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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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
Suite 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 $ 7,322,808

F Name and address of principal officer

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2012 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	69,429
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	436,007	530,487
9	Program service revenue (Part VIII, line 2g)	0	9,328
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,369,333	5,456,361
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,965	7,900
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,812,305	6,004,076

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,441,442	4,762,637
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)	1,188,291	1,215,737
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)	1,722,280	1,921,555
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,352,013	7,899,929
19	Revenue less expenses Subtract line 18 from line 12	-539,708	-1,895,853

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	111,909,229	118,227,027
21	Total liabilities (Part X, line 26)	4,947,337	5,427,402
22	Net assets or fund balances Subtract line 21 from line 20	106,961,892	112,799,625

Net Assets or Fund Balances

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

****** | 2013-10-01
Signature of officer | Date

STEVEN MARCUS PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Donald Butler				
Firm's name ▶ MARCUM LLP			Firm's EIN ▶	
Firm's address ▶ ONE SE THIRD AVENUE 16TH FLOOR MIAMI, FL 33131			Phone no (305) 995-9600	

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 HEATLH 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 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 $ 3,882,337 including grants of $ 2,546,280) (Revenue $)

THE ORGANIZATION'S RESPONSIVE GRANTMAKING PROGRAM APPROVED 41 GRANTS IN 2012 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 GRATNS TARGET LOW-INCOME AND UNDESERVED 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 SERVICE, IMPROVE THE QUALITY, VALUE, AND CULTURAL SENSITIVITY OF HEALTH SERVICES AND ELIMINATE HEALTH DISPARITIES FOR ALL

4b (Code) (Expenses $ 1,769,759 including grants of $ 1,031,837) (Revenue $ 9,329)

IN 2012 THE ORGNANIZATION 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 24 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, ENAHANCEFITNESS 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 AWARD FOR 2012 WAS $1,031,837

4c (Code) (Expenses $ 1,108,481 including grants of $ 739,520) (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 2012, 43 ADMINISTRATIVE GRANTS WERE APPROVED THE TOTAL AMOUNT OF SUPPORT AWARDED WAS #739,520

(Code) (Expenses $ 45,000 including grants of $ 45,000) (Revenue $)

NURSING SCHOLARSHIP PROGRAMS

(Code) (Expenses $ 400,000 including grants of $ 400,000) (Revenue $)

CLINIC GRANTS PROGRAM

4d Other program services (Describe in Schedule O)

(Expenses $ 445,000 including grants of $ 445,000) (Revenue $)

4e **Total program service expenses** ▶ 7,205,577

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
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 11b 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	47		
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 1 MIAMI, FL (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 B GILMORE CHAIRWOMAN	5	X		X				0		
(2) LOREEN CHANT BOARD MEMBER	5	X						0		
(3) RICK LAVINA BOARD MEMBER	5	X						0		
(4) STEVEN E MARCUS PRESIDENT/CEO	40 0			X				0	239,098	75,189
(5) KATHY ANTIEAU CFO/TREASURER	40 0			X				0	119,136	45,878
(6) PETER WOOD VICE PRESIDENT PROGRAMS	40 0					X		0	140,245	42,189
(7) SHARI GANTMAN VICE PRESIDENT COMMUNICATION	40 0					X		0	102,680	23,333

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	601,159	186,589

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
PRIME BUCHHOLZ ASSOCIATES , 273 Corporate Drive PORTSMOUTH NH 03801	INVEST CONSULTING	113,326

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 ▶1

Part VIII Statement of Revenue

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

				(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	530,487			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		530,487			
Program Service Revenue			Business Code				
	2a	HEALTH PROMOTION AND PREVENTION PROGRAM		9,328	9,328		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		9,328			
	3	Investment income (including dividends, interest, and other similar amounts)		2,444,064			2,444,064
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,331,029				
	b	Less cost or other basis and sales expenses	1,318,732				
	c	Gain or (loss)	3,012,297				
	d	Net gain or (loss)		3,012,297	2,942,868	69,429	
Other Revenue	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		0			
	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		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME		7,900	7,900		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		7,900			
	12	**Total revenue.** See Instructions		6,004,076	2,960,096	69,429	2,444,064

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)

