See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310000202

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HFSF GRANTS MANAGEMENT INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2 SOUTH BISCAYNE BOULEVARD NO 1710

City or town, state or country, and ZIP + 4
MIAMI, FL 33131

D Employer identification number
65-0005383

E Telephone number
(305) 374-7200

G Gross receipts $ 31,691,928

F Name and address of principal officer
STEVEN MARCUS
2 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW HFSF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2002

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE SPECIFIC GOALS OF THE ORGANIZATION ARE TO PROMOTE HEALTHY LIFESTYLES OF INDIVIDUALS, FAMILIES AND COMMUNITIES, TO IMPROVE AND INCREASE THE AVAILABILITY AND QUALITY OF PREVENTIVE HEALTH MEASURES, PRIMARY HEALTH CARE, ORAL HEALTH CARE AND BEHAVIORAL HEALTH CARE, AND TO INTEGRATE AND COORDINATE EFFORTS TO IMPROVE HEALTH AND HEALTH CARE SERVICES BY INCREASING THE EFFECTIVENESS AND EFFICIENCY OF HEALTH BASED ORGANIZATIONS AND THE HEALTH CARE SYSTEM

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	3
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-11,825
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-11,825

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	293	436,007
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,180,493	7,369,333
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,513	6,965
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,182,299	7,812,305
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,157,909	5,441,442
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,162,839	1,188,291
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,485,753	1,722,280
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,806,501	8,352,013
19	Revenue less expenses Subtract line 18 from line 12	375,798	-539,708
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	125,772,485	111,909,229
21	Total liabilities (Part X, line 26)	4,784,859	4,947,337
22	Net assets or fund balances Subtract line 21 from line 20	120,987,626	106,961,892

Part II Signature Block

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

Sign Here

****** | 2012-10-30
Signature of officer | Date

STEVEN MARCUS PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: DAVID HOLLANDER | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00646430

Firm's name (or yours if self-employed), address, and ZIP + 4: MORRISON BROWN ARGIZ & FARRA LLC, 1001 BRICKELL BAY DRIVE 9TH FLOOR, MIAMI, FL 33131 | EIN ▶ 01-0720052 | Phone no ▶ (305) 373-5500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE SPECIFIC GOALS OF THE ORGANIZATION ARE TO PROMOTE HEALTHY LIFESTYLES OF INDIVIDUALS, FAMILIES AND COMMUNITIES, TO IMPROVE AND INCREASE THE AVAILABILITY AND QUALITY OF PREVENTIVE HEALTH MEASURES, PRIMARY HEALTH CARE, ORAL HEALTH CARE AND BEHAVIORAL HEALTH CARE, AND TO INTEGRATE AND COORDINATE EFFORTS TO IMPROVE HEALTH AND HEALTH CARE SERVICES BY INCREASING THE EFFECTIVENESS AND EFFICIENCY OF HEALTH BASED ORGANIZATIONS AND THE HEALTH CARE SYSTEM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,009,768 including grants of $ 3,323,362) (Revenue $)

THE ORGANIZATION'S RESPONSIVE GRANTMAKING PROGRAM APPROVED $2,930,168 IN 2011 FORTY-SEVEN GRANTS WERE APPROVED TO SUPPORT PROJECT PLANNING, ORGANIZATIONAL CAPACITY, DIRECT SERVICES AND SYSTEM/POLICY AND ENVIRONMENT WITH A MISSION TO IMPROVE THE HEALTH STATUS OF PEOPLE IN BROWARD, MIAMI-DADE AND MONROE COUNTIES THESE GRANTS TARGET LOW-INCOME AND UNDERSERVED RESIDENTS, REDUCE HEALTH CARE BARRIERS AND INCREASE ACCESS TO COMMUNITY-BASED PRIMARY HEALTH SERVICES, INCLUDING ORAL AND BEHAVIORAL HEALTH HEALTH FOUNDATION FOCUSES ON PROMOTING HEALTHY LIFESTYLES AND PREVENTIVE HEALTH MEASURES, STRENGTHENING NONPROFIT HEALTH PROVIDERS' CAPACITY TO DELIVER SUSTAINABLE HEALTH SERVICES, IMPROVE THE QUALITY, VALUE AND CULTURAL SENSITIVITY OF HEALTH SERVICES AND ELIMINATE HEALTH DISPARITIES FOR ALL

4b (Code) (Expenses $ 1,853,979 including grants of $ 1,326,501) (Revenue $)

IN 2011 THE ORGANIZATION CONTINUED ITS HEALTHY AGING REGIONAL COLLABORATIVE AND IS DEDICATING $7 5 MILLION IN GRANTS OVER FIVE YEARS FOR THIS INITIATIVE TO PROMOTE AND PRESERVE THE HEALTH OF OLDER ADULTS HEALTHY AGING REGIONAL COLLABORATIVE PROVIDED GRANTS TO 26 QUALIFIED NONPROFIT HEALTH ORGANIZATIONS FOR EVIDENCE-BASED PROGRAMS THAT INCLUDE, CHRONIC DISEASE SELF-MANAGEMENT GEARED TOWARD ENABLING OLDER ADULTS TO BUILD SELF-CONFIDENCE AND ASSUME A MAJOR ROLE IN MAINTAINING THEIR HEALTH AND MANAGING THEIR CHRONIC HEALTH CONDITIONS, ENHANCEFITNESS FOCUSED IMPROVING OVERALL FUNCTIONAL FITNESS AND WELL-BEING OF OLDER ADULTS, HEALTHY IDEAS IDENTIFYING DEPRESSION, EMPOWERING ACTIVITIES FOR SENIORS, MATTER OF BALANCE DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE ACTIVITY LEVELS AMONG OLDER ADULTS THE TOTAL AMOUNT OF SUPPORT AWARDED FOR 2011 WAS $1,326,501

4c (Code) (Expenses $ 791,579 including grants of $ 791,579) (Revenue $)

