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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 HEATHLH 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 \$ 3,835,284 including grants of \$ 2,580,462) (Revenue \$)

THE ORGANIZATION'S RESPONSIVE GRANTMAKING PROGRAM APPROVED 45 GRANTS IN 2013 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 \$ 800,315 including grants of \$ 344,016) (Revenue \$)

IN 2013 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 12 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 2013 WAS \$344,016

4c

(Code) (Expenses \$ 1,270,373 including grants of \$ 700,000) (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 2013, 48 ADMINISTRATIVE GRANTS WERE APPROVED THE TOTAL AMOUNT OF SUPPORT AWARDED WAS \$700,000

(Code) (Expenses \$ 115,000 including grants of \$ 115,000) (Revenue \$)

NURSING SCHOLARSHIP PROGRAMS

(Code) (Expenses \$ 345,000 including grants of \$ 345,000) (Revenue \$)

HEALTHY COMMUNITY PARTNERSHIP

(Code) (Expenses \$ 112,981 including grants of \$ 112,981) (Revenue \$)

AGE FRIENDLY CITIES

(Code) (Expenses \$ 109,500 including grants of \$ 109,500) (Revenue \$)

OTHER PROGRAMS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 682,481 including grants of \$ 682,481) (Revenue \$)

4e

Total program service expenses

6,588,453

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . .	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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		No
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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	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	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 33131 (305) 374-7200

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

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** 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

[illegible]

Part VII

(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	634,983	202,749

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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	140,340
Marathon-London International Inves, 801 S CANAL STREET CHICAGO IL 60607	Investment Mgmt	108,479

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 ►2

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	518,074		
	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		518,074		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		0		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,026,629		
4		Income from investment of tax-exempt bond proceeds	0			
5		Royalties	0			
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)	0	0		
d		Net rental income or (loss)			0	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	3,999,198			
c		Gain or (loss)	79,352			
d		Net gain or (loss)	3,919,846		257,544	3,662,302
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		11,423	11,423		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		11,423			
12	Total revenue. See Instructions		6,475,972	11,423	257,544	5,688,931

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 or note to any line 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.	4,306,959	4,306,959		
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.	433,747	346,998	86,749	
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.	637,320	509,856	127,464	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	38,825	31,060	7,765	
9	Other employee benefits.	72,950	58,360	14,590	
10	Payroll taxes.	65,648	52,518	13,130	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	4,656	3,259	1,397	
c	Accounting.	8,667	6,067	2,600	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	513,594	154,078	359,516	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	138,166	134,489	3,677	
12	Advertising and promotion.	9,196	6,779	2,417	
13	Office expenses.	61,257	43,022	18,235	0
14	Information technology.	35,706	24,994	10,712	
15	Royalties.	0			
16	Occupancy.	151,032	120,826	30,206	
17	Travel.	15,342	12,274	3,068	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	74,208	59,497	14,711	
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	0			
23	Insurance.	29,442	23,554	5,888	
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	358,264	358,264		
b	COMMUNITY SPONSORSHIPS	110,356	110,356		
c	TRANSFORMING OUR COMMUNITIES	78,983	78,983		
d	OTHER PROGRAM EXPENSES	118,804	118,804		
e	All other expenses	39,177	27,456	11,721	
25	Total functional expenses. Add lines 1 through 24e.	7,302,299	6,588,453	713,846	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 or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			2,606,453	2	2,853,333
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			4,653	4	1,103
	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			7,513	9	7,437
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		0	10c	
	b	Less accumulated depreciation	10b				
	11	Investments—publicly traded securities			90,359,117	11	95,298,647
	12	Investments—other securities See Part IV, line 11			25,249,291	12	29,605,328
	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)			118,227,027	16	127,765,848	
Liabilities	17	Accounts payable and accrued expenses			199,706	17	149,919
	18	Grants payable			4,635,635	18	4,049,223
	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			592,061	25	1,483,547
	26	Total liabilities. Add lines 17 through 25			5,427,402	26	5,682,689
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			112,799,625	27	122,083,159
	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			112,799,625	33	122,083,159
	34	Total liabilities and net assets/fund balances			118,227,027	34	127,765,848

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,475,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,302,299
3	Revenue less expenses Subtract line 2 from line 1	3	-826,327
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,799,625
5	Net unrealized gains (losses) on investments	5	10,109,861
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	122,083,159

