of the remaining Board Members in quorum.

Center for Health and Human Development  
Statement of Financial Income and Expense  
January 2015 through December 2016

6:38 PM  
02/19/17  
Accrual Basis

Center for Health and Human Development  
Statement of Financial Income and Expense  
January 2015 through December 2016

	Jan - Dec 15	Jan - Dec 16	TOTAL
5400 - Other Income			
46430 - Misc. Revenue (Defined)	1,050.00	0.00	1,050.00
Total 46400 - Other Income	1,050.00	0.00	1,050.00
7000 - Program Income (Program Income)			
47100 - Supported Programs			
47110 - ACISAM	33,300.00	31,500.00	64,800.00
47120 - Congo	9,158.94	270.00	9,428.94
47130 - Fellowships	9,000.00	0.00	9,000.00
47140 - MHI (Mental Health International)	27,508.46	14,375.02	41,883.48
47150 - Lalaine Scholarship Fun (Sam&Cyndi Youth Scholarship Fund in El Salvador)	1,948.50	1,710.00	3,658.50
47160 - Imagine Research Support (Anita Shanker Workshop & Research Project)	0.00	130.00	130.00
47180 - Guinea-OAV (One African Village Inc)	5,008.08	2,056.13	7,064.21
Total 47100 - Supported Programs	85,923.98	50,041.15	135,965.13
47200 - Service Fees			
47210 - Admin Fees	9,545.61	5,587.30	15,133.91
Total 47200 - Service Fees	9,545.61	5,587.30	15,133.91
Total 47000 - Program Income (Program Income)	95,470.59	55,628.45	151,099.04
Income	96,520.59	55,628.45	152,149.04
Profit	96,520.59	55,628.45	152,149.04
900 - Awarards and Grants			
60320 - Cash Awards and Grants	0.00	3,000.00	3,000.00
Total 60300 - Awards and Grants	0.00	3,000.00	3,000.00
900 - Business Expenses			
60920 - Business Registration F	225.00	25.00	250.00
Total 60900 - Business Expenses	225.00	25.00	250.00
100 - Contracted Services			
62150 - Outside Contracted Serv			
62151 - Administrative Director	5,000.00	5,000.00	10,000.00
62154 - Internet & Web Consulta	190.00	0.00	190.00
62155 - Other Consultants	2,613.75	0.00	2,613.75
62150 - Outside Contracted Serv - Other	1,411.00	0.00	1,411.00
Total 62150 - Outside Contracted Serv	9,214.75	5,000.00	14,214.75
Total 62100 - Contracted Services	9,214.75	5,000.00	14,214.75
300 - Facilities & Equipment			
62840 - Capital Purchases	0.00	652.84	652.84
Total 62800 - Facilities & Equipment	0.00	652.84	652.84
700 - Operations & Office Exp			

Total 62800 - Facilities & Equipment  
 65000 - Operations & Office Exp  
     - 65020 - Postage, Mailing, Deliv  
 65040 - Supplies  
 Total 65000 - Operations & Office Exp  
 65100 - Fundraising and Market  
     65110 - Advertising Expenses  
     65111 - Direct Mail Appeals  
 Total 65110 - Advertising Expenses  
 Total 65100 - Fundraising and Market

**Center for Health and Human Development**  
**Statement of Financial Income and Expense**  
 January 2015 through December 2016