THE ORGANIZATION'S ADMINISTRATIVE GRANTS PROGRAM ARE FOR SMALLER GRANTS TYPICALLY RANGING IN SIZE FROM $1,500 TO $30,000 AND MUST BE APPROVED BY BOTH THE VICE PRESIDENT OF PROGRAMS AND COMMUNITY INVESTMENTS AND THE PRESIDENT/CEO ADMINISTRATIVE GRANTS ARE USED TO SUPPORT ONE-TIME COSTS AND SMALL PROJECTS TYPICALLY LASTING LESS THAN A YEAR IN 2011, 49 ADMINISTRATIVE GRANTS WERE APPROVED THE TOTAL AMOUNT OF SUPPORT AWARDED WAS $791,579

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 7,655,326

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	59		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	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 organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

KATHY ANTIEAU
2 SOUTH BISCAYNE BOULEVARD SUITE
MIAMI, FL 33131
(305) 374-7200

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN GILMORE CHAIRWOMAN	30	X						0	0	0
(2) DIVINA GROSSMAN BOARD MEMBER	30	X						0	0	0
(3) OMAR PASALODOS BOARD MEMBER	30	X						0	0	0
(4) STEVEN E MARCUS PRESIDENT AND CEO	40 00			X				0	229,013	67,191
(5) KATHY ANTIEAU CHIEF FINANCIAL OFFICER &	40 00			X				0	117,410	37,781
(6) PETER WOOD VP OF PROGRAMS-COMMUNITY I	40 00					X		0	135,188	38,536

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	481,611	143,508

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 411,007				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 25,000				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	436,007			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,341,708			2,341,708
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 28,907,248				
	b	Less cost or other basis and sales expenses: 23,879,623				
	c	Gain or (loss): 5,027,625				
	d	Net gain or (loss) . . . . . ▶	5,027,625	5,039,450	-11,825	
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900099	6,965			6,965
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	6,965			
	12	**Total revenue.** See Instructions . . . ▶	7,812,305	5,039,450	-11,825	2,348,673

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,441,442	5,441,442		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	326,933	261,546	65,387	
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	594,905	475,924	118,981	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	62,290	49,832	12,458	
9	Other employee benefits	143,603	114,882	28,721	
10	Payroll taxes	60,560	48,448	12,112	
11	Fees for services (non-employees)				
a	Management				
b	Legal	214	150	64	
c	Accounting	26,668	18,668	8,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	506,461	151,938	354,523	
g	Other	100,605	100,605		
12	Advertising and promotion	5,540	3,878	1,662	
13	Office expenses	9,475	7,580	1,895	
14	Information technology	20,174	14,122	6,052	
15	Royalties . .				
16	Occupancy	175,834	140,667	35,167	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	99,546	79,637	19,909	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	29,240	23,392	5,848	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	HEALTHY AGING INITIATIV	434,332	434,332		
b	COMMUNITY SPONSORSHIPS	117,300	117,300		
c	HEALTH NEWS FLORIDA	52,266	52,266		
d	EQUIPMENT RENTAL & MAIN	27,955	22,364	5,591	
e					
f	All other expenses	116,670	96,353	20,317	
25	**Total functional expenses.** Add lines 1 through 24f	8,352,013	7,655,326	696,687	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	181,645	1	1,150,561
	2	Savings and temporary cash investments	419,515	2	424,308
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	118,919	9	128,774
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	90,685,171	11	66,843,056
	12	Investments—other securities See Part IV, line 11	34,262,201	12	43,258,443
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	105,034	15	104,087
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	125,772,485	16	111,909,229
Liabilities	17	Accounts payable and accrued expenses	386,949	17	178,216
	18	Grants payable	3,795,414	18	4,361,155
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	602,496	25	407,966
	26	**Total liabilities.** Add lines 17 through 25	4,784,859	26	4,947,337
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	120,987,626	27	106,961,892
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	120,987,626	33	106,961,892
	34	Total liabilities and net assets/fund balances	125,772,485	34	111,909,229

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,812,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,352,013
3	Revenue less expenses Subtract line 2 from line 1	3	-539,708
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,987,626
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-13,486,026
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	106,961,892

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310000202

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) HEALTH FOUNDATION OF SOUTH FLORIDA INC	650005384	501(C)(3)	Yes		Yes		Yes		411,007
Total									411,007

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Name of organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

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
		$	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310000202

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS AND OTHER	43,258,443	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	43,258,443	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATE	407,966
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	407,966

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,812,305
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,352,013
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-539,708
4	Net unrealized gains (losses) on investments	4	-13,486,026
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-13,486,026
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-14,025,734

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

1	Total revenue, gains, and other support per audited financial statements			1	-6,180,182
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-13,486,026		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-506,461		
e	Add lines **2a** through **2d**			2e	-13,992,487
3	Subtract line **2e** from line **1**			3	7,812,305
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,812,305

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

1	Total expenses and losses per audited financial statements			1	7,845,552
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	7,845,552
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	506,461		
c	Add lines **4a** and **4b**			4c	506,461
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,352,013

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS REGISTERED WITH THE INTERNAL REVENUE SERVICE AS NON-PROFIT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM INCOME TAXES, EXCEPT FOR ANY TAXES WHICH MAY ARISE FROM UNRELATED BUSINESS INCOME THE ORGANIZATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY
PART XII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT FEES -506,461
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES 506,461