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

2013

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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	03	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HFSF GRANTS MANAGEMENT INC	Employer identification number 65-0005383
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 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	b (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
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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).) | | | | |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	19,461,993	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e		
a	Net unrealized gains on investments	2a	10,109,861	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	3,389,754	
e	Add lines 2a through 2d	2e	13,499,615	
3	Subtract line 2e from line 1	3	5,962,378	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	513,594	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	513,594	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,475,972	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,103,626	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	1,314,921	
e	Add lines 2a through 2d	2e	1,314,921	
3	Subtract line 2e from line 1	3	6,788,705	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	513,594	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	513,594	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,302,299	

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	U S GAAP requires management to evaluate tax positions taken and recognize a tax liability (or asset) if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Management has analyzed the tax positions taken and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the consolidated financial statements. If the Organization were to incur an income tax liability in the future, interest and penalties would be reported as income taxes. The Organization is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Organization's returns for the years ended December 31, 2010 through 2013 remain subject to these routine examinations by Federal and State tax jurisdictions.
SCHEDULE D, PART XI, LINE 2D	The financial statements are presented as consolidated statements of Health Foundation of South Florida, Inc. and Affiliates. The revenue from ealth Foundation of South Florida, Inc. (EIN - 65-0005384), a related organization, amount to \$3,389,754.
SCHEDULE D, PART XII, LINE 2D	The financial statements are presented as consolidated statements of Health Foundation of South Florida, Inc. and Affiliates. The EXPENSES from Health Foundation of South Florida, Inc. (EIN - 65-0005384), a related organization, amount to \$1,314,921.

[illegible]

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

97

3

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

0

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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
Alliance for a Healthier Generation 606 SE 9th Ave PORTLAND, OR 97214	27-2028308	501(C)(3)	99,430				Improve healthy eating and physical activity stand

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for a Healthier Generation 606 SE 9th Ave PORTLAND, OR 97214	27-2028308	501(C)(3)	105,620				Provide technical assistance to Broward County sch

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for Aging 760 NW 107th Avenue 214 2nd Floor MIAMI, FL 33172	65-0101947	501(C)(3)	50,000				Matter of Balance - Year 6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for Aging 760 NW 107th Avenue 214 2nd Floor MIAMI, FL 33172	65-0101947	501(C)(3)	45,000				Stanford Self Management Program - Year 6

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
Areawide Council on Aging of Broward County 5300 Hiatus Road SUNRISE,FL 33351	59-1529419	501(C)(3)	20,000				Stanford Self-Management Program - Year 6

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
Areawide Council on Aging of Broward County 5300 Hiatus Road SUNRISE,FL 33351	59-1529419	501(C)(3)	36,000				Matter of Balance - Year 6

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
Banyan Community Health Center Inc 6100 Blue Lagoon Drive Suite 400 MIAMI, FL 33126	27-3164934	501(C)(3)	60,000				Implement an Electronic Health Records 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
Better Way of Miami Inc 800 NW 28th Street MIAMI, FL 33127	59-2462933	501(C)(3)	75,000				Implement an Electronic Health Records 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
Borinquen Health Care Center Inc 3601 Federal Highway MIAMI,FL 33137	59-1417397	501(C)(3)	10,000				Colorectal Cancer Screenings

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broward Behavioral Health Coalition Inc 1715 SE 4th Avenue FORT LAUDERDALE,FL 33316	45-3675836	501(C)(3)	60,000				Improve the capacity of the behavioral health syst

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broward College Foundation Inc 110 East Broward Blvd Suite 750 FORT LAUDERDALE, FL 33334	23-7181959	501(C)(3)	45,000				Nursing Scholarships 2013-2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broward Education Foundation Inc 600 SE Third Avenue 1st floor FORT LAUDERDALE, FL 33301	59-2359433	501(C)(3)	31,500				Implement an integrated school garden nutrition pr

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broward Regional Health Planning Council Inc 200 Oakwood Lane Suite 10 HOLLYWOOD,FL 33020	59-2274772	501(C)(3)	25,000				Stanford Self- Managment Program - Year 6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broward Regional Health Planning Council Inc 200 Oakwood Lane Suite 10 HOLLYWOOD,FL 33020	59-2274772	501(C)(3)	19,455				Stanford Self- Managment Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Broward Regional Health Planning Council Inc 200 Oakwood Lane Suite 10 HOLLYWOOD,FL 33020	59-2274772	501(C)(3)	39,995				Enhance an existing electronic health record syste