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	4,762,637	4,762,637		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	357,100	285,680	71,420	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	658,401	526,721	131,680	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,678	48,542	12,136	
9 Other employee benefits	74,266	59,413	14,853	
10 Payroll taxes	65,292	52,234	13,058	
11 Fees for services (non-employees)				
a Management	0			
b Legal	10,861	7,603	3,258	
c Accounting	24,001		24,001	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	451,743	135,523	316,220	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	151,621	148,463	3,158	
12 Advertising and promotion	10,827	7,579	3,248	
13 Office expenses	48,806	39,045	9,761	0
14 Information technology	36,518	25,563	10,955	
15 Royalties . .	0			
16 Occupancy	171,581	137,265	34,316	
17 Travel	27,699	22,159	5,540	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	65,964	52,771	13,193	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	29,087	23,270	5,817	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HEALTH AGING INITIATIVE	504,351	504,351		
b COMMUNITY SPONSORSHIPS	105,060	105,060		
c HEALTH NEWS FLORIDA	90,727	90,727		
d OTHER PROGRAM EXPENSES	120,256	120,256		
e All other expenses	72,453	50,715	21,738	
25 **Total functional expenses.** Add lines 1 through 24e	7,899,929	7,205,577	694,352	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,150,561	1	0
	2	Savings and temporary cash investments	424,308	2	2,606,453
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	104,087	4	4,653
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	128,774	9	7,513
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b	0	10c	
	11	Investments—publicly traded securities	66,843,056	11	90,359,117
	12	Investments—other securities See Part IV, line 11	43,258,443	12	25,249,291
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	111,909,229	16	118,227,027
Liabilities	17	Accounts payable and accrued expenses	178,216	17	199,706
	18	Grants payable	4,361,155	18	4,635,635
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	407,966	25	592,061
	26	**Total liabilities.** Add lines 17 through 25	4,947,337	26	5,427,402
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	106,961,892	27	112,799,625
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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	106,961,892	33	112,799,625
	34	Total liabilities and net assets/fund balances	111,909,229	34	118,227,027

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	6,004,076
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,899,929
3	Revenue less expenses Subtract line 2 from line 1	3	-1,895,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	106,961,892
5	Net unrealized gains (losses) on investments	5	7,733,586
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	112,799,625

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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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

2012

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

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

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) HEALTH FOUNDATION OF SOUTH FLORIDA INC	650005384	07	Yes		Yes		Yes		0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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 through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				

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 INVESTMENT FUNDS	25,249,291	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	25,249,291	

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) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must 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) Book value
Federal income taxes	0
DUE TO AFFILIATES	592,061
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	592,061

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	13,285,919
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,733,586		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	7,733,586
3	Subtract line **2e** from line **1**			3	5,552,333
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	451,743		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	451,743
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	6,004,076

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

1	Total expenses and losses per audited financial statements			1	7,448,186
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	7,448,186
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	451,743		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	451,743
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	7,899,929

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
UNCERTAIN TAX POSITION	SCHEDULE D, PART X, LINE 2	The Organization accounts for uncertainty in income taxes in accordance with GAAP, which requires recognition in the consolidated financial statements of a tax position only after determining that the relevant tax authority would more likely than not sustain the position following an audit For tax positions meeting the more likely than not threshold, the amount recognized in the consolidated financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant tax authority The Organization had no material unrecognized tax benefits and no adjustments to its consolidated financial position, activities or cash flows were required The Organization does not expect that unrecognized tax benefits will increase within the next twelve months The Organization's tax returns for the years ended December 31, 2009 through 2012 remain subject to examination by Federal and State tax jurisdictions The Organization recognizes accrued interest and penalties, if any, related to uncertain tax positions as income tax expense expense

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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

2012

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. Part II can be duplicated 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 . . . . . ▶

