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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Form 990-PF

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

CHFDN_

For	cale	ndar year 2016 or tax year beginning		, and ending	" "	
Na	me_o	foundation			A Employer identification	n number
		SUMER HEALTH FOUNDATION and street (or P O box number if mail is not delivered to street			53-0078064	1
		0 16TH STREET, NW	address)	Room/suite	B Telephone number 202 – 939 – 33	200
_		own, state or province, country, and ZIP or foreign p	and and and a	710		
		HINGTON, DC 20036	iostai code		C if exemption application is p	pending, check here
		call that apply. Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	c chack here
_		Final return	Amended return	office public charity	1. Foreign organization	S, CHECK HEIE
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H (Check	type of organization: X Section 501(c)(3) ex		 	E If private foundation sta	
	_ s∈		Other taxable private founda	ation	under section 507(b)(1	
1 F	air m	arket value of all assets at end of year J Account	ng method: Cash	X Accrual	F If the foundation is in a	
			ther (specify)		under section 507(b)(1	
	-\$	23, 262, 680. (Part I, colu	mn (d) must be on cash l	basis)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Į	_ 1	Contributions, gifts, grants, etc., received	230,650.		N/A	
Č	⊃ 2	Check If the foundation is not required to attach Sch. B				
0	3	Interest on savings and temporary cash investments				
F	, 4	Dividends and interest from securities	318,482.	318,482.		STATEMENT 1
}	5a	Gross rents				
0	0	Net rental income or (loss)	1204 675			- VA
ρĐ	l b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 8,097,223.	<384,675.	<u> </u>	REC	EIVED
Į,	,"	assets on line 6a 0, 0 7 / , 2 2 3 • Capital gain net income (from Part IV, line 2)		0.	8 00-	18
Ę.	8	Net short-term capital gain		0.	a oct	7 2017 8
Z	9	Income modifications		· ···	-	2
SCAN REVENUE OCT	10a	Gross sales less returns and allowances			OGD	EN, UT
(I)	Ь	Less Cost of goods sold				
	С	Gross profit or (loss)			,	
	11	Other income	51,080.	49,393.		STATEMENT 2
	12	Total. Add lines 1 through 11	215,537.	367,875.		
	13	Compensation of officers, directors, trustees, etc	185,021.	5,365.		179,656.
	14	Other employee salaries and wages	318,299.	0.		318,299.
S	15	Pension plans, employee benefits Legal fees STMT 3	133,282. 8,143.	0.		133,739.
penses		Accounting fees STMT 4	28,160.	6,195.		8,143. 9,868.
ž		Other professional fees STMT 5	309,250.	175,237.		124,275.
Ve			303,2300	273,237.		124,275
Operating and Administrative Ex	18	Taxes STMT 6	62,092.	18,029.		0.
nist	19	Depreciation and depletion	1,718.	0.		,
Ē	20	Occupancy	163,834.	0.		163,834.
¥Κ	21	Travel, conferences, and meetings	27,975.	0.		27,922.
auc	22	Printing and publications	1,500.	0.		1,500.
ing	23	Other expenses STMT 7	426,736.	0.		424,772.
erat	24	Total operating and administrative	1 666 010	204 026		1 202 000
ŏ	0E	expenses. Add lines 13 through 23	1,666,010.	204,826.		1,392,008.
		Contributions, gifts, grants paid	1,119,152.	~		1,117,152.
	20	Total expenses and disbursements. Add lines 24 and 25	2,785,162.	204,826.		2,509,160.
_	27		2,,03,102,	204,020.		2,309,100.
		Excess of revenue over expenses and disbursements	<2,569,625.	>		!
i		Net investment income (if negative, enter -0-)		163,049.		
		Adjusted net income (if negative, enter -0-)			N/A	
62350	1 11	-23-16 LHA For Paperwork Reduction Act Notice	, see instructions.		1-05	Form 990-PF (2016)

For	orm 990-PF (2016) CONSUMER HEALTH FOUNDATION 53-0078064 Beginning of year End of year				
P	art.	Balance Sheets Attached schedules and amounts in the description	, ,		
느		cotumn should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,372,657.	854,934.	854,934.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶	and the same of th		
	4	Pledges receivable ▶			1
		Less, allowance for doubtful accounts ▶			
	5	Grants receivable	32,504.	24,381.	24,381.
		Receivables due from officers, directors, trustees, and other			,
		disqualified persons			
	7	Other notes and loans receivable			
	•	Less; allowance for doubtful accounts			
	۰				
Assets	i _	Inventories for sale or use	61,713.	21,300.	21,300.
Ass	9	Prepaid expenses and deferred charges	01,713.	21,300.	21,300.
7		Investments - U.S. and state government obligations	11,562,730.	11 152 602	11,152,602.
		Investments - corporate stock STMT 8		11,152,602.	2 520 013
	C	Investments - corporate bonds STMT 9	0.	2,530,913.	2,530,913.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	11,365,477.	8,678,550.	8,678,550.
	14	Land, buildings, and equipment: basis ► 199,057.			
		Less accumulated depreciation 199,057.	1,718.	0.	0.
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	24,396,799.	23,262,680.	23,262,680.
	17	Accounts payable and accrued expenses	72,196.	54,780.	• 1
	18	Grants payable		2,000.	
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· · -]
ab.	21	Mortgages and other notes payable			}
=	22	Other liabilities (describe STATEMENT 11)	56,435.	90,745.	
		· · · · · · · · · · · · · · · · · · ·			
	23	Total liabilities (add lines 17 through 22)	128,631.	147,525.	1
		Foundations that follow SFAS 117, check here		·	Í
		and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted	24,195,750.	23,020,472.	1
au	25	Temporarily restricted	72,418.	94,683.]
Ba		Permanently restricted			1
<u>n</u>		Foundations that do not follow SFAS 117, check here			1
Ē		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds			
Set	28	Paid-in or capital surplus, or land, bldg., and equipment fund]
Ass	29	Retained earnings, accumulated income, endowment, or other funds			1
Net Assets or Fund Bala	30	Total net assets or fund balances	24,268,168.	23,115,155.	l i
~					!
	31	Total liabilities and net assets/fund balances	24,396,799.	23,262,680.	
P	art				
_		· · · · · · · · · · · · · · · · · · ·			T
		net assets or fund balances at beginning of year - Part II, column (a), line	30 ,		24 260 160
	•	at agree with end-of-year figure reported on prior year's return)		11	24,268,168.
-		amount from Part I, line 27a	03 TM 0M TMT	2	<2,569,625.>
		r increases not included in line 2 (itemize) UNREALIZED (GAIN ON INVES!		1,416,612.
		ines 1, 2, and 3		4	23,115,155.
-		eases not included in line 2 (itemize)		5	72 115 155
6	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	23,115,155.