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310000202

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 130

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AFTER SIX MONTHS OF BEING GRANTED THE FUNDS, THE GRANTEE MUST SEND A PROGRESS REPORT DETAILING ALL THE PROGRAM OBJECTIVES AND PROGRAM ACCOMPLISHMENTS ALSO, THE PROGRESS REPORT INCLUDES AN EXPENSE REPORT DETAILING HOW THE FUNDS WERE SPENT THE REPORT MUST BE COMPARED TO THE BUDGETED FIGURES AND VARIANCES MUST BE SHOWN THE GRANT DEPARTMENT REVIEWS THE PROGRESS REPORTS AND FINAL REPORTS TO ENSURE THE GRANTEES ARE IN COMPLIANCE WITH THE GRANT REQUIREMENTS THE GRANT DEPARTMENT CREATES SUMMARIES OF ALL PROGRESS REPORTS THROUGHOUT THE YEAR AS THEY ARE RECEIVED, AND FILES THE SUMMARIES INTO THE BOARD BOOK SO THEY MAY BE REVIEWED BY THE BOARD IF THE GRANTEE DOES NOT PROVIDE A PROGRESS REPORT AND THE ORGANIZATION'S EXPERIENCE WITH THE GRANTEE, THE ORGANIZATION WILL PERFORM FIELD AUDITS OF THE GRANTEE'S PROGRESS FOR THOSE PROGRAMS WHICH ARE NOT USING THE FUNDS AS ORIGINALLY INTENDED, THE BOARD WILL VOTE TO RESCIND ON GRANTING ANY ADDITIONAL FUNDS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 65-0005383
Name: HFSF GRANTS MANAGEMENT INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACHIEVEMENT AND REHABILITATION CENTERS INC10250 NW 53RD ST SUNRISE,FL 33351	59-0809623	501 (C)(3)	15,000	0	N/A	N/A	CULINARY INSTITUTE'S URBAN GARDEN
AGING AND DISABILITY RESOURCE OF BROWARD COUNTY 5300 HIATUS ROAD SUNRISE,FL 33351	59-1529419	501 (C)(3)	20,000	0	N/A	N/A	MATTER OF BALANCE MODEL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AGING AND DISABILITY RESOURCE OF BROWARD COUNTY5300 HIATUS ROAD SUNRISE, FL 33351	59-1529419	501 (C)(3)	20,000	0	N/A	N/A	LIVING HEALTHY PROGRAM/TOMANDO CONTROL DE SU SALUD
AGING AND DISABILITY RESOURCE OF BROWARD COUNTY5300 HIATUS ROAD SUNRISE, FL 33351	59-1529419	501 (C)(3)	20,000	0	N/A	N/A	LIVING HEALTHY INITIATIVE MATTER OF BALANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AGING AND DISABILITY RESOURCE OF BROWARD COUNTY5300 HIATUS ROAD SUNRISE, FL 33351	59-1529419	501 (C)(3)	20,049	0	N/A	N/A	STANFORD SELF-MANAGEMENT PROGRAM
AGING AND DISABILITY RESOURCE OF BROWARD COUNTY5300 HIATUS ROAD SUNRISE, FL 33351	59-1529419	501 (C)(3)	43,492	0	N/A	N/A	MATTER OF BALANCE/ASUNTO DE EQUILIBRIO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR A HEALTHIER GENERATION606 SE 9TH AVE PORTLAND,OR 97214	27-2028308	501 (C)(3)	70,000	0	N/A	N/A	SUPPORT & TECHNICAL ASSISTANCE IN ESTABLISHING HEALTHY MONROE COUNTY SCHOOLS
ALLIANCE FOR A HEALTHIER GENERATION606 SE 9TH AVE PORTLAND,OR 97214	27-2028308	501 (C)(3)	155,000	0	N/A	N/A	SUPPORT & TECHNICAL ASSISTANCE IN ESTABLISHING HEALTHY BROWARD COUNTY SCHOOLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE FOR AGING760 NW 107TH AVENUE 214 2ND FLOOR MIAMI,FL 33172	65-0101947	501 (C)(3)	61,984	0	N/A	N/A	MATTER OF BALANCE/UN ASUNTO DE EQUILIBRIO
ALLIANCE FOR AGING760 NW 107TH AVENUE 214 2ND FLOOR MIAMI,FL 33172	65-0101947	501 (C)(3)	37,656	0	N/A	N/A	"STANFORD SELF MANAGEMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION2020 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0662271	501 (C)(3)	25,000	0	N/A	N/A	ASTHMA MANAGEMENT PROGRAM FOR PRIMARY CARE CENTERS
AMERICAN RED CROSS335 SW 27TH AVENUE MIAMI,FL 33135	53-0196605	501 (C)(3)	9,450	0	N/A	N/A	TECHNOLOGY ENHANCEMENT & TRAINING UPGRADES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTIOCH COMMUNITY DEVELOPMENT CORPORATION 21311 NW 34 AVENUE MIAMI GARDENS, FL 33056	31-1552361	501 (C)(3)	20,000	0	N/A	N/A	ENGAGING FAITH BASED LEADERSHIP FOR HEALTHY AGING PROGRAMS
AREA RESOURCE AND REFERRAL ORGANIZATION FOR WOMENPO BOX 814896 HOLLYWOOD, FL 33081	27-1456551	501 (C)(3)	3,434	0	N/A	N/A	HEALTH SERVICES FOR WOMEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAPTIST HEALTH OF SOUTH FLORIDA INC8500 SW 117TH ROAD 3RD FLOOR BOX 6 MIAMI,FL 33183	65-0267668	501 (C)(3)	75,000	0	N/A	N/A	NURSE PRACTITIONER-LED OUTPATIENT CLINIC DESIGNED TO REDUCE HOSPITAL READMISSIONS
BORINQUEN HEALTH CARE CENTER INC3601 FEDERAL HIGHWAY MIAMI,FL 33137	59-1417397	501 (C)(3)	76,650	0	N/A	N/A	HEALTHY SMILES IN HEAD START CENTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROWARD COLLEGE FOUNDATION INC 110 EAST BROWARD BLVD 750 FORT LAUDERDALE, FL 33301	23-7181959	501 (C)(3)	50,000	0	N/A	N/A	NURSING SCHOLARSHIP 2011-2012
BROWARD COMMUNITY & FAMILY HEALTH CENTER5010 HOLLYWOOD BLVD SUITE 100B HOLLYWOOD, FL 33021	59-3489664	501 (C)(3)	16,350	0	N/A	N/A	ORAL HEALTH SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROWARD PARTNERSHIP FOR THE HOMELESS INC920 NW 7 AVENUE FORT LAUDERDALE, FL 33311	65-0777033	501 (C)(3)	30,000	0	N/A	N/A	EXPAND CAPACITY OF DENTAL CLINIC
BROWARD REGIONAL HEALTH PLANNING COUNCIL INC200 OAKWOOD LANE SUITE 100 HOLLYWOOD, FL 33020	59-2274772	501 (C)(3)	61,165	0	N/A	N/A	STANFORD SELF-MANAGEMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROWARD REGIONAL HEALTH PLANNING COUNCIL INC200 OAKWOOD LANE SUITE 100 HOLLYWOOD,FL 33020	59-2274772	501 (C)(3)	30,000	0	N/A	N/A	MATTER OF BALANCE
CAMILLUS HOUSE 336 NW 5TH STREET MIAMI,FL 33128	65-0032862	501 (C)(3)	63,526	0	N/A	N/A	PSYCHIATRIC SERVICES FOR MENTALLY ILL PERSONS EXPERIENCING LONG-TERM HOMELESSNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARRFOUR SUPPORTIVE HOUSING1398 SW 1ST STREET 12TH FLOOR MIAMI,FL 33135	65-0387766	501 (C)(3)	80,000	0	N/A	N/A	HEALTHY FOOD HUB THAT EXTENDS INTO LOW-INCOME NEIGHBORHOODS
CHAPMAN PARTNERSHIP1550 NORTH MIAMI AVENUE MIAMI,FL 33136	65-0425069	501 (C)(3)	30,000	0	N/A	N/A	ORAL HEALTH FOR HOMELESS INDIVIDUALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHAPMAN PARTNERSHIP1550 NORTH MIAMI AVENUE MIAMI,FL 33136	65-0425069	501 (C)(3)	100,000	0	N/A	N/A	PRIMARY CARE FOR HOMELESS INDIVIDUALS
CITRUS HEALTH NETWORK INC4175 WEST 20 AVE HIALEAH,FL 33012	59-1865751	501 (C)(3)	100,000	0	N/A	N/A	PRIMARY CARE FOR HOMELESS INDIVIDUALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITRUS HEALTH NETWORK INC 4175 WEST 20 AVE HIALEAH,FL 33012	59-1865751	501 (C)(3)	-100,000	0	N/A	N/A	ESTABLISH A DENTAL CLINIC IN HIALEAH
CITY OF WEST PARK1965 SOUTH STATE ROAD 7 WEST PARK,FL 33023	26-0111664	501 (C)(3)	60,000	0	N/A	N/A	IMPROVE 2 PARKS TO INCREASE PHYSICAL ACTIVITY LEVELS OF RESIDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMON THREADS500 N DEARBORN SUITE 500 CHICAGO,IL 60654	20-0106847	501 (C)(3)	10,000	0	N/A	N/A	COOKING EDUCATION AND SKILL BUILDING
COMMUNITY AIDS RESOURCE3510 BISCAYNE BOULEVARD SUITE 300 MIAMI,FL 33137	59-2564198	501 (C)(3)	41,000	0	N/A	N/A	INCREASE PRODUCTIVITY OF A DENTAL CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216 STREET MIAMI,FL 33190	59-1372690	501 (C)(3)	75,000	0	N/A	N/A	HEALTHY SMILES IN SCHOOLS
COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216 STREET MIAMI,FL 33190	59-1372690	501 (C)(3)	91,970	0	N/A	N/A	HEALTHY SMILES IN HEAD START CENTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216 STREET MIAMI,FL 33190	59-1372690	501 (C)(3)	60,000	0	N/A	N/A	STANFORD SELF-MANAGEMENT PROGRAM
CUBAN AMERICAN NATIONAL COUNCIL INC1223 SW 4TH STREET MIAMI,FL 33135	23-7269955	501 (C)(3)	50,000	0	N/A	N/A	STANFORD SELF-MANAGEMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CUBAN AMERICAN NATIONAL COUNCIL INC 1223 SW 4TH STREET MIAMI,FL 33135	23-7269955	501 (C)(3)	20,000	0	N/A	N/A	MATTER OF BALANCE/ASUNTO DE EQUILIBRIO
DADE COUNTY DENTAL RESEARCH CLINIC750 NW 20TH STREET MIAMI,FL 33127	23-7372819	501 (C)(3)	50,000	0	N/A	N/A	INCREASE CLINICAL EFFICIENCY & ACCESS TO DENTAL CARE FOR LOW-INCOME RESIDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DARE TO DREAM FOUNDATION3790 KINGS WAY BOCA RATON,FL 33434	22-3421616	501 (C)(3)	15,000	0	N/A	N/A	COLON CANCER AWARENESS & PREVENTION
DENTAQUEST INSTITUTE2400 COMPUTER DRIVE WESTBOROUGH,MA 01581	20-5312990	501 (C)(3)	5,100	0	N/A	N/A	PORTABLE SCHOOL-BASED ORAL HEALTH FOR HEAD START