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

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE	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 REPORT 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
Aging and Disability Resource of Broward County 5300 Hiatus Road SUNRISE,FL 33351	59-1529419	501(C)(3)	20,000				Stanford Self-Management Program-Year 5
Aging and Disability Resource of Broward County 5300 Hiatus Road SUNRISE,FL 33351	59-1529419	501(C)(3)	36,000				Matter of Balance-Year 5
Alliance for Aging760 NW 107th Avenue 214 2nd Floor MIAMI,FL 33172	65-0101947	501(C)(3)	54,000				Matter of Balance-Year 5
Alliance for Aging760 NW 107th Avenue 214 2nd Floor MIAMI,FL 33172	65-0101947	501(C)(3)	45,000				Stanford Self Management Program-Year 5
Archways Inc919 NE 13th Street FORT LAUDERDALE,FL 33304	59-2341993	501(C)(3)	96,300				Electronic Health Record Implementation
Banyan Community Health Center Inc11031 NE 6th Avenue MIAMI,FL 33161	27-3164934	501(C)(3)	20,000				Closing the Gap in Oral Health Access in Little Ha
Borinquen Health Care Center Inc3601 Federal Highway MIAMI,FL 33137	59-1417397	501(C)(3)	160,000				STOPP 2 0 - Serving South Florida's Hidden Populat
Boys & Girls Club of Broward County877 NW 61st Street FORT LAUDERDALE,FL 33309	59-1108790	501(C)(3)	120,000				Nutrition Education Program
Broward College Foundation Inc110 East Broward Blvd Suite 750 FORT LAUDERDALE,FL 33334	23-7181959	501(C)(3)	45,000				Nursing Scholarship 2012/2013
Broward College Foundation Inc110 East Broward Blvd Suite 750 FORT LAUDERDALE,FL 33334	23-7181959	501(C)(3)	91,000				Broward Dental Research Clinic - Collaborative Acc
Broward County Health Department780 SW 24th Street FORT LAUDERDALE,FL 33315	59-3502843	501(C)(3)	150,000				Breast and Cervical Cancer Diagnostic Project
Broward Education Foundation Inc600 SE Third Avenue 1st floor FORT LAUDERDALE,FL 33301	59-2359433	501(C)(3)	32,000				Garden Delights-Team Up for Healthy Choices
Broward Partnership for the Homeless Inc920 NW 7 Avenue FORT LAUDERDALE,FL 33311	65-0777033	501(C)(3)	30,000				'Smiles Work!' - Dental Care for the Homeless
Broward Regional Health Planning Council Inc200 Oakwood Lane Suite 100 HOLLYWOOD,FL 33020	59-2274772	501(C)(3)	32,800				Matter of Balance-Year 5
Broward Regional Health Planning Council Inc200 Oakwood Lane Suite 100 HOLLYWOOD,FL 33020	59-2274772	501(C)(3)	50,000				Stanford Self-Management Program-Year 5
Broward Smart Growth Partnership Inc2823 NE 36 Street FORT LAUDERDALE,FL 33308	84-1683945	501(C)(3)	50,000				Smart Cities
Carrfour Supportive Housing 1398 SW 1st Street 12th Floor MIAMI,FL 33135	65-0387766	501(C)(3)	20,000				Learning Kitchen and Farmers' Market Training Prog
Catalyst Miami1900 Biscayne Blvd Suite 200 MIAMI,FL 33132	65-0690368	501(C)(3)	25,000				Miami Thrives VISTA Program Capacity-Building for
Catalyst Miami1900 Biscayne Blvd Suite 200 MIAMI,FL 33132	65-0690368	501(C)(3)	14,500				Public Allies Miami-Ally Placement with Miami Dad
CCDH Inc7990 SW 117 Avenue Suite 135 MIAMI,FL 33183	59-1617964	501(C)(3)	13,500				Implementing an Outcome Based Data System