(a) List and desc	ribe the kind(s) of property sold	(e.g., real estate,	Income	<u> (6)</u> i	low acquired - Purchase	(c) Date		(d) Date sold
1a PUBLICLY TRADE	rehouse; or common stock, 200	J SRS. MLG GO.)		<u>D</u>	- Donation P	(mo., d	ay, yr.)	(mo., day, yr.)
b	D SECURITIES			┼─				
<u>c</u>				+				
d				†	-	•	_	
<u>e</u>								
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale						ain or (loss (f) minus	(g)	
a 8,097,223.			8,481,89	8.				<384,675.
b								
<u>c</u>				\longrightarrow		.		
<u>d</u>								
Complete only for assets showing	g gain in column (h) and owned	L by the foundation	on 12/31/69			(I) Gains (C	ol (h) nam	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any			òl. (k), but r		n -0-) or
a		 	· · · · · · · · · · · · · · · · · · ·					<384,675.
b		- 		\dashv				
С			·-					
d								
е								
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} \text{If gain, also e} \\ \text{If (loss), ente} \end{cases} $	enter in Part I, line er -0- in Part I, line	7 7	}[2			<384,675.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5	5) and (6).		[]				
If gain, also enter in Part I, line 8,	column (c).	,		- 11			/-	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e)	for Boducod	Tay on Not		3		N/A	
Was the foundation liable for the sect If "Yes," the foundation does not qual 1 Enter the appropriate amount in e	ify under section 4940(e). Do no	ot complete this pa	rt.					Yes X No
(a) Base period years Calendar year (or tax year beginnin	(b)			(c)	itable-use asset	s	Distrit	(d) oution ratio vided by col. (c))
2015	·9 ···/	497,663.			,219,59		(001: (0) 01:	.103126
2014								.091187
2013		002,320.	-		,383,17			.113797
2012		307,606.			, 267, 67			.121301
2011	3,9	98 <u>0,237.</u>		29	<u>,447,74</u>	2.		.135163
, , ,						2		.564574
3 Average distribution ratio for the 5 the foundation has been in exister	•	otal on line 2 by 5,	or by the number	of yea	ars	3		.112915
4 Enter the net value of noncharitab	le-use assets for 2016 from Part	t X, line 5				4	2	3,407,557.
						5		2,643,064.
5 Multiply line 4 by line 3								
,	e (1% of Part I, line 27b)					6		1,630.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)							1,630. 2,644,694.
 Multiply line 4 by line 3 Enter 1% of net investment incom Add lines 5 and 6 Enter qualifying distributions from 	,					6		1,630. 2,644,694. 2,509,160.
2014 2013 2012 2011 2 Total of line 1, column (d) 3 Average distribution ratio for the 5	3 , 0 3 , 3 3 , 5 5-year base period - divide the to	479,192. 002,320. 307,606. 980,237.	or by the number	27 26 27 29	,188,06; ,383,17; ,267,67; ,447,74	9. 7. 3. 2. 2 3		.09113 .11373 .12136 .13516 .5645 .11293