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DENTAQUEST INSTITUTE2400 COMPUTER DRIVE WESTBOROUGH,MA 01581	20-5312990	501 (C)(3)	5,100	0	N/A	N/A	PORTABLE SCHOOL-BASED ORAL HEALTH TECHNICAL ASSISTANCE
DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CENTER1680 MERIDIAN AVENUE SUITE 501 MIAMI BEACH,FL 33139	59-1923396	501 (C)(3)	25,367	0	N/A	N/A	DOUGLAS GARDENS ORGANIZATIONAL RESTRUCTURING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MIAMI1801 NW 9TH AVE SUITE 470 MIAMI,FL 33136	59-0624458	501 (C)(3)	129,000	0	N/A	N/A	PREVENTIVE ORAL HEALTH SERVICES TO SCHOOL AGED CHILDREN
EARLY LEARNING COALITION OF MIAMI-DADEMONROE 1100 SIMONTON ST SUITE 1-204 KEY WEST,FL 33040	65-1122406	501 (C)(3)	17,500	0	N/A	N/A	HEALTH ASSESSMENTS FOR VOLUNTARY PRE-KINDERGARTEN & AFTER SCHOOL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EASTER SEALS SOUTH FLORIDA INC1475 NW 14TH AVE MIAMI SHORES,FL 33125	59-0722783	501 (C)(3)	60,000	0	N/A	N/A	ADULT DAY CARE FACILITY FOR PATIENTS WITH ALZHEIMER'S & MEMORY DISORDERS
EPILEPSY FOUNDATION OF SOUTH FLORIDA INC1200 NW 78 AVENUE SUITE 400 MIAMI,FL 33126	59-2164525	501 (C)(3)	8,420	0	N/A	N/A	DENTAL NEEDS ASSESSMENT FOR PERSONS WITH EPILEPSY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FANM AYISYEN NAN MIYAMI INC 181 NE 82ND STREET MIAMI,FL 33138	65-0334201	501 (C)(3)	30,000	0	N/A	N/A	IT IMPROVEMENT AND ENHANCEMENT
FLORIDA CHAIN 2812 N 34TH AVENUE HOLLYWOOD,FL 33021	11-3799980	501 (C)(3)	30,000	0	N/A	N/A	AFFORDABLE CARE ACT PUBLIC EDUCATION CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA HEART RESEARCH INSTITUTE4770 BISCAYNE BLVD SUITE 500 MIAMI,FL 33137	59-0674260	501 (C)(3)	80,000	0	N/A	N/A	INCREASE ACCESS TO COMMUNITY-BASED HEALTH CENTERS FOR SCREENINGS
FLORIDA IMPACT INC1331 EAST LAFAYETTE STREET SUITE A TALLAHASSEE,FL 32301	59-2859151	501 (C)(3)	43,000	0	N/A	N/A	ENROLL AFTERSCHOOL PROVIDERS IN THE NEWLY ESTABLISHED FEDERAL SUPPER PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA IMPACT INC1331 EAST LAFAYETTE STREET SUITE A TALLAHASSEE,FL 32301	59-2859151	501 (C)(3)	-3,000	0	N/A	N/A	INCREASE THE CAPACITY OF A FARMERS MARKET TO SERVE LOW-INCOME FAMILIES
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET HLS2 BLDG 4TH FLOOR SUITE 454 MIAMI,FL 33199	23-7047106	501 (C)(3)	50,000	0	N/A	N/A	NURSING SCHOLARSHIPS 2011-2012