6:38 PM  
 02/19/17  
 Accrual Basis

	Jan - Dec 15	Jan - Dec 16	TOTAL
66000 - Program Expenses			
66500 - Research Expenses			
66700 - Supported Programs	1,015.00	0.00	1,015.00
66710 - ACISAM	33,010.00	14,850.00	47,860.00
66720 - Congo	9,122.10	1,994.93	11,116.93
66730 - Fellowship(s)	6,928.68	0.00	6,928.68
66740 - IMHI	32,276.42	16,241.46	48,517.88
66750 - Lalinea Scholarship Fun (Sam & Cyndi El Salvador Youth Scholarship Fund)	4,000.00	2,000.00	6,000.00
66760 - Imagine Research Projec	0.00	130.00	130.00
66780 - Guinea-CAV (One African Village Inc)	2,128.00	3,763.71	5,891.71
Total 66700 - Supported Programs	87,465.20	38,970.00	126,435.20
Total 66000 - Program Expenses	88,480.20	38,970.00	127,450.20
66900 - Reconciliation Discrepancies (Discrepancies between bank statements and company records)	0.00	-170.74	-170.74
Total Expense	88,480.20	38,800.00	127,280.20
Net Income	98,198.59	47,477.10	145,675.69
	-1,878.00	8,151.35	6,473.35

19.60  
 113.73  
 133.33  
 0.00  
 19.60  
 113.72  
 133.33  
 0.00  
 145.31  
 145.31  
 0.00  
 145.31  
 145.31  
 0.00  
 145.31

**Center for Health and Human Development**  
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	-1,878.00	8,151.35	6,473.35

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

**2017**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 01/01, 2017, and ending 12/31, 2017

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CENTER FOR HEALTH AND HUMAN DEVELOPMENT</b>		<b>D</b> Employer identification number <b>37-1529562</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>340 Maryland Avenue</b>		<b>E</b> Telephone number <b>540-476-4180</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Harrisonburg, VA, 22801</b>		<b>F</b> Group Exemption Number ▶
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		

**I** Website: ▶ www.chhd.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 60,752

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2017
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	60,752
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	0
	<b>3</b> Membership dues and assessments	<b>3</b>	0
	<b>4</b> Investment income	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
	<b>b</b> Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	0
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	60,752	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	43,029
	<b>11</b> Benefits paid to or for members	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	5,000
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	0
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	0
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	200
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	48,229	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	12,523
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	18,281
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	30,804

**Part II Balance Sheets** (see the instructions for Part II).  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,956	30,544
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	325	260
25 <b>Total assets</b>	18,281	30,804
26 <b>Total liabilities</b> (describe in Schedule O)	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	18,281	30,804

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III).  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Charitable, Educational and Scientific Purposes  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 The national mental health project in El Salvador for people living with psychosocial disabilities and family caregivers (run by our partner ACISAM) has provided education, support, empowerment training and (Continued on Schedule O, Statement 2) (Grants \$ 33,029) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a 0
29 The Mental Health International project (MHI) has two components: 1) In January 2014 we began the formation of a national research collaborative focused on mental health needs in El Salvador. Funding is (Continued on Schedule O, Statement 3) (Grants \$ 10,000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a 0
30 In 2017, CHHD continued to provide program and management advice (free) to a number of nonprofits, both international and in the U.S. and to provide scholarship funds for high school and university students in a (Continued on Schedule O, Statement 4) (Grants \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a 0
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV).  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Anuraj Shankar President	1	0	0	0
Anita Shankar Vice President	1	0	0	0
Cynthia Hunter Board Director	1	0	0	0
Samuel Nickels Board Treasurer and Executive Director	8.00	5,000	0	0



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0</b>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed <b>▶</b>		
<b>42a</b>	The organization's books are in care of <b>▶ Samuel Nickels</b> Telephone no. <b>▶ 540-476-4180</b> Located at <b>▶ 340 Maryland Avenue, Harrisonburg, VA 22801</b> ZIP + 4 <b>▶ 22801</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <b>▶</b> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <b>▶</b>	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶ 43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45b</b>	<input checked="" type="checkbox"/>

<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	Yes	No
			✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

<b>47</b> 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 . . . . .	<b>47</b>	Yes	No
			✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

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.