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(e), or 4948 - see Instructions	Form 990-PF (2016) CONSUMER HEALTH FOUNDATION		<u> 53-0078</u>			Page 4
1a Exempt operating foundations described in section 4940(U/R), neck here	Part VI Excise Tax Based on Investment Income (Section 4940	0(a), 4940(b), 4940(e), or	4948 - see	instr	uctio	ns)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	Date of ruling or determination letter: (attach copy of letter if nece	essary-see instructions)				
a All other domestic foundations enter 2% of line 27b, Exempt foreign organizations enter 4% of Part I, line 12, cot. (b). 2 Tax under section \$11 (domestic section 4947(a)(1) trusts and baxable foundations only, Others enter -0-) 3 Add lines 1 and 2 4 Subtible A (income) bit (domestic section 4947(a)(1) trusts and baxable foundations only, Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zor or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zor or less, enter -0- 5 Credis/Payments: 2 2016 estimated bit as payments and 2015 overpayment credited to 2016 5 Exempt foreign organizations - tax withheld at source 6 Cata paid with application for extension of time to file (Form 8868) 6 Exiter any pentil for underpayment of estimated tax. Check here	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		3,2	61
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Substite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment lincome. Subtract line 4 from line 3. If zero or less, enter -0- 5 Texphospherits: 2 2016 estimated tax payments and 2015 overpayment credited to 2016 5 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Section of the se	of Part I, line 27b					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Substite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment lincome. Subtract line 4 from line 3. If zero or less, enter -0- 5 Texphospherits: 2 2016 estimated tax payments and 2015 overpayment credited to 2016 5 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Section of the se	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).				
4 Subtile A (income) bax (domestic section 4947(a)(1) frusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income, Subtract line 4 from line 3. if zero or less, enter -0- 6 Credits/Payments: a 2016 stammated bay payments and 2015 overpayment credited to 2016 6 Exempt foreign organizations - bax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Expent foreign organizations - bax withheld at source 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners enter -0-)	2			Õ.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 6 Credits-Pyments; a 2016 estimated tax payments and 2015 overpayment creditod to 2016 b Exempt foreign organizations - Tax withhold at Source 6 Tax paid with application for extension of time to lite (Form 8868) 6 Bedup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Eciter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached 8 Eciter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Total credits and payments. Add lines 6a through 6d 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Total credits and payments. Here 7 is more than line 7, enter amount owed 10 Total credits and 10 to be: Credited to 2017 estimated tax ► 3, 271. Refunded ► 10 to 2, 271. Refunded ►	3 Add lines 1 and 2		3	-	3,2	61.
6 Credit/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt Incregin organizations - tax withheld at source c Tax pad with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 60 8 Enter any penalty for underpayment of estimated tax. Check here	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oti	hers enter -0-)	4			0.
a 2016 astimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - Tax withheld at source 1 Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6 Total credits and payments. Add ines 6a through 6d 7 Total credits and payments. Add ines 6a through 6d 7 Total credits and payments. Add ines 6a through 6d 8 Enter may penalty for underpayment of estimated tax. Check here \(\bar{X} \) if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than in the 7 cities amount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the mount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the mount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to be; Credited to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to the credits to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to the credits to 2017 estimated tax \(\bar{X} \) in the credit tax of the meanount of line 10 to the credits to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to the credits to 2017 estimated tax \(\bar{X} \) in the meanount of line 10 to the credits to 2017 estimated tax \(\bar{X} \) in the meanount of line to the credits to 2017 estimated tax \(\bar{X} \) in the credits to 2018 expenditures (section 4955) imposed d	5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		3,2	61.
b Exempt foreign organizations - tax withhelid at source C Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 6d 8 Refler any penalty for undergrayment of estimated tax. Check here X if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line? I's more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line? I's more than line 7, enter amount owed 11 Enter the amount of time 10 to be: Credited to 2017 settimated tax. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than 5100 during the year (either directly or indirectly) for political purposes (see instructions for the defination)? 1the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 Did the foundation in Form 1120-POL for this year? 1 On the foundation, ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . 2 Has the foundation made any changes, not previously their foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . 2 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 1 If Yes, "attach the statement required by General Instruction T 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part III, col (c), and Part XV 7 X 8 Enter the states to which the loundation furnished a copy of f	6 Credits/Payments:					
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of stimated tax. Check here [X] if Form 2220 is attached 9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2017 estimated tax ► 3, 271. Refunded ► 11 11 Part VII-A Statements Regarding Activities 12 During the tax year, did the foundation attempt to influence any nationals, state, or local legislation or did it participate or intervene in any political campaign? 15 During the tax year, did the foundation attempt to influence any nationals, state, or local legislation or did it participate or intervene in any political campaign? 16 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the answer is *Yes** to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 16 Did it spending the year (any) of tax on political expenditures (section 4955) imposed during the year 16 Enter the emotint (fany) by a by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 10. 15 Enter the rembursement (if any) by and by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 16 Line the immunity of tax on political expenditures (section 4955) imposed during the year? 16 Line the immunity of tax on political expenditures (section 4955) imposed during the year? 17 Yes, * attach defauled description of the activities 18 Line the immunity of the activities 19 Line the immunity of the activities of in	a 2016 estimated tax payments and 2015 overpayment credited to 2016	6,532	.			
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment if the 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 3, 271. Refunded ▶ 11 12 Part VII-A Statements Regarding Activities 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 16 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and advises. 16 Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 17 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities of the activities of the interview of the activities of th	b Exempt foreign organizations - tax withheld at source	6b	1			
7 6,53. 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax 3 , 271 Refunded 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 16 If the answer is "Yes" to 1 a or 15, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1b Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for the definition)? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 1c Did the foundation file Form 1120-PDL for this year? 2 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . 2 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . 3 Has the foundation made any changes, not previously reported to the IRS; in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 509(c) (relating to sections 4941 through 4945) satisfied either: 8 yanguage in	c Tax paid with application for extension of time to file (Form 8868)	6c	1			
8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2017 estimated tax ▶ 3, 271. Refunded ▶ 11 12 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1f the answer is 'Yes' to 1e or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1c Did the foundation file Form 1120-PDL for this year? 1d Enter the emount (if any) of tax on political expenditures (section 4955) imposed during the year: 1d On the foundation in Form 1120-PDL for this year? 2d Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 (2) On foundation managers. ▶ \$ 0. 2 (3) On the foundation managers. ▶ \$ 0. 4 (4) On the found	d Backup withholding erroneously withheld	6d	1 !			
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bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered (see instructions) DC b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 12 8b 2 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 2 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	3 Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument, articles of incorporation,	or			
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5 X Yes, " attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered (see instructions) DC b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			N/A	4b		
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7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) DC b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 12 8b X 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X					$\bar{\mathbf{x}}^-$	
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year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X				55		 -
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X			vai	'		X
						X
Form 990-PF (20	Tes, attach a schedule	names and addresses	Ea)-DE	