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET HLS2 BLDG 4TH FLOOR SUITE 454 MIAMI,FL 33199	23-7047106	501 (C)(3)	-7,146	0	N/A	N/A	NURSING FACULTY PROJECT
FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION INC (ON BEHALF OF THE HERBERT W11200 SW 8TH ST MARC 540 MIAMI,FL 33199	23-7047106	501 (C)(3)	50,000	0	N/A	N/A	ESTABLISH THE OMAR M PASALODOS, M D LECTURESHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRAM INC5800 OVERSEAS HWY 38 MARATHON,FL 33050	65-0183810	501 (C)(3)	37,500	0	N/A	N/A	SKIN CANCER EDUCATION & ASSESSMENT PROGRAM
FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRAM INC5800 OVERSEAS HWY 38 MARATHON,FL 33050	65-0183810	501 (C)(3)	16,000	0	N/A	N/A	THE KEYS TO HEALTHY AGING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRAM INC 5800 OVERSEAS HWY 38 MARATHON,FL 33050	65-0183810	501 (C)(3)	55,000	0	N/A	N/A	ENHANCEFITNESS
FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRAM INC 5800 OVERSEAS HWY 38 MARATHON,FL 33050	65-0183810	501 (C)(3)	14,500	0	N/A	N/A	STANFORD SELF-MANAGEMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA PHILANTHROPIC NETWORK1211 N WESTSHORE BLVD SUITE 314 TAMPA,FL 33607	20-1328734	501 (C)(3)	29,500	0	N/A	N/A	PROGRAM SUPPORT
FOOD OF LIFE OUTREACH MINISTRIES INC957 NW3RD AVENUE SUITE3 FLORIDA CITY,FL 33034	01-0939609	501 (C)(3)	8,029	0	N/A	N/A	EMERGENCY FOOD ASSISTANCE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD HEALTH CLINIC9155 OVERSEAS HWY TAVERNIER,FL 33070	04-3745805	501 (C)(3)	30,000	0	N/A	N/A	PRIMARY CARE CLINIC FOR LOW INCOME RESIDENTS
HEALTH COUNCIL OF SOUTH FLORIDA INC8095 NW 12TH STREET SUITE 300 MIAMI,FL 33126	59-2268478	501 (C)(3)	40,000	0	N/A	N/A	WEB-BASED REPOSITORY FOR HEALTH DATA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH NEWS FLORIDA2419 DARTMOUTH AVE NORTH ST PETERSBURG, FL 33713	65-0005384	501 (C)(3)	25,000	0	N/A	N/A	HEALTH NEWS FLORIDA
HOSPICE BY THE SEA INC1200 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301	59-1952942	501 (C)(3)	30,000	0	N/A	N/A	IT UPGRADES TO ENABLE CNA'S TO DOCUMENT PATIENT ENCOUNTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMAN SERVICES COALITION OF DADE COUNTY 1900 BISCAYNE BLVD SUITE 200 MIAMI,FL 33132	65-0690368	501 (C)(3)	31,735	0	N/A	N/A	PUBLIC ALLIES PLACEMENT
HUMAN SERVICES COALITION OF DADE COUNTY 1900 BISCAYNE BLVD SUITE 200 MIAMI,FL 33132	65-0690368	501 (C)(3)	5,000	0	N/A	N/A	HEALTH CARE PUBLIC POLICY AWARENESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDEPENDENT LIVING COMMUNITY SERVICES INC 5201 BLUE LAGOON DRIVE SUITE 270 MIAMI,FL 33126	13-4252952	501 (C)(3)	17,976	0	N/A	N/A	LIVING HEALTHY PROGRAM/TOMANDO CONTROL DE SU SALUD
INDEPENDENT LIVING COMMUNITY SERVICES INC (ILCS)5201 BLUE LAGOON DRIVE SUITE 270 MIAMI,FL 33126	13-4252952	501 (C)(3)	18,750	0	N/A	N/A	MATTER OF BALANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INFORMED FAMILIESTHE FLORIDA FAMILY PARTNERSHIP INC 2490 CORAL WAY MIAMI,FL 33145	59-2231894	501 (C)(3)	20,000	0	N/A	N/A	WEBSITE TO INCLUDE ONLINE FORUMS & INTERACTIONS FOR PARENTS
INSTITUTE FOR CHILD AND FAMILY HEALTH INC15490 NW 7 AVENUE MIAMI,FL 33169	59-0866060	501 (C)(3)	100,000	0	N/A	N/A	IT SYSTEM TO ENSURE COMPLIANCE WITH FEDERAL GUIDELINES & IMPROVE ORGANIZATIONAL EFFICIENCY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JESSIE TRICE COMMUNITY HEALTH CENTERS INC5607 NW 27TH AVENUE SUITE 1 MIAMI,FL 33142	59-1235617	501 (C)(3)	73,075	0	N/A	N/A	ENHANCEFITNESS
JESSIE TRICE COMMUNITY HEALTH CENTERS INC5607 NW 27TH AVENUE SUITE 1 MIAMI,FL 33142	59-1235617	501 (C)(3)	9,800	0	N/A	N/A	HEALTH & WELLNESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA INC735 NE 125TH STREET NORTH MIAMI,FL 33161	59-0637867	501 (C)(3)	88,000	0	N/A	N/A	ENHANCE FITNESS
KEY BISCAYNE COMMUNITY FOUNDATION50 MASHTA DRIVE SUITE 3 KEY BISCAYNE,FL 33149	30-0239421	501 (C)(3)	24,000	0	N/A	N/A	MATTER OF BALANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KEY BISCAYNE COMMUNITY FOUNDATION50 MASHTA DRIVE SUITE 3 KEY BISCAYNE,FL 33149	30-0239421	501 (C)(3)	40,000	0	N/A	N/A	ENHANCEFITNESS
KRISTI HOUSE INC 1265 NW 12TH AVENUE MIAMI,FL 33136	65-0576650	501 (C)(3)	25,000	0	N/A	N/A	PROJECT GOLD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIGA CONTRA EL CANCER2180 SW 12 AVENUE MIAMI,FL 33129	59-1629554	501 (C)(3)	30,000	0	N/A	N/A	MAMMOGRAM & CANCER AWARENESS EDUCATION PROGRAM
LITTLE HAVANA ACTIVITIES AND NUTRITION CENTERS700 SW 8TH STREET MIAMI,FL 33130	23-7378008	501 (C)(3)	33,000	0	N/A	N/A	ASUNTO DE EQUILIBRIO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUZ DEL MUNDO 806 E PROSPECT ROAD OAKLAND PARK, FL 33334	65-0266070	501 (C)(3)	30,000	0	N/A	N/A	PREVENTION OUTREACH PROGRAM FOR MEDICALLY UNDERSERVED & UNINSURED