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Carrfour Supportive Housing 1398 SW 1st Street 12th Floor MIAMI,FL 33135	65-0387766	501(C)(3)	25,000				Learning Kitchen and Farmers' Market at Verde Gard

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Carrfour Supportive Housing 1398 SW 1st Street 12th Floor MIAMI, FL 33135	65-0387766	501(C)(3)	28,800				Create a healthy food hub that extends into low-in

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
Casa Valentina Inc 2990 SW 35 Avenue Suite 2 MIAMI,FL 33133	20-4647939	501(C)(3)	6,000				Strategic planning

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
Children's Bereavement Center 7600 South Red Road Suite 307 SOUTH MIAMI,FL 33143	65-0918564	501(C)(3)	17,886				Collateral materials for a capacity building proje

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
Children's Diagnostic & Treatment Center Inc 1401 South Federal Highway FORT LAUDERDALE, FL 33316	65-1026739	501(C)(3)	100,000				Provide oral health services to 700 children and a

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Citrus Health Network Inc 4175 West 20 Ave HIALEAH, FL 33012	59-1865751	501(C)(3)	80,000				Add a behavioral medicine component to primary car

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
City of Miami Gardens 1515 NW 167 Street Bldg 5 Suite MIAMI GARDENS, FL 33169	11-3695944	501(C)(3)	125,000				Healthy Community Partnerships - City of Miami Gar

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

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Community AIDS Resource 3510 Biscayne Boulevard Suite 300 MIAMI,FL 33137	59-2564198	501(C)(3)	45,000				Improve the health literacy of patients through te

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Health of South Florida Inc 10300 SW 216 Street MIAMI,FL 33190	59-1372690	501(C)(3)	16,500				Stanford Self-Management Program - Year 6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Health of South Florida Inc 10300 SW 216 Street MIAMI,FL 33190	59-1372690	501(C)(3)	9,150				Colon Care Initiative

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
ConnectFamilies Inc 1111 SW 8th Street Suite 208 MIAMI, FL 33130	37-1646586	501(C)(3)	125,000				Healthy Community Partnerships - Little Havana

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
Dade County Dental Research Clinic 750 NW 20th Street MIAMI,FL 33127	23-7372819	501(C)(3)	50,000				Procure and implement a diagnostic tool needed for

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
Douglas Gardens Community Mental Health Center 1680 Meridian Avenue Suite 501 MIAMI BEACH, FL 33139	59-1923396	501(C)(3)	84,360				Provide peer support and socialization to support

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
Family Counseling Services of Greater Miami Inc 7412 Sunset Drive MIAMI, FL 33143	59-1312775	501(C)(3)	44,300				Purchase and install an Electronic Health Record s

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
Fishermens Hospital Inc 5800 Overseas Highway Suite 36 MARATHON, FL 33050	59-0914771	501(C)(3)	65,000				Establish primary care clinic for underserved fami

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Certified Organic Growers & Consumers Inc PO Box 12311 GAINEVILLE, FL 32604	59-3006664	501(C)(3)	7,000				Increasing healthy food access to underserved comm

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Community Loan Fund 501 North Magnolia Avenue ORLANDO, FL 32801	65-0545058	501(C)(3)	15,000				Florida Partnership for Healthy People - Healthy 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
Florida Department of Health- Monroe County 1100 Simonton Street 1-188 KEY WEST,FL 33040	59-3502843	501(C)(3)	56,000				Increase the number of multiunit properties in Mon

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Impact Inc 1331 East Lafayette Street Suite A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	46,000				Increase participation in the Federal after-school

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida International University 2020 South Andrews Avenue FORT LAUDERDALE, FL 33199	65-1147958	501(C)(3)	30,000				Enhancing Health through Professional Education

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida International University 11200 SW 8th Street AHC3 Room 5 MIAMI, FL 33199	23-7047106	501(C)(3)	45,000				Nursing Scholarships 2012-2013

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida International University Foundation Inc 11200 SW 8th Street MARC 540 MIAMI,FL 33199	23-7047106	501(C)(3)	27,000				Develop and implement a plan to address community

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida International University Foundation Inc 11200 SW 8th Street MARC 540 MIAMI,FL 33199	23-7047106	501(C)(3)	45,000				Provide access to primary care for underserved and

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Keys Area Health Education Center Program 5800 Overseas Hwy 38 MARATHON, FL 33050	65-0183810	501(C)(3)	49,750				Provide technical assistance to Monroe County scho