	990-PF (2016) CONSUMER HEALTH FOUNDATION 53-007	8064		Page 5
Рε	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► WWW.CONSUMERHEALTHFDN.ORG			
14	The books are in care of ► KRISTEN CONTE Telephone no. ► 202-9	<u> 39 – 3</u>	390	
	Located at ► 1400 16TH STREET, NW, SUITE 710, WASHINGTON, DC ZIP+4 ►2	<u>0036</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
_	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		r: -	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):			;
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			'
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?		i	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			į į
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		-	X
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	├	
	Organizations relying on a current notice regarding disaster assistance check here			,
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1c	~	X
	before the first day of the tax year beginning in 2016?	16		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1	
	defined in section 4942(j)(3) or 4942(j)(5)); LAt the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	1
ě				l i
	before 2016? LYes L&No If "Yes," list the years ▶ , , , ,			
,	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	20	-	
,	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		 	
•	The provisions of section 43-22(a)(2) are being applied to any of the years listed in 24, list the years note.			}
3:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
٠.	during the year?			1
ł	of Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b		'
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		Ī	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
_		orm 99	0-PF	(2016)

Form 990-PF (2016) CONSUMER HEALTH FOUNDATI			53-00780	64 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		
any voter registration drive?			es X No	,
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		es X No	1
(4) Provide a grant to an organization other than a charitable, etc., organization				1
4945(d)(4)(A)? (see instructions)	ii described iii section		es X No	
, , , , , , , , , , , , , , , , , , , ,			ES LAS INU	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		(TZ)	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	/-	- !
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned		
expenditure responsibility for the grant?	N	/A 🔲 Y	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal henefit contract?			6b X
If "Yes" to 6b, file Form 8870	or some bonom contract.		H	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shalter transaction?		es X No	
		11		, -
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation About Officers. Directors. Trust		nanana Himbi		7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation ma	nagers, rugni	У	
List all officers, directors, trustees, foundation managers and their				
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contabutana ta	(-) Evpapa
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(4)	to position	`enter -0-)	compensation	allowances
				_
SEE STATEMENT 13		185,021.	34,571.	0.
	1			
				
				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
2 Compensation of live highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deterred	account, other
	devoted to position		compensation	<u>allowances</u>
	DIRECTOR OF F			
NW, STE 710, WASHINGTON, DC 20036	35.00	130,408.	16,612.	0.
EDNA PUGEDA - 1400 16TH STREET, NW,	SR. PROGRAM O	FFICER		
STE 710, WASHINGTON, DC 20036	35.00	93,856.	22,597.	0.
SHARON ZALEWSKI - 1400 16TH STREET,	RPCC DIRECTOR			
NW, STE 710, WASHINGTON, DC 20036	35.00	86,558.	28,393.	0.
	EXEC, ASSISTA			
NW, STE 710, WASHINGTON, DC 20036	35.00	72,433.	15,857.	0.
	EXEC, ASSISTA		13,037.	
STE 710, WASHINGTON, DC 20036			6 042	0.
	35.00	50,401.	6,942.	
Total number of other employees paid over \$50,000			<u> </u>	000 BE (0040)
			F	

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıon	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	22,298,354.
b	Average of monthly cash balances	1b	1,246,913.
C	Fair market value of all other assets	1c	218,750.
d	Total (add lines 1a, b, and c)	1d	23,764,017.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	23,764,017.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	356,460.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23,407,557.
6	Minimum investment return. Enter 5% of line 5	6	1,170,378.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certair	1
1	Minimum investment return from Part X, line 6	1	1,170,378.
2a	Tax on investment income for 2016 from Part VI, line 5 2a 3, 261.		**
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	3,261.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,167,117.
4	Recoveries of amounts treated as qualifying distributions	4	753,848.
5	Add lines 3 and 4	5	1,920,965.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,920,965.
P:	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 _{1a}	2,509,160.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	—
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,509,160.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,509,160.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	00.525	100.0 \$1.0.0 to 20.0	2010	
line 7		· · · · · · · · · · · · · · · · · · ·		1,920,965.
2 Undistributed income, if any, as of the end of 2016			O.	
a Enter amount for 2015 only b Total for prior years:		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
b rotation prior years.		0.		
3 Excess distributions carryover, if any, to 2016:				
aFrom 2011 2,522,284.				
b From 2012 1,965,798.				
cFrom 2013 1,715,801.				
dFrom 2014 1,199,880.				
eFrom 2015 523, 275.				}
f Total of lines 3a through e	7,927,038.			
4 Qualifying distributions for 2016 from				
Part XII, line 4. ►\$ 2,509,160.			0.	
a Applied to 2015, but not more than line 2a	<u> </u>		0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount			——————————————————————————————————————	1,920,965.
e Remaining amount distributed out of corpus	588,195.	······································		<u> </u>
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			`	
6 Enter the net total of each column as indicated below;				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,515,233.			· · · · · · · · · · · · · · · · · · ·
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				į
the section 4942(a) tax has been previously		0.		
assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			•	
section 170(b)(1)(F) or 4942(g)(3) (Election	_ 1			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	2 522 204			
not applied on line 5 or line 7	2,522,284.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	5,992,949.			
10 Analysis of line 9:	3,334,343.			
a Excess from 2012 1,965,798.				
b Excess from 2013 1,715,801.				
c Excess from 2014 1,199,880.				
d Excess from 2015 523, 275.	}			
e Excess from 2016 588,195.		<u></u>		
				5 . 000 DE (0040)

623581 11-23-16

Fart AV Supplementary information					
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution		Amount
a Paid during the year	or substantial contributor	recipient	 		
a Paid duning the year				[
				Ì	
SEE ATTACHED LISTING]	GENERAL OPERATIONS	·	1,117,152.
					1,117,132.
		1	ľ		
					
	,				
	}			ł	
		1]	
	1			1	
		1		ĺ	
]			
			<u> </u>		
Total	.,		<u> </u>	- 3a	1,117,152.
b Approved for future payment					
		}			
MANY LANGUAGES ONE VOICE	NONE	501C3	GENERAL MISSION		
3167 MOUNT PLEASANT STREET NW				İ	
WASHINGTON, DC 20010			<u></u>		2,000.
				1	
		1			
		<u> </u>	<u> </u>		
	1	1	1		
				`]	
	J	J			
Total	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	> 3b	2,000.