<b>Sign Here</b>	Signature of officer	Date
	Sam Nickels, Administrative Director on Board	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>CENTER FOR HEALTH AND HUMAN DEVELOPMENT</b>	Employer identification number <b>37-1529562</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,598	97,411	95,471	55,628	60,752	330,860
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
<b>4 Total.</b> Add lines 1 through 3	21,598	97,411	95,471	55,628	60,752	330,860
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						330,860

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	21,598	97,411	95,471	55,628	60,752	330,860
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	1,050	0	0	1,050
<b>11 Total support.</b> Add lines 7 through 10						331,910
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.68 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	94.68 %
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</b> Did the activities described in (a) 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.		
<b>b</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.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b From 2013</b> . . . . .			
<b>c From 2014</b> . . . . .			
<b>d From 2015</b> . . . . .			
<b>e From 2016</b> . . . . .			
<b>f Total of lines 3a through e</b>			
<b>g Applied to underdistributions of prior years</b>			
<b>h Applied to 2017 distributable amount</b>			
<b>i Carryover from 2012 not applied (see instructions)</b>			
<b>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</b>			
4 Distributions for 2017 from Section D, line 7: \$			
<b>a Applied to underdistributions of prior years</b>			
<b>b Applied to 2017 distributable amount</b>			
<b>c Remainder. Subtract lines 4a and 4b from 4.</b>			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a Excess from 2013</b> . . . . .			
<b>b Excess from 2014</b> . . . . .			
<b>c Excess from 2015</b> . . . . .			
<b>d Excess from 2016</b> . . . . .			
<b>e Excess from 2017</b> . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10 - There was no other income this year.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CENTER FOR HEALTH AND HUMAN DEVELOPMENT**

Employer identification number

**37-1529562**

Form 990-EZ, Part I, Line 16 - Business expenses - fees to VA state government

Form 990-EZ, Part II, Line 24 - Computer

Reasonable Cause Explanations

Explanation

The Executive Director, Sam Nickels, is a volunteer for the organization. A year ago he took on a full time job, and also began to do consulting work on asylum cases. Being extremely busy, as are other board members increasingly, we all accidentally let slip the filing deadline for the 990. We have no paid staff to complete this work, and have to squeeze it in among other commitments. Due to extremely heavy commitments this year, we missed it. We apologize and will do our best to get back to meeting future deadlines. Upon completion of this document, I will next work on the 990 for 2018. Thank you for your understanding. I hope you are able to withhold any charges due to the fact that our funds are extremely low at this time.

**First Program Service Accomplishments Description**

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**Description**

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recreational activities since 2002. Training of police officers, health workers, social workers and other community leaders has been an important component to this program, which has served over 1200 individuals. Over 275 families have completed the 4 month educational program to learn about mental illness, self-care, and how to manage their loved one with serious mental illness. Randomized controlled studies in the U.S. have shown a similar program to result in reduced burden and stress, and improved compliance, communication, and self-efficacy. Advocacy is an important goal of the program: to improve services, voluntary participation, and government funding for mental health programs across the country, as well as to involve persons with mental illnesses in human rights commissions and reform efforts at the national level. We have carried out 2 qualitative studies that show benefits from the project's different components. In 2013 we carried out a qualitative study, and in 2015-2016 a quasi-experimental study to better understand the program, its impacts, and ways to improve it. Results demonstrated that the longer people participated in the program, the greater their gains in leadership development, empowerment, social capital, and other measures. In 2017 studies were developed and presented on access to medications and decentralization of mental health services in El Salvador.

**Second Program Service Accomplishments Description**

**Description**

being sought to carry out implementation of an expanded national program along with research on the project, and other research as funding allows on topics determined significant by researchers, users, and families. 2) In September 2014 we began a new regional support effort (REDSAM) to strengthen user and family associations in El Salvador, Nicaragua, Costa Rica and Panama. Government health agencies and the Pan American Health Organization have collaborated to help us with annual conferences (2015 in El Salvador, 2016 in Costa Rica, 2017 in Panama), family education and support courses in all countries, and economic initiatives and programs for users. Funding from the Inter-American Foundation is channelled directly to our partner agency ACISAM in El Salvador to manage the program.

**Third Program Service Accomplishments Description**

**Description**

low income community in El Salvador. We continue to provide support to Our Community Project in Harrisonburg Virginia, USA.