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

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Florida Philanthropic Network 1211 N Westshore Blvd 314 TAMPA, FL 33607	20-1328734	501(C)(3)	6,000				Organizational capacity building

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

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Florida State University 2000 Levy Avenue Suite 351 TALLAHASSEE, FL 32310	59-1961248	501(C)(3)	25,000				Florida Certificate of Need Policy Brief

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Foundation For a Breastfeeding Culture 11432 SW 87 Terrace MIAMI, FL 33173	26-0825395	501(C)(3)	25,000				Assist hospitals in the Baby-Friendly Designation

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Foundation For a Breastfeeding Culture 11432 SW 87 Terrace MIAMI,FL 33173	26-0825395	501(C)(3)	10,000				Baby Friendly Hospital Summit

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

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Georgetown University Health Policy Institute 3300 Whitehaven St NW Suite 5000 B WASHINGTON,DC 20057	53-0196603	501(C)(3)	22,000				Study of the Florida Medicaid Managed Long-Term Ca

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

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Health Council of South Florida Inc 8095 NW 12th Street Suite 300 DORAL,FL 33126	59-2268478	501(C)(3)	20,000				Miami Matters World Class Health Information for

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

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Health Council of South Florida Inc 8095 NW 12th Street Suite 300 DORAL, FL 33126	59-2268478	501(C)(3)	25,000				Data Assessments for the Healthy Community Partner

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

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Health Information Project Inc 4601 Ponce de Leon Blvd Suite 300 CORAL GABLES, FL 33146	80-0526558	501(C)(3)	30,000				Improve health awareness and access to health info

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

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Henderson Behavioral Health 4740 N State Road 7 Suite 201 FORT LAUDERDALE, FL 33319	59-0711167	501(C)(3)	100,000				Support the implement a health home program for in

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

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Here's Help Inc 15100 NW 27th Avenue OPA LOCKA, FL 33054	59-1298067	501(C)(3)	73,000				Implement and evaluate two value-added social reco

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

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In Our Backyards Inc 540 President Street 3rd Floor BROOKLYN, NY 11215	26-3283639	501(C)(3)	32,500				IOBY replication in Miami-Dade Year 1

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

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In Our Backyards Inc 540 President Street 3rd Floor BROOKLYN, NY 11215	26-3283639	501(C)(3)	37,500				IOBY replication in Miami-Dade Year 2

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jessie Trice Community Health Centers Inc 5607 NW 27th Avenue suite 1 MIAMI,FL 33142	59-1235617	501(C)(3)	25,000				EnhanceFitness - Year 6

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

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Key Clubhouse Of South Florida 1400 NW 54th St Suite A MIAMI,FL 33142	26-3727540	501(C)(3)	40,900				Equip a larger clubhouse facility with computers a

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

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Kristi House Inc 1265 NW 12th Avenue MIAMI, FL 33136	65-0576650	501(C)(3)	25,000				Support a program for sexually exploited girls

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

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Liga contra el Cancer (La Liga) 2180 Sw 12 Avenue MIAMI, FL 33129	59-1629554	501(C)(3)	20,000				Free Diagnostic Mammogram Screening and cancer awa

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

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Little Havana Activities and Nutrition Centers 700 SW 8th Street MIAMI, FL 33130	23-7378008	501(C)(3)	15,000				Stanford Self-Management Program - Year 6

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

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Luz Del Mundo - Light of the World Clinic 806 E Prospect Road OAKLAND PARK, FL 33334	65-0266070	501(C)(3)	22,175				Medical equipment for testing, diagnosis and treat

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Memorial Foundation Inc 3711 Garfield Street HOLLYWOOD, FL 33021	59-2082218	501(C)(3)	70,000				Increase Capacity to Offer Dialectical Behavioral

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

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Miami Beach Community Health Center 11645 Biscayne Boulevard Suite 207 NORTH MIAMI,FL 33181	59-1829984	501(C)(3)	161,396				Establish additional primary care examination room

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

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Miami Beach Education Foundation Inc 1920 Meridian Avenue MIAMI BEACH, FL 33139	31-1735967	501(C)(3)	62,000				Provide basic health services to three schools in

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

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Miami Children's Initiative 5400 NW 22nd Avenue 4th Floor MIAMI, FL 33142	27-5025010	501(C)(3)	25,000				Liberty City Community Collaborative for Change

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Miami Coalition For The Homeless 140 West Flagler Street Ste 105 MIAMI, FL 33130	59-2521237	501(C)(3)	20,000				Updated health assessment on persons experiencing