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
Center for Haitian Studies Health and Human Servi8260 NE 2nd Avenue MIAMI,FL 33138	65-0136723	501(C)(3)	25,000				Family Medicine services and supervision of medica
Centro Mater Child Care Services Inc8298 NW 103 Street HIALEAH GARDENS,FL 33016	20-8083301	501(C)(3)	45,000				SPARK Training and Support Initiative
Chapman Partnership1550 North Miami Avenue MIAMI,FL 33136	65-0425069	501(C)(3)	30,000				Mobile Dental Unit
Chapman Partnership1550 North Miami Avenue MIAMI,FL 33136	65-0425069	501(C)(3)	200,000				Miami Hope Clinic
CHARLEE of Dade County Inc155 South Miami Avenue Suite 700 MIAMI,FL 33130	59-2302250	501(C)(3)	51,000				Healthcare Management Program
ChildNet Inc313 N State Road 7 PLANTATION,FL 33317	65-1149351	501(C)(3)	50,000				Foster Care Health Program
CNC1223 SW 4th Street MIAMI,FL 33135	23-7269955	501(C)(3)	48,175				Matter of Balance-Year 5
CNC1223 SW 4th Street MIAMI,FL 33135	23-7269955	501(C)(3)	60,000				Stanford Self-Management Program-Year 5
Common Threads500 N Dearborn Suite 605 CHICAGO,IL 60654	20-0106847	501(C)(3)	21,000				Small Bites Pilot In-School Nutrition and Health
Community Health of South Florida Inc10300 SW 216 Street MIAMI,FL 33190	59-1372690	501(C)(3)	50,000				Stanford Self-Management Program-Year 5
Coral Gables Womans Club Inc (GFWC)7360 SW 166 Street PALMETTO BAY,FL 33157	59-0565862	501(C)(3)	30,000				May Van Sickle Children's Dental Clinic
Easter Seals South Florida Inc1475 NW 14th Ave MIAMI SHORES,FL 33125	59-0722783	501(C)(3)	6,766				Person Centered Care in Practice Workshop
Family Central Inc840 SW 81st Avenue NORTH LAUDERDALE,FL 33068	59-1487190	501(C)(3)	58,000				The G-Force Project
Farm Share14125 SW 320th Street HOMESTEAD,FL 33033	65-0342192	501(C)(3)	75,000				Healthy Produce for Families
Florida CHAIN2812 N 34th Avenue HOLLYWOOD,FL 33021	11-3799980	501(C)(3)	70,000				Got Coverage? Health Insurance Exchange Education
Florida International University Foundation Inc 11200 SW 8th St University Park Ca MIAMI,FL 33199	23-7047106	501(C)(3)	65,000				NeighborhoodHELP Medical Home
Florida Keys Area Health Education Center Program 5800 Overseas Hwy 38 MARATHON,FL 33050	65-0183810	501(C)(3)	30,000				Healthy Schools Monroe
Florida Keys Area Health Education Center Program 5800 Overseas Hwy 38 MARATHON,FL 33050	65-0183810	501(C)(3)	33,600				EnhanceFitness- Year 5
Florida Public Health Institute1622 North Federal Highway Suite B LAKE WORTH,FL 33460	30-0051514	501(C)(3)	10,000				Florida Health Impact Assessment Project
Gloria M Silverio Foundation 6801 NW 77th Ave Suite 404 MIAMI,FL 33166	65-1075409	501(C)(3)	14,500				Public Allies Health Foundation of South Florida p

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 Choice Network of Florida Inc9064 NW 13 Terrace MIAMI,FL 33172	65-0504316	501(C)(3)	30,000				CENTER OF EXCELLENCE FOR SUSTAINABLE PATIENT CENTE
Health Choice Network of Florida Inc9064 NW 13 Terrace MIAMI,FL 33172	65-0504316	501(C)(3)	30,000				Health Care Quality Institute
Health Choice Network of Florida Inc9064 NW 13 Terrace MIAMI,FL 33172	65-0504316	501(C)(3)	60,200				Center of Excellence for Sustainable Medical Home
Health Council of South Florida Inc8095 NW 12th Street Suite 300 MIAMI,FL 33126	59-2268478	501(C)(3)	25,000				SHARE Miami Initiative
Health Council of South Florida Inc8095 NW 12th Street Suite 300 MIAMI,FL 33126	59-2268478	501(C)(3)	40,000				Miami Community Health Survey
Healthy Matthew Foundation 7064 NW 50 Street MIAMI,FL 33166	27-3001063	501(C)(3)	10,000				Healthy Matthew The Power of a Healthy Smile
Healthy MothersHealthy Babies1100 W State Road 84 Second Floor FORT LAUDERDALE,FL 33315	65-0161493	501(C)(3)	50,000				Oral Health for Pregnant Women
In Our Backyards Inc540 President Street 3rd Floor BROOKLYN,NY 11215	26-3283639	501(C)(3)	37,500				ioby replication in Miami
Jessie Trice Community Health Centers Inc5607 NW 27th Avenue suite 1 MIAMI,FL 33142	59-1235617	501(C)(3)	50,000				Get in CONTRL Project
Jessie Trice Community Health Centers Inc5607 NW 27th Avenue suite 1 MIAMI,FL 33142	59-1235617	501(C)(3)	64,107				EnhanceFitness- Year 5
Jewish Community Services of South Florida Inc735 NE 125th Street NORTH MIAMI,FL 33161	59-0637867	501(C)(3)	40,984				EnhanceFitness- Year 5
Kids In Distress819 NE 26th Street FORT LAUDERDALE,FL 33305	59-1927289	501(C)(3)	102,500				KID Dental Clinic
Little Havana Activities and Nutrition Centers700 SW 8th Street MIAMI,FL 33130	23-7378008	501(C)(3)	15,949				EnhanceFitness (HARC YEAR 4)
Little Havana Activities and Nutrition Centers700 SW 8th Street MIAMI,FL 33130	23-7378008	501(C)(3)	30,230				Stanford Self-Management Program-Year 5
Little Havana Activities and Nutrition Centers700 SW 8th Street MIAMI,FL 33130	23-7378008	501(C)(3)	14,195				Matter of Balance-Year 5
Miami Lighthouse for the Blind and Visually Impair601 Southwest 8th Avenue MIAMI,FL 33130	59-0637847	501(C)(3)	27,000				Maximizing Use of the Miami Lighthouse Heiken Eye
Miami Lighthouse for the Blind and Visually Impair601 Southwest 8th Avenue MIAMI,FL 33130	59-0637847	501(C)(3)	14,500				Public Allies Miami Health Foundation Placement
Miami-Dade College Foundation300 NE 2nd Ave Building 1 Room 14 MIAMI,FL 33132	59-6169745	501(C)(3)	120,000				Advancing Dental Care through Technology
Miami-Dade College Foundation300 NE 2nd Ave Building 1 Room 14 MIAMI,FL 33132	59-6169745	501(C)(3)	60,000				HARP (Health Access, Resources, and Promotion) Mia
Miami-Dade County Health Department8600 NW 17 Street Suite 200 MIAMI,FL 33126	59-3502843	501(C)(3)	197,000				The Breast and Cervical Cancer Screening Enhanceme