MUJERPO BOX 900685 HOMESTEAD, FL 33030	65-0534683	501 (C)(3)	5,000	0	N/A	N/A	IT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEMORIAL FOUNDATION INC 3711 GARFIELD STREET HOLLYWOOD, FL 33021	59-2082218	501 (C)(3)	117,000	0	N/A	N/A	ENROLL UNINSURED WITH CHRONIC CONDITIONS INTO MEDICAL HOMES
MEMORIAL FOUNDATION INC 3711 GARFIELD STREET HOLLYWOOD, FL 33021	59-2082218	501 (C)(3)	54,973	0	N/A	N/A	ASSIST 5 PRIMARY CARE CENTERS ACHIEVE NCQA & PATIENT CENTERED MEDICAL HOME RECOGNITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEMORIAL FOUNDATION INC 3711 GARFIELD STREET HOLLYWOOD, FL 33021	59-2082218	501 (C)(3)	78,000	0	N/A	N/A	COLORECTAL CANCER SCREENING TEST
MENTAL HEALTH ASSOCIATION OF BROWARD COUNTY 7145 WEST OAKLAND PARK BLVD LAUDERHILL, FL 33313	59-0816448	501 (C)(3)	20,000	0	N/A	N/A	DATA MANAGEMENT GUIDEFOR BEHAVIORAL HEALTH ORGANIZATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIAMI CHILDREN'S HOSPITAL FOUNDATION3100 SW 62ND AVENUE MIAMI,FL 33155	59-1720704	501 (C)(3)	168,000	0	N/A	N/A	2 DENTAL CHAIRS & RELATED EQUIPMENT FOR A DORAL DENTAL CLINIC
MIAMI DADE COLLEGE FOUNDATION300 NE 2ND AVE BUILDING 1 ROOM 1423-1 MIAMI,FL 33132	59-6169745	501 (C)(3)	28,500	0	N/A	N/A	DENTAL HYGIENE AND RESTORATIVE SERVICES WITH NOVA UNIVERSITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIAMI JEWISH HEALTH SYSTEMS 5200 NE 2 AVENUE MIAMI,FL 33137	59-0624414	501 (C)(3)	30,000	0	N/A	N/A	HEALTHY MOVES PROGRAM
MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED601 SW 8 AVENUE MIAMI,FL 33130	59-0637847	501 (C)(3)	53,000	0	N/A	N/A	EYE EXAMINATIONS & GLASSES TO UNINSURED CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIAMI DADE COLLEGE950 NW 20TH STREET ROOM 1355-10 MIAMI,FL 33127	59-6169745	501 (C)(3)	50,000	0	N/A	N/A	NURSING SCHOLARSHIPS 2011-2012
MICHELEE PUPPETS INC 4420 PARKWAY COMMERCE BLVD ORLANDO,FL 32808	59-2616456	501 (C)(3)	30,000	0	N/A	N/A	EXTREME HEALTH CHALLENGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINORITY DEVELOPMENT & EMPOWERMENT 5225 NW 33RD AVE BUILDING 5 FORT LAUDERDALE, FL 33309	65-0693623	501 (C)(3)	75,347	0	N/A	N/A	PRIMARY SERVICES TO POOR & UNINSURED WITH HOLY CROSS HOSPITAL
MONROE COUNTY HEALTH DEPARTMENT1100 SIMONTON STREET KEY WEST,FL 33040	59-3502843	501 (C)(3)	7,500	0	N/A	N/A	HEALTH NEEDS ASSESSMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONROE COUNTY HEALTH DEPARTMENT1100 SIMONTON STREET KEY WEST,FL 33040	59-3502843	501 (C)(3)	100,000	0	N/A	N/A	STAFFING AT PRIMARY CARE CLINIC TO IMPROVE CHRONIC DISEASE MANAGEMENT
NEW HOPE CORPS INC1020 N KROME AVENUE HOMESTEAD,FL 33030	65-0440678	501 (C)(3)	20,000	0	N/A	N/A	MATCHING GRANT FOR SUBSTANCE ABUSE TREATMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW HOPE CORPS INC1020 N KROME AVENUE HOMESTEAD,FL 33030	65-0440678	501 (C)(3)	50,000	0	N/A	N/A	HEALTH CARE/ BASIC NEEDS FOR DISABLED AND/OR HOMELESS
NORTH BROWARD HOSPITAL DISTRICT CHARITABLE FOUNDATION INC 303 SE 17TH ST SUITE 309 FORT LAUDERDALE,FL 33316	59-6012065	501 (C)(3)	60,000	0	N/A	N/A	PATIENT CENTERED MEDICAL HOME RECOGNITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPEN DOOR HEALTH CENTER INC1350 SW 4 STREET HOMESTEAD,FL 33030	83-0375996	501 (C)(3)	100,000	0	N/A	N/A	PRIMARY CARE TO LOW INCOME UNINSURED INDIVIDUALS
OPEN DOOR HEALTH CENTER INC1350 SW 4 STREET HOMESTEAD,FL 33030	83-0375996	501 (C)(3)	35,000	0	N/A	N/A	ENHANCEFITNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR KIDS OF MIAMI-DADEMONROE INC PO BOX 010951 MIAMI,FL 33101	57-1140890	501 (C)(3)	65,000	0	N/A	N/A	EVALUATE SYSTEM FOR DOCUMENTING & TRACKING HEALTH NEEDS OF FOSTER CHILDREN
PLANNED PARENTHOOD OF SOUTH FLORIDA AND TREASURE COAST INC5775 BLUE LAGOON DRIVE SUITE 360 MIAMI,FL 33126	59-1391115	501 (C)(3)	50,000	0	N/A	N/A	TEEN PREGNANCY PREVENTION EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RURAL HEALTH NETWORK OF MONROE COUNTY 27225 OVERSEAS HIGHWAY SUMMERLAND, FL 33042	65-0474953	501 (C)(3)	70,000	0	N/A	N/A	DENTAL SERVICES FOLLOW UP FOR LOW-INCOME CHILDREN
SAFE SCHOOLS SOUTH FLORIDA INCPO BOX 24444 FORT LAUDERDALE, FL 33307	20-4993492	501 (C)(3)	10,000	0	N/A	N/A	INTERVENTIONS TO PREVENT HIV/AIDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANT LA HAITIAN NEIGHBORHOOD CENTER5000 BISCAYNE BLVD SUITE 110 MIAMI,FL 33131	65-1080680	501 (C)(3)	10,000	0	N/A	N/A	HAITIAN COMMUNITY PREVENTIVE HEALTH
SOUTH FLORIDA HOSPITAL RESEARCH AND EDUCATION FOUNDATION6030 HOLLYWOOD BLVD 140 HOLLYWOOD,FL 33024	59-2732250	501 (C)(3)	84,188	0	N/A	N/A	TECHNICAL ASSISTANCE TO 3 HOSPITALS & 2 WORKSITES TO ENABLE BREASTFEEDING POLICIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH FLORIDA VETERANS FOUNDATION FOR RESEARCH & EDUCATION INC 1201 NW 16TH STREET 2A103 MIAMI,FL 33125	65-0207903	501 (C)(3)	50,000	0	N/A	N/A	ENHANCEFITNESS