Part XVI-A	Analysi	s of Incom	e-Producing	Activities

Inter gross amounts unless otherwise indicated.	Unrelate	ed business income		led by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue.	Business code	Amount	sion code	Amount	function income
a					
b	-			-	
c				·	
d	-				
e					
f					
Fees and contracts from government agencies	_				
2 Membership dues and assessments	` '				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	318,482.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property				***	
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	<384,675.	>
9 Net income or (loss) from special events				<u> </u>	
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a SUBLEASE INCOME			16	50,673.	
b MISCELLANEOUS INCOME			01	407.	
C	_				
d					
e					
2 Subtotal. Add columns (b), (d), and (e)			0.	<15,113.	> (
3 Total. Add line 12, columns (b), (d), and (e)				13	<15,113
See worksheet in line 13 instructions to verify calculations.)			_	<u>-</u>

	Part XVI-B	Relationship of	Activities to the	Accomplishment of	of Exempt Purposes
--	------------	-----------------	-------------------	-------------------	--------------------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI	Information Regarding Transfers To Exempt Organizations	and Transactions ar	nd Relationships With Noncha	ritable	
1 Did the	organization directly or indirectly engage in any of the following	ing with any other organization	described in section 501(c) of	7-7	Yes No
	e (other than section 501(c)(3) organizations) or in section 5		• •	1 1	
	rs from the reporting foundation to a noncharitable exempt o		actions,		1
(1) Cas		· garraman or.		1a(1)	x
	er assets		•	1a(2)	$-\frac{1}{x}$
	ansactions:			1.0(2)	- -
				15/1	x
	es of assets to a noncharitable exempt organization			1b(1)	$\frac{x}{x}$
	chases of assets from a noncharitable exempt organization			1b(2)	
	ital of facilities, equipment, or other assets	•		1b(3)	X
	mbursement arrangements			1b(4)	X
	ans or loan guarantees			1b(5)	X
(6) Per	formance of services or membership or fundraising solicitat	ions _		1b(6)	X
c Sharing	of facilities, equipment, mailing lists, other assets, or paid er	nployees	• -	1c	X
	swer to any of the above is "Yes," complete the following sch				ets,
or servi	ces given by the reporting foundation. If the foundation recei	ved less than fair market value	in any transaction or sharing arrangement, s	show in	
column	(d) the value of the goods, other assets, or services received				
(a)Line no	(b) Amount involved (c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, and	sharing arra	ingements
	N/A				
					
				~	
					
					
					
	··	··· ·			
		 			
					
			<u></u>		
					_
2a is the fo	undation directly or indirectly affiliated with, or related to, on	e or more tax-exempt organiza	ations described		
	n 501(c) of the Code (other than section 501(c)(3)) or in sec			Yes	X No
	complete the following schedule.	• •			
	(a) Name of organization	(b) Type of organization	(c) Description of relations	hip	
	N/A				
		 			
		 			
		 			
					
Lund	or consistent of portion. I dealers that I have examined the vature unalled	una nocempanyuna och ed des end ed	totaments and to the heat of multipolitical		
اممط	er penalties of perjury, I declare that I have examined this return, includ belief, it is true, correct, wild complete. Declaration of properer (other th		transat ubioh nasawar han anu knoudadoo Ma	y the IRS di um with the	scuss this
Sign Here		1	sho) woled <u>nwo</u>	see instr)?
\ Z	19 edwood	10/10/11		X Yes	L No
Sı	gnature of officer/or #fustee	Date '	Title		
	Print/Type preparer's name Preparer's	signature	Date Check if PTIN		
_	/ r .		self- employed		
Paid	FRANK H. SMITH	_ H. muth_ 1		06390	
Prepare	initionante Para Lary Look		Firm's EIN ▶ 52-1	5112	7 5
Use Only	/				
	Firm's address ▶ 1899 L STREET, NV	V, SUITE 900			
	WASHINGTON, DC 20		Phone no. (301)	770	-3750
			[1 Holle Ho. \301)		DE (2016)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

CONSUMER HEALTH FOUNDATION

Employer identification number

Organiz	ation type (check o	ne)
Filers o	f:	Section:
Form 99	00 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	00-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions
Special	Rules	
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ir, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals Complete Parts I, II, and III
	year, contributions is checked, enter h purpose Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mi	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990·EZ, or 990·PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990·EZ or on its Form 990·PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990·EZ, or 990·PF)

Name of organization

Employer identification number

CONSUMER HEALTH FOUNDATION

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EUGENE & AGNES E. MEYER FOUNDATION 1250 CONNECTICUT AVENUE, NW, SUITE 800 WASHINGTON, DC 20036	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HEALTHCARE INITIATIVE FOUNDATION 7910 WOODMONT AVENUE, SUITE 500 BETHESDA, MD 20814	\$17,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MORRIS & GWENDOLYN CAFRITZ FND. 1825 K ST., NW WASHINGTON, DC 20006	\$ <u>17,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NORTHERN VIRGINIA HEALTH FND. 1940 DUKE STREET, SUITE 200 ALEXANDRIA, VA 22314	\$ 32,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DC PRIMARY CARE ASSOCIATION 1620 I STREET, NW WASHINGTON, DC 20006	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	POTOMAC HEALTH FOUNDATION 2296 OPITZ BOULEVARD WOODBRIDGE, VA 22191	\$15,000.	Person X Payroll
CO24E2 10 10	10	Schodule B /Form	90 990-F7 or 990-PF\ (2016)