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 County Public Schools1450 NE 2nd Avenue MIAMI,FL 33132	59-6000572	501(C)(3)	18,000				Miami-Dade County Public Schools Health Screenings
MicheLee Puppets Inc4420 Parkway Commerce Blvd ORLANDO,FL 32808	59-2616456	501(C)(3)	15,000				EHC Rebooted
Need To Feed Incorporated 6716 Farragut Street HOLLYWOOD,FL 33024	35-2123879	501(C)(3)	20,000				Mobile Community Cafe
Nova Southeastern University3301 College FORT LAUDERDALE,FL 33314	59-1083502	501(C)(3)	50,000				Dental Patient Health Navigation for Children and
Office of Countywide Healthcare Planning140 West Flagler Street MIAMI,FL 33130	59-6000573	501(C)(3)	15,000				Phase II Health Insurance Expansion Initiative
Open Door Health Center Inc 1350 SW 4 Street HOMESTEAD,FL 33030	83-0375996	501(C)(3)	200,000				Health Care Access Program
Open Door Health Center Inc 1350 SW 4 Street HOMESTEAD,FL 33030	83-0375996	501(C)(3)	18,000				EnhanceFitness- Year 5
Planned Parenthood of South Florida and Treasure C2300 North Florida Mango Road WEST PALM BEACH,FL 33409	59-1391115	501(C)(3)	20,000				Teen Outreach Program (TOP) Community Service Lear
Roots In The City Inc164 NW 20th Street Unit 106 MIAMI,FL 33127	03-0524711	501(C)(3)	9,800				Stirrup Gibson Seniors' Garden
Rural Health Network of Monroe County3706 North Roosevelt Blvd Suite D KEY WEST,FL 33040	65-0474953	501(C)(3)	130,000				Primary Care Expansion in Key West and the Lower K
South Florida Hospital & Healthcare Association I 6363 Taft Street Suite 200 HOLLYWOOD,FL 33024	59-0979494	501(C)(3)	75,000				Increasing breastfeeding rates and facilities (Pha
South Florida Veterans Foundation for Research & E 1201 NW 16th Street 2A103 MIAMI,FL 33125	65-0207903	501(C)(3)	50,000				EnhanceFitness- Year 5
Star of the Sea Foundation Inc5640 Maloney Ave KEY WEST,FL 33040	30-0496670	501(C)(3)	35,000				Monroe County Healthy Produce and Proteins Food Re
Switchboard of Miami Inc190 NE 3rd Street MIAMI,FL 33132	59-1348970	501(C)(3)	24,000				Strategic Restructuring to Achieve Synergy
The Cooperative Feeding Program IncOne NW 33rd Terrace FORT LAUDERDALE,FL 33311	59-2696451	501(C)(3)	15,000				Fooducation- Understanding Nutrition
The Sundari Foundation Inc PO Box 12189 MIAMI,FL 33101	81-0652266	501(C)(3)	55,000				Lotus House Women's Shelter - Health and Wellness
United HomeCare Services Inc8400 NW 33rd Street Suite 400 MIAMI,FL 33122	59-1523943	501(C)(3)	20,000				Healthy IDEAS Integrating a Case Management Drive
University of MiamiOffice of Research Administration P ATLANTA,GA 30384	59-0624458	501(C)(3)	30,000				Health Impacts of the Built-Environment among Miam
University of MiamiOffice of Research Administration P ATLANTA,GA 30384	59-0624458	501(C)(3)	200,000				Health Promotion in Childcare Centers An Obesity
University of MiamiOffice of Research Administration P ATLANTA,GA 30384	59-0624458	501(C)(3)	25,000				Implementation of a Community-Based Lifestyle Modi