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Miami Downtown Development Authority 200 S Biscayne Boulevard Suite 29 MIAMI,FL 33131	59-1154607	501(C)(3)	25,000				Measuring the Success of Downtown Bicycle & Pedest

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Miami Lighthouse for the Blind and Visually Impair 601 Southwest 8th Avenue MIAMI,FL 33130	59-0637847	501(C)(3)	9,000				Support the delivery of eye wellness services to c

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

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Miami Lighthouse for the Blind and Visually Impair 601 Southwest 8th Avenue MIAMI, FL 33130	59-0637847	501(C)(3)	20,000				Increasing Voucher Utilization at local Optometris

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

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Miami-Dade College 950 NW 20th Street Room 1355-10 MIAMI, FL 33127	59-6169745	501(C)(3)	25,000				Nursing Scholarship 2013-2014

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Miami-Dade County Health Department 8600 NW 17 Street Suite 200 MIAMI, FL 33126	59-3502843	501(C)(3)	10,000				Consortium for a Healthier Miami-Dade Support Fund

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

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Miami-Dade County Health Department 8600 NW 17 Street Suite 200 MIAMI, FL 33126	59-3502843	501(C)(3)	55,000				Operate a mobile dental van that provides preventi

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

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Miami-Dade County Park & Recreation Dept 275 NW Second Street MIAMI, FL 33128	20-0924393	501(C)(3)	24,000				EnhanceFitness - Year 6

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

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Miami-Dade County Park & Recreation Dept 275 NW Second Street MIAMI, FL 33128	20-0924393	501(C)(3)	67,355				Miami-Dade Age Friendly Initiative

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Nova Southeastern University 3301 College Ave FORT LAUDERDALE, FL 33314	59-1083502	501(C)(3)	32,000				Document patient experience within patient center

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Opa-locka Community Development Corporation Inc 490 Opa-locka Blvd Suite 20 OPA LOCKA, FL 33054	59-2106635	501(C)(3)	25,000				Opa-locka Healthy Community Partnership Initiative

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

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Psychosocial Rehabilitation Center Inc 5711 South Dixie Highway SOUTH MIAMI,FL 33143	59-1466709	501(C)(3)	50,000				Renovate and purchase equipment for a commercial-s

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

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Public Health TrustJackson Health System (PHTJHS 1500 NW 12th Avenue - Suite 803 Eas MIAMI,FL 33136	59-1713947	501(C)(3)	10,000				Colorectal Screening Program FIT Implementation

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

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Quit Doc Research and Education Foundation 5944 Coral Ridge Drive 255 CORAL SPRINGS, FL 33076	20-5935069	501(C)(3)	40,000				Develop, implement, and staff an interactive video

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ReServe Elder Service Inc 211 West 14th Street 4th Floor NEW YORK, NY 10011	81-0665063	501(C)(3)	19,250				Community AGEnda - Pfizer Age-Friendly Employment

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

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Sant La Haitian Neighborhood Center 5000 Biscayne Blvd Suite 110 MIAMI,FL 33131	65-1080680	501(C)(3)	10,000				The Affordable Care Act and The Haitian Community

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

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South Florida Behavioral Health Network 7205 Corporate Center Drive Suite MIAMI, FL 33126	59-3380599	501(C)(3)	20,000				Develop recommendations related to the delivery of

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

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South Florida Hospital Research & Education Founda 1855 Griffin Road Suite A415 DANIA BEACH,FL 33004	59-0979494	501(C)(3)	30,000				Assist hospitals as they adopt baby-friendly best

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South Florida Jail Ministries Inc 22790 SW 112 Avenue MIAMI, FL 33170	59-2471230	501(C)(3)	75,000				Integrate a behavioral health Electronic Health Re

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

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Southeast OvertownPark West Community Redevelopme 1490 NW 3rd Avenue Ste 105 MIAMI,FL 33136	65-0005383	501(C)(3)	10,000				Overtown Health Community Partnership

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

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Star of the Sea Foundation Inc 5640 Maloney Ave KEY WEST, FL 33040	30-0496670	501(C)(3)	25,000				Monroe County Healthy Produce and Proteins Food Re

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

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Starting Place 351 N State Road 7 Suite 200 PLANTATION, FL 33317	23-7047895	501(C)(3)	90,000				Purchase, modify, and install an Electronic Health

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

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Switchboard of Miami Inc 190 NE 3rd Street MIAMI, FL 33132	59-1348970	501(C)(3)	60,000				Manage a data base of 5,000 social services and pr