STAR OF THE SEA FOUNDATION INC 5640 MALONEY AVE KEY WEST,FL 33040	30-0496670	501 (C)(3)	36,000	0	N/A	N/A	INCREASE ACCESS TO FRUITS & VEGETABLES TO LOW-INCOME RESIDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE STARTING PLACE351 N STATE ROAD 7 SUITE 200 PLANTATION,FL 33317	23-7047895	501 (C)(3)	62,548	0	N/A	N/A	IT SUPPORT FOR A MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT AGENCY
THE EDUCATION FUND900 NE 125TH ST STE 110 NORTH MIAMI,FL 33131	59-2468114	501 (C)(3)	93,000	0	N/A	N/A	NUTRITION SCHOOL GARDENING PROGRAM & DEVELOPMENT OF A TRAIN-THE-TRAINER MODEL FOR SUSTAINABILITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE TRUST FOR PUBLIC LAND1022 PARK ST SUITE 401 JACKSONVILLE,FL 32204	23-7222333	501 (C)(3)	70,000	0	N/A	N/A	FITNESS EQUIPMENT IN LOW-INCOME NEIGHBORHOOD PARKS
THE VILLAGE SOUTH3050 BISCAYNE BOULEVARD 9TH FLOOR MIAMI,FL 33137	59-1452736	501 (C)(3)	14,500	0	N/A	N/A	MEDICAL SERVICES FOR RESIDENTIAL SUBSTANCE ABUSE CLIENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED HOME CARE SERVICES 5255 NW 87TH AVENUE 400 MIAMI,FL 33178	59-1523943	501 (C)(3)	-22,200	0	N/A	N/A	MEDICATION MANAGEMENT FOR HOMEBOUND ELDERLY
UNIVERSITY OF FLORIDA219 GRINTER HALL PO BOX 115500 GAINSVILLE,FL 32611	59-6002052	501 (C)(3)	-425	0	N/A	N/A	MEDICAID REFORM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF FLORIDA219 GRINTER HALL PO BOX 115500 GAINSVILLE,FL 32611	59-6002052	501 (C)(3)	-5,006	0	N/A	N/A	PUBLIC POLICY
UNIVERSITY OF MIAMI1500 NW 12TH AVENUE SUITE 1020E MIAMI,FL 33136	59-0624458	501 (C)(3)	155,800	0	N/A	N/A	IT SYSTEM FOR PROGRAM SERVING POST-TRANSPLANT PATIENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MIAMIPO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501 (C)(3)	-16	0	N/A	N/A	CONSORTIUM FOR A HEALTHIER MIAMI-DADE HEALTH AND BUILD ENVIROMENT WALKSAFE PROGRAM
UNIVERSITY OF MIAMIPO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501 (C)(3)	-290	0	N/A	N/A	IDENTIFICATION OF AREAS OF GREATEST NEED FOR CANCER CONTROL INTERVENTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MIAMIPO BOX 248106 CORAL GABLES,FL 33124	59-0624458	501 (C)(3)	25,000	0	N/A	N/A	FAMILY MEDICINE CLERKSHIP ROTATION
UNIVERSITY OF MIAMI DIV OF VASCULAR SURGERY1500 NW 12TH AVENUE SUITE 1020E MIAMI,FL 33101	59-0624458	501 (C)(3)	-27,959	0	N/A	N/A	VASCULAR SCREENING PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
URBAN OASIS PROJECT INC 10210 SW 103RD CT MIAMI,FL 33173	27-3335090	501 (C)(3)	1,500	0	N/A	N/A	LIBERTY CITY FARMERS' MARKET EBT MATCHING FUND
WECARE OF SOUTH DADE INC PO BOX 343547 FLORIDA CITY,FL 33034	14-1885180	501 (C)(3)	32,950	0	N/A	N/A	PHYSICAL ACTIVITY PROGRAM IN 5 AFTER-SCHOOLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S BREAST HEALTH INITIATIVE FLORIDA AFFILIATE6447 MIAMI LAKES DRIVE EAST SUITE 222E MIAMI LAKES,FL 33014	56-2540735	501 (C)(3)	30,000	0	N/A	N/A	DOOR TO DOOR OUTREACH TO FIGHT BREAST CANCER
YMCA OF BROWARD COUNTY INC900 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-0624463	501 (C)(3)	16,400	0	N/A	N/A	SPARK TRAINING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF BROWARD COUNTY INC900 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-0624463	501 (C)(3)	29,700	0	N/A	N/A	SPARK FIT PROGRAM LAUNCH
YMCA OF BROWARD COUNTY INC900 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-0624463	501 (C)(3)	60,000	0	N/A	N/A	STANFORD SELF-MANAGEMENT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF BROWARD COUNTY INC900 SE 3RD AVE FORT LAUDERDALE,FL 33316	59-0624463	501 (C)(3)	62,000	0	N/A	N/A	MATTER OF BALANCE
YMCA OF BROWARD COUNTY INC900 SE 3RD AVE FORT LAUDERDALE,FL 33316	59-0624463	501 (C)(3)	284,000	0	N/A	N/A	ENHANCEFITNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF GREATER MIAMI 730 NW 107TH AVENUE SUITE 200 MIAMI,FL 33172	59-0624464	501 (C)(3)	8,500	0	N/A	N/A	EXPAND & ENHANCE SERVICE PROVISION
YMCA OF GREATER MIAMI 730 NW 107TH AVENUE SUITE 200 MIAMI,FL 33172	59-0624464	501 (C)(3)	54,000	0	N/A	N/A	ENHANCEFITNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUTH LEAD220 BISCAYNE BLVD SUITE 505 MIAMI,FL 33131	65-0350357	501 (C)(3)	10,000	0	N/A	N/A	FARMERS' MARKET OUTREACH & EVALUATION
YOUTH LEAD220 BISCAYNE BLVD SUITE 505 MIAMI,FL 33131	65-0350357	501 (C)(3)	7,000	0	N/A	N/A	YOUTH L E A D BUSINESS PLAN DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA OF GREATER MIAMI-DADE INC351 NW 5 STREET MIAMI,FL 33128	59-0624450	501 (C)(3)	56,000	0	N/A	N/A	BREAST/CERVICAL CANCER SCREENING & PREVENTION
YWCA OF GREATER MIAMI-DADE INC351 NW 5 STREET MIAMI,FL 33128	59-0624450	501 (C)(3)	5,000	0	N/A	N/A	UPDATE IT SYSTEM