Employer identification number

CONSUMER HEALTH FOUNDATION

Part II	Noncash Property (See instructions) Use duplicate copies of Part	Il if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
623453 10-18	-16	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)

FORM 990-PF	DIVIDENDS	S AND IN	TERES	r from sect	JRITIES	STATEMENT
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	
INVESTMENTS	318,482	•	0.	318,482	318,482	2.
TO PART I, LINE 4	318,482		0.	318,482	318,482	2.
FORM 990-PF		OTHE	R INC	OME		STATEMENT 2
DESCRIPTION		•		(A) EVENUE R BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INVESTME SUBLEASE INCOME MISCELLANEOUS INCOME				0. 50,673. 407.	<1,687, 50,673, 407,	,
TOTAL TO FORM 990-PR	F, PART I,	LINE 11		51,080.	49,393	
FORM 990-PF		LE	GAL F	CES		STATEMENT 3
DESCRIPTION		(A) EXPENSE PER BOO		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI E PURPOSES
CHF LEGAL COUNSEL		8,1	43.	0.	,	8,143
TO FM 990-PF, PG 1,	LN 16A	8,1	43.	0.	,	8,143
FORM 990-PF		ACCOU	NTING	FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSE: PER BOOM		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING/AUDITING	FEES	28,1	60.	6,195.		9,868
TO FORM 990-PF, PG 1	L, LN 16B	28,1	50.	6,195.		9,868.

FORM 990-PF (OTHER PROFES	SIONAL FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES CONSULTANTS	175,237. 134,013.	175,237.		0. 124,275.
TO FORM 990-PF, PG 1, LN 16C	309,250.	175,237.		124,275.
FORM 990-PF	TAX	ES	S'	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES FOREIGN TAXES PAID	44,063. 18,029.	18,029.		0.
TO FORM 990-PF, PG 1, LN 18	62,092.	18,029.		0.
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES COMMUNITY OUTREACH FORUMS INSURANCE PROFESSIONAL DEVELOPMENT STORAGE PAYROLL FEES FOUNDATION MEMBERSHIPS CAPACITY-BUILDING SUPPORT COMMUNICATIONS MOVING EXPENSE TO FORM 990-PF, PG 1, LN 23	47,602. 201,052. 35. 8,542. 30,822. 2,072. 3,121. 33,654. 94,772. 4,315. 749.	0. 0. 0. 0. 0. 0. 0.		47,408. 205,356. 35. 8,542. 25,277. 2,072. 3,121. 33,125. 94,772. 4,315. 749.