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 MiamiOffice of Research Administration P ATLANTA,GA 30384	59-0624458	501(C)(3)	107,000				A Transitional Care Program for Adolescents with S
University of MiamiOffice of Research Administration P ATLANTA,GA 30384	59-0624458	501(C)(3)	10,000				Mitchell S Wolfson Sr Department of Community Se
University of South Florida Foundation IncWUSF Public Media 4202 East Fowler TAMPA,FL 33620	59-0879015	501(C)(3)	20,000				WUSF/Health News Florida Health Policy Reporting I
Urban Health Partnerships Inc1800 SW 1st Avenue Suite 603 MIAMI,FL 33129	45-3332540	501(C)(3)	30,000				Implementation of Complete Streets Guidelines for
Women's Breast Health Initiative Florida Affiliat6447 Miami Lakes Drive East Suite MIAMI LAKES,FL 33014	56-2540735	501(C)(3)	30,000				2013 Breast Cancer and Heart Disease Preventive He
Women's Breast Health Initiative Florida Affiliat6447 Miami Lakes Drive East Suite MIAMI LAKES,FL 33014	56-2540735	501(C)(3)	40,000				2012 - 2013 Targeted Door to Door Outreach to Cont
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE,FL 33316	59-0624463	501(C)(3)	23,000				Senior Health Innovation Infrastructure and Inst
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE,FL 33316	59-0624463	501(C)(3)	29,700				SPARK YFit After School Capacity Building and Prog
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE,FL 33316	59-0624463	501(C)(3)	60,000				Stanford Self-Management Program-Year 5
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE,FL 33316	59-0624463	501(C)(3)	61,500				Matter of Balance-Year 5
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE,FL 33316	59-0624463	501(C)(3)	237,408				EnhanceFitness- Year 5
YMCA of Greater Miami730 NW 107th Avenue Suite 200 MIAMI,FL 33172	59-0624464	501(C)(3)	60,000				EnhanceFitness- Year 5
YWCA of Greater Miami-Dade Inc351 NW 5 Street MIAMI,FL 33128	59-0624450	501(C)(3)	60,000				YWCA Family Wellness Program

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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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ 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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)STEVEN E MARCUS PRESIDENT/CEO	(i) (ii)	0 239,098	0 0	0 0	0 21,250	0 53,939	0 314,287	0 17,150
(2)KATHY ANTIEAU CFO/TREASURER	(i) (ii)	0 119,136	0 0	0 0	0 12,905	0 32,973	0 165,014	0 9,398
(3)PETER WOOD VICE PRESIDENT PROGRAMS	(i) (ii)	0 140,245	0 0	0 0	0 7,800	0 34,389	0 182,434	0 10,028

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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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

2012

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTROS BEFORE IT IS FILED THE BOARD REVIEWS THE 990 FOR ACCURACY AND A FINAL VERSION IS SIGNED BY THE PRESIDENT & CEO
CONFLICT OF INTEREST	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLAINCE OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS BEFORE A NEW MEMBER IS VOTED ONTO THE BOARD, THEIR INDEPENDENCE IS REVIEWED
COMPENSATION	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
GOVERNING DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMETNS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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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

2012

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" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) HEALTH FOUNDATION OF SOUTH FLORIDA INC 2 SOUTH BISCAYNE BOULEVARD STE 171 MIAMI, FL 33131 65-0005384	HEALTH	FL	501(C)(3)	7	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTH FOUNDATION OF SOUTH FLORIDA INC	C	530,487	GRANT RECEIVED

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 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	

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

Return to Form

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

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