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

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The Coordinating Council of Broward 1300 S Andrews Avenue FORT LAUDERDALE, FL 33316	65-0613528	501(C)(3)	10,000				Common Eligibility Software

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The Food Trust 1617 John F Kennedy Blvd Ste 90 PHILDELPHIA, PA 19103	23-2678383	501(C)(3)	25,000				FI Partnership for Healthy People-Healthy Places

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The Miami Coalition for a Safe & Drug Free Community PO Box 1234 South Dixie Hwy 348 CORAL GABLES, FL 33146	65-0078686	501(C)(3)	123,450				Implement a substance abuse screening, referral an

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

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The Miami Foundation Inc 200 South Biscayne Boulevard MIAMI, FL 33131	65-0350357	501(C)(3)	30,000				Public Space Challenge

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Nemours Foundation 1600 Rockland Road WILMINGTON, DE 19803	59-0634433	501(C)(3)	20,000				Florida Partnership for Healthy People-Healthy Pla

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trust for Public Land 7900 Red Road Suite 26 SOUTH MIAMI, FL 33143	23-7222333	501(C)(3)	160,000				Design and install four Fitness Zones

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Broward County Commission on Substan 1300 South Andrews Avenue FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	20,000				Offer prevention and/or early intervention assista

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Miami-Dade County 3250 SW Third Avenue MIAMI, FL 33129	59-0830840	501(C)(3)	17,500				Community AGEnda - Miami-Dade Age Friendly Initiat

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 Miami PO Box 405803 ATLANTA,GA 30384	59-0624458	501(C)(3)	12,500				Veteran's Medical-Legal Outreach

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 South Florida Foundation Inc 4202 East Fowler Avenue TVB100 TAMPA, FL 33620	59-0879015	501(C)(3)	20,000				Health News Florida - Journalism for a Healthy Sta

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Health Partnerships Inc 425 NE 22nd Street Suite 401 MIAMI, FL 33173	45-3332540	501(C)(3)	33,875				Community AGEnda - Miami-Dade Age Friendly Initiat

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
WeCare of South Dade Inc PO Box 343547 FLORIDA CITY,FL 33034	14-1885180	501(C)(3)	12,000				Technology Support

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
Womankind Inc 1511 Truman Avenue KEY WEST, FL 33040	65-1003208	501(C)(3)	30,180				Establish a colorectal cancer screening and tracki

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE,FL 33316	59-0624463	501(C)(3)	38,500				Offer Stanford Self-Management Program/Matter of B

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE, FL 33316	59-0624463	501(C)(3)	115,000				Offer EnhanceFitness - Year 6

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Broward County Inc 900 SE 3rd Ave FORT LAUDERDALE,FL 33316	59-0624463	501(C)(3)	74,700				Incorporate community assessment and community pla

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Greater Miami 730 NW 107th Avenue Suite 200 MIAMI, FL 33172	59-0624464	501(C)(3)	20,000				Enhance Fitness classes

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Greater Miami 730 NW 107th Avenue Suite 200 MIAMI, FL 33172	59-0624464	501(C)(3)	29,934				Stanford Self-Management Program for Seniors

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth LEAD a fiscal sponsorship fund of the M 220 Biscayne Blvd Suite 505 MIAMI, FL 33131	65-0350357	501(C)(3)	10,400				Increase access to healthy foods in Miami-Dade Cou

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA of Greater Miami 351 NW 5 Street MIAMI, FL 33128	59-0624450	501(C)(3)	50,000				Increase access to breast and cervical cancer scre

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 directors, trustees, officers, including 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	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)	0	0	0	0	0	0	0
	(ii)	252,277	0	0	23,000	59,041	334,318	0
(2)KATHY ANTIEAU CFO/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	127,464	0	0	13,010	36,823	177,297	0
(3)PETER WOOD VICE PRESIDENT PROGRAMS	(i)	0	0	0	0	0	0	0
	(ii)	148,343	0	0	7,800	37,945	194,088	0

Part III **Supplemental Information**

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

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number

65-0005383

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLAINE OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS BEFORE A NEW MEMBER IS VOTED ONTO THE BOARD, THEIR INDEPENDENCE IS RE VIEWED
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMETNS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HFSF GRANTS MANAGEMENT INC

Employer identification number
65-0005383

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTH FOUNDATION OF SOUTH FLORIDA INC	C	518,074	GRANT RECEIVED

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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