DBL PARTNERS FUND FMV 279,354. 279,354. F&C FMV 1,039,953. 1,039,953. GOLDENTREE OFFSHORE F FUND FMV 44,156. 44,156. BOSTON COMM INT'L SOCIAL FUND FMV 1,544,985. 1,544,985.	FORM 990-PF	CORPORATE STOCK		STATEMENT 8
FOREIGN STOCKS HELD- RBC BOSTON TR & WALDEN FUNDS BOSTON TR & WALDEN FUNDS 1,119,567. 1,19,567. 1,19,567	DESCRIPTION		BOOK VALUE	
BOSTON TR & WALDEN FUNDS				
PAX WORLD GLOBAL TOTAL TO FORM 990-PF, PART II, LINE 10B 11,152,602. 11,152,602. 11,152,602. 11,152,602. 11,152,602. 11,152,602. 11,152,602. 11,152,602. TOTAL TO FORM 990-PF CORPORATE BONDS STATEMENT 9 DESCRIPTION DESCRIPTION DOMESTIC FIXED INCOME- RBC TOTAL TO FORM 990-PF, PART II, LINE 10C 2,530,913. 2,530,913. 2,530,913. 2,530,913. FORM 990-PF OTHER INVESTMENTS STATEMENT 10 VALUATION METHOD DESCRIPTION NOTE RECEIVABLE- NON PROFIT FINANCE FMV FUND TRG GROWTH PARTNERSHIP FMV 195,753. 195,753. 195,753. 17FF PARTNERS EQUITY PARTNERS 2011 FMV 381,484. 381,484. 381,484. GEMERATION IMF FMV 4,907,466. 4,907,466. DBL PARTNERS FUND FMV 4,907,466. 4,907,466. DBL PARTNERS FUND FMV 1,039,354. 279,354. 279,354. 279,354. 279,354. 279,355. EAL ESTATE INVESTMENT TRUST FMV 1,544,985. 1,544,985. 1,544,985. EAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.				
FORM 990-PF CORPORATE BONDS STATEMENT 9 DESCRIPTION BOOK VALUE DOMESTIC FIXED INCOME- RBC 2,530,913. 2,530,913. TOTAL TO FORM 990-PF, PART II, LINE 10C 2,530,913. 2,530,913. FORM 990-PF OTHER INVESTMENTS STATEMENT 10 DESCRIPTION METHOD BOOK VALUE NOTE RECEIVABLE- NON PROFIT FINANCE FMV VALUE NOTE RECEIVABLE- NON PROFIT FINANCE FMV 195,753. 195,7				
DESCRIPTION DOMESTIC FIXED INCOME- RBC DOMESTIC FIXED IN	TOTAL TO FORM 990-PF, PART II,	LINE 10B	11,152,602.	11,152,602.
DESCRIPTION DOMESTIC FIXED INCOME- RBC DOMESTIC FIXED IN		1-25-11-25-22-2-2-2-2-2-2-2-2-2-2-2-2-2-		
DESCRIPTION BOOK VALUE VALUE DOMESTIC FIXED INCOME- RBC 2,530,913. 2,530,913. TOTAL TO FORM 990-PF, PART II, LINE 10C 2,530,913. 2,530,913. FORM 990-PF OTHER INVESTMENTS STATEMENT 10 VALUATION METHOD BOOK VALUE VALUE NOTE RECEIVABLE- NON PROFIT FINANCE FMV FUND 0. 0. TRG GROWTH PARTNERSHIP FMV 195,753. 195,753. TIFF PARTNERS EQUITY PARTNERS 2011 FMV 381,484. 381,484. GENERATION IMF FMV 4,907,466. 4,	FORM 990-PF	CORPORATE BONDS		STATEMENT 9
TOTAL TO FORM 990-PF, PART II, LINE 10C 2,530,913. 2	DESCRIPTION		BOOK VALUE	
FORM 990-PF OTHER INVESTMENTS STATEMENT 10 VALUATION METHOD BOOK VALUE VALUE	DOMESTIC FIXED INCOME- RBC	•	2,530,913.	2,530,913.
VALUATION METHOD BOOK VALUE FAIR MARKET	TOTAL TO FORM 990-PF, PART II, 1	LINE 10C	2,530,913.	2,530,913.
DESCRIPTION METHOD BOOK VALUE VALUE NOTE RECEIVABLE- NON PROFIT FINANCE FUND 6. 0. 0. TRG GROWTH PARTNERSHIP TRIST 6. 0. <	FORM 990-PF (OTHER INVESTMENTS		STATEMENT 10
FUND 0. 0. TRG GROWTH PARTNERSHIP FMV 195,753. 195,753. TIFF PARTNERS EQUITY PARTNERS 2011 FMV 381,484. 381,484. GENERATION IMF FMV 4,907,466. 4,907,466. DBL PARTNERS FUND FMV 279,354. 279,354. F&C FMV 1,039,953. 1,039,953. GOLDENTREE OFFSHORE F FUND FMV 44,156. 44,156. BOSTON COMM INT'L SOCIAL FUND FMV 1,544,985. 1,544,985. REAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.	DESCRIPTION		BOOK VALUE	
TRG GROWTH PARTNERSHIP TIFF PARTNERS EQUITY PARTNERS 2011 GENERATION IMF DBL PARTNERS FUND FMV FMV 195,753. 381,484. 381,484. 381,484. 4,907,466. 4,907,466. 5MV 279,354. 279,354. 279,354. FMV 1,039,953. 1,039,953. GOLDENTREE OFFSHORE F FUND BOSTON COMM INT'L SOCIAL FUND FMV 1,544,985. 1,544,985. REAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.		ANCE FMV		
TIFF PARTNERS EQUITY PARTNERS 2011 FMV 381,484. 381,484. GENERATION IMF FMV 4,907,466. 4,907,466. DBL PARTNERS FUND FMV 279,354. 279,354. F&C FMV 1,039,953. 1,039,953. GOLDENTREE OFFSHORE F FUND FMV 44,156. 44,156. BOSTON COMM INT'L SOCIAL FUND FMV 1,544,985. 1,544,985. REAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.	·	FMV		
GENERATION IMF FMV 4,907,466. 4,907,466. 279,354. 279,354. 279,354. 279,354. 279,354. 1,039,953. 1,039,953. 1,039,953. 1,039,953. 1,039,953. 44,156. 44,156. 44,156. 44,156. 1,544,985. 1,544,985. 1,544,985. 1,544,985. 285,399. 285,399. 285,399.				
F&C FMV 1,039,953. 1,039,953. GOLDENTREE OFFSHORE F FUND FMV 44,156. 44,156. BOSTON COMM INT'L SOCIAL FUND FMV 1,544,985. 1,544,985. REAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.	GENERATION IMF			
GOLDENTREE OFFSHORE F FUND FMV 44,156. 44,156. BOSTON COMM INT'L SOCIAL FUND FMV 1,544,985. REAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.	DBL PARTNERS FUND			
BOSTON COMM INT'L SOCIAL FUND FMV 1,544,985. 1,544,985. REAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.				
REAL ESTATE INVESTMENT TRUST FMV 285,399. 285,399.				
TOTAL TO FORM 990-PF, PART II, LINE 13 8,678,550. 8,678,550.	REAL ESTATE INVESTMENT TRUST			
	TOTAL TO FORM 990-PF, PART II, I	LINE 13	8,678,550.	8,678,550.

FORM 990-PF OT	HER LIABILITIES		STAT	EMENT 11
DESCRIPTION		BOY AMOUNT	EOY	AMOUNT
DEFERRED LEASE INCENTIVE SECURITY DEPOSIT EXCISE TAX AND OTHER PAYABLE	-	45,09 7,08 4,25	0.	38,639. 5,797. 46,309.
TOTAL TO FORM 990-PF, PART II, LI	NE 22	56,43	5.	90,745.
FORM 990-PF EXPLANATION CONCER	NING PART VII-A,	LINE 8B	STAT	EMENT 12
EXPLANATION				
DISTRICT OF COLUMBIA DOES NOT REQ	UIRE A COPY OF T	HE FEDERAL T	'AX RETURI	٧.
	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
YANIQUE REDWOOD 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	PRESIDENT/CEO	185,021.	34,571.	0.
JACQUELYN L. LENDSEY 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	CHAIR 1.00	0.	0.	0.
ROBERTA MILMAN 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
DEBORAH SMITH 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	SECRETARY 1.00	0.	0.	0.
WENDY CHUN-HOON 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.