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310000202

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN E MARCUS	(i)	0	0	0	0	0	0	0
	(ii)	229,013	0	0	17,150	50,041	296,204	0
(2) KATHY ANTIEAU	(i)	0	0	0	0	0	0	0
	(ii)	117,410	0	0	9,398	28,383	155,191	0
(3) PETER WOOD	(i)	0	0	0	0	0	0	0
	(ii)	135,188	0	0	10,028	28,508	173,724	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493310000202

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE IT IS FILED THE BOARD REVIEWS THE 990 FOR ACCURACY AND A FINAL VERSION IS SIGNED BY THE PRESIDENT & CEO
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLIANCE OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS BEFORE A NEW MEMBER IS VOTED ONTO THE BOARD, THEIR INDEPENDENCE IS REVIEWED
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -13,486,026
		THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310000202

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HEALTH FOUNDATION OF SOUTH FLORIDA INC 2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 65-0005384	TO PROMOTE HEALTHY LIFESTYLES OF INDIVIDUALS, FAMILIES AND COMMUNITIES	FL	501(C)(3)	501(C)(3)	HFSF GRANTS MANAGEMENT INC		No

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTH FOUNDATION OF SOUTH FLORIDA INC	C	411,007	TRANSACTION AMOUNT
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 65-0005383
Name: HFSF GRANTS MANAGEMENT INC

Form 990, Special Condition Description:

Special Condition Description