CONSUMER HEALTH FOUNDATION			53	-0078064
DAVID HARRINGTON 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
CHRISTOPHER J. KING 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
TONYA VIDAL-KINLOW 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
NAOMI MEZEY 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
DARAKSHAN RAJA 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
DAVID C. ROSE 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	VP/ASSIST. SECRET 1.00	PARY	0.	0.
SILVIA SALAZAR 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
ART STEVENS 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
AYDIN TUNCER 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	TREASURER/AUDIT C 1.00	HAIR 0.	0.	0.
ALAN REED WEIL 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
DAVID ZUCKERMAN 1400 16TH STREET, NW, STE 710 WASHINGTON, DC 20036	MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	185,021.	34,571.	.0.

Consumer Health Foundation Form 990-PF, Part XV- Grants Given Year ended December 31, 2016

Name	Address	Type of Award	Amount
Bread for the City	1525 Seventh Street, NW, Washington, DC		\$ 30,000.00
CASA of Maryland	20001 8151 15th Avenue, Langley Park, MD 20783		50,000 00
Commonwealth Institute for Fiscal Analysis	1329 East Cary Street, Suite 202, Richmond, VA 23219	Matching grant	35,000.00
Commonwealth Institute for Fiscal Analysis	1330 East Cary Street, Suite 202, Richmond, VA 23219	Small Grant	5,000.00
Community Catalyst	One Federal Street, Boston, MA 02110	Small Grant	3,000.00
D.C. Appleseed Center for Law and Justice	1111 14th Street, NW, Suite 510, Washington, DC 20005		40,000.00
D.C. Coalition on Long Term Care/IONA Senior Services	4125 Albemarle Street, NW, Washington, DC 20016		30,000.00
D.C. Employment Justice Center	1413 K St NW, Washington, DC 20005		25,000.00
D C. Fiscal Policy Institute/Center on Budget and Policy Priorities	Washington, DC 20002		35,000.00
D.C. Hunger Solutions/Food Research and Action Center	1200 18th Street NW, Suite 400, Washington, DC 20036		35,000.00
D.C. Primary Care Association	1620 I St. NW Suite 300, Washington, DC 20006		35,000.00
Fair Budget Coalition/Washington Legal Clinic for the Homeless	1419 V St. NW, Washington, DC 20009		35,000.00
Fair Budget Coalition/Washington Legal Clinic for the Homeless	1420 V St. NW, Washington, DC 20009	Small Grant	5,000 00
Empowered Women International	320 South Henry Street, Alexandria, VA 22314	•	25,000 00
Greater Washington Workforce Development Collaborative/Community Foundation for the National Capital Region	1201 15th Street, NW, Suite 420,		25,000.00
Impact Silver Spring	PO Box 8397, Silver Spring, MD 20907		40,000.00
Institute for Public Health Innovation	1301 Connecticut Avenue, NW, Suite 200, Washington, DC 20036		35,000.00
Jews United for Justice	1100 H St NW Suite 630, Washington, DC 20005		30,000.00
La Clinica del Pueblo	2831 15th Street, NW, Washington, DC 20009		35,000.00
Legal Aid Justice Center	1000 Preston Avenue, Suite A, Charlottesville, VA 22903		35,000.00
Legal Aid Society of the District of Columbia	1331 H Street, NW, Suite 350, Washington, DC 20005		30,000.00
Many Languages One Voice	3166 Mount Pleasant Street NW Washington DC 20010		15,000 00
Maryland Center on Economic Policy	1800 N. Charles Street, Suite 406, Baltimore, MD 21201		35,000.00
Maryland Citizens' Health Initiative Education Fund		Matching grant	30,000.00
Maryland Citizens' Health Initiative Education Fund		Small Grant	5,000.00

Maryland Hunger Solutions/Food Research and Action Center	711 W 40th St. Suite 360, Baltimore, MD 21211		30,000.00
Organizing Neighborhood Equity-DC	614 S. Street, NW, Washington, DC 20001		30,000.00
Organizing Neighborhood Equity-DC	614 S. Street, NW, Washington, DC 20001	Small Grant	5,000.00
Primary Care Coalition of Montgomery County	8757 Georgia Avenue, 10th Floor, Silver Spring, MD 20910		35,000.00
Primary Care Coalition of Montgomery County	8758 Georgia Avenue, 10th Floor, Silver Spring, MD 20910	Small Grant	5,000.00
Public Justice Center	One N Charles St, Suite 200, Baltimore, MD 21201		35,000.00
Restaurant Opportunities Center-DC	1100 Florida Avenue NW, Washington, DC 20009		30,000.00
Safe Places for the Advancement of Community and Equity/Tides Center	1536 U Street NW, Washington, DC 20009		40,000.00
So Others Might Eat	60 O St NW, Washington, DC 20001	Small Grant	5,000.00
Virginia Coalition of Latino Organizations/Virginia Organizing	P.O. Box 6120, Arlington, VA 22206		30,000.00
Virginia Consumer Voices for Healthcare/Virginia Interfaith Center for Public Policy	1716 East Franklin Street, Richmond, VA 23223		30,000 00
Virginia Interfaith Center for Public Policy	1716 East Franklin Street, Richmond, VA 23223		30,000.00
Voices for Virginia's Children	701 East Franklin Street, Suite 807, Richmond, VA 23219		40,000.00
Washington AIDS Partnership	1400 16th Street, NW, Suite 740, Washington, DC 20036		35,000.00
Washington AIDS Partnership	1401 16th Street, NW, Suite 740, Washington, DC 20036	Small Grant	3,000.00
Washington Interfaith Network	1226 Vermont Ave NW, Washington, DC 20005		30,000 00
Washington Regional Association of Grantmakers/Nonprofit Montgomery	12320 Parklawn Drive, Rockville, MD 20852	Small Grant	5,000.00
Returned of grant given from Direct Action			(3,848.23)
	Total Grants Given during the year		\$ 1,117,152

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