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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 07-01-2016 , and ending 06-30-2017

Name of foundation
HEALTHCARE INITIATIVE FOUNDATION

A Employer identification number
23-7324576

Number and street (or P O box number if mail is not delivered to street address)
7910 WOODMONT AVENUE SUITE 500

Room/suite

B Telephone number (see instructions)
(301) 907-9144

City or town, state or province, country, and ZIP or foreign postal code
BETHESDA, MD 20814

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 33,500,644

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part 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) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	737,858	737,858		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	910,789			
	b Gross sales price for all assets on line 6a 23,113,906				
	7 Capital gain net income (from Part IV, line 2)		910,789		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	1,648,647	1,648,647	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	173,334	4,333	0	168,359
	14 Other employee salaries and wages	39,609	0	0	36,996
	15 Pension plans, employee benefits	38,012	839	0	35,783
	16a Legal fees (attach schedule)	406	0	0	406
	b Accounting fees (attach schedule)	64,375	5,354	0	60,076
	c Other professional fees (attach schedule)	1,625	545	0	1,080
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	75,897	0	0	0
	19 Depreciation (attach schedule) and depletion	330	0	0	
	20 Occupancy	16,352	0	0	16,352
	21 Travel, conferences, and meetings	9,461	236	0	9,225
	22 Printing and publications				
	23 Other expenses (attach schedule)	53,960	165	0	54,760
	24 **Total operating and administrative expenses.** Add lines 13 through 23	473,361	11,472	0	383,037
	25 Contributions, gifts, grants paid	1,378,707			1,471,814
	26 **Total expenses and disbursements.** Add lines 24 and 25	1,852,068	11,472	0	1,854,851
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-203,421			
	b **Net investment income** (if negative, enter -0-)		1,637,175		
	c **Adjusted net income**(if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	38,381	56,764	56,764
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶	6,481		
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	5,078	9,228	9,228
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	30,414,572	30,197,708	33,283,679
	14 Land, buildings, and equipment basis ▶ 4,115			
	Less accumulated depreciation (attach schedule) ▶ 3,827	619	288	288
	15 Other assets (describe ▶)	104,128	76,579	150,685
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	30,569,259	30,340,567	33,500,644
Liabilities	17 Accounts payable and accrued expenses	35,168	37,794	
	18 Grants payable	403,797	310,689	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	18,566	70,459	
	23 **Total liabilities**(add lines 17 through 22)	457,531	418,942	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	30,035,149	29,845,046	
	25 Temporarily restricted	76,579	76,579	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	30,111,728	29,921,625	
	31 **Total liabilities and net assets/fund balances** (see instructions)	30,569,259	30,340,567	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	30,111,728
2	Enter amount from Part I, line 27a	2	-203,421
3	Other increases not included in line 2 (itemize) ▶	3	13,318
4	Add lines 1, 2, and 3	4	29,921,625
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	29,921,625

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY-TRADED SECURITIES			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	23,113,906		22,203,117	910,789
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				910,789
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	910,789
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	1,815,694	31,242,736	0 058116
2014	1,574,370	33,333,374	0 047231
2013	953,642	32,037,442	0 029766
2012	26,414,387	35,268,663	0 748948
2011			

2	**Total** of line 1, column (d)	2	0 884061
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 221015
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	32,225,029
5	Multiply line 4 by line 3	5	7,122,215
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	16,372
7	Add lines 5 and 6	7	7,138,587
8	Enter qualifying distributions from Part XII, line 4	8	1,854,851

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	32,744
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	32,744
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	32,744
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 24,004		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 11,896		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	35,900
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	3,156
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ 3,156 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
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?	6	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MD			
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* .	8b	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW HIFMC ORG

14 The books are in care of ▶ COUNCILORBUCHANAN MITCHELL Telephone no ▶ (301) 986-0600

Located at ▶ 7910 WOODMONT AVE SUITE 500 BETHESDA MD ZIP+4 ▶ 208143048

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(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)? ☐ Yes ☑ No			
	(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 ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations 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. ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	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)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "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).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	No
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations,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	32,333,841
b	Average of monthly cash balances		1b	221,723
c	Fair market value of all other assets (see instructions)		1c	160,201
d	**Total** (add lines 1a, b, and c)		1d	32,715,765
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	32,715,765
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	490,736
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	32,225,029
6	**Minimum investment return.** Enter 5% of line 5		6	1,611,251

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6		1	1,611,251
2a	Tax on investment income for 2016 from Part VI, line 5	2a 32,744		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	32,744
3	Distributable amount before adjustments Subtract line 2c from line 1		3	1,578,507
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	1,578,507
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	1,578,507

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,854,851
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		
a	Suitability test (prior IRS approval required)	3a	
b	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	1,854,851
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 (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,854,851

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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, line 7				1,578,507
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 2014 , 2013 , 2012		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012. 24,153,322				
c From 2013.				
d From 2014.				
e From 2015. 276,878				
f Total of lines 3a through e.	24,430,200			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 1,854,851				
a Applied to 2015, but not more than line 2a			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.				1,578,507
e Remaining amount distributed out of corpus	276,344			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,706,544			
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 the section 4942(a) tax has been previously assessed.		0		
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 instructions			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 may be required - see instructions)	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	24,706,544			
10 Analysis of line 9				
a Excess from 2012. . . . 24,153,322				
b Excess from 2013. . . .				
c Excess from 2014. . . .				
d Excess from 2015. . . . 276,878				
e Excess from 2016. . . . 276,344				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

CRYSTAL CARR TOWNSEND
7910 WOODMONT AVENUE SUITE 500
BETHESDA, MD 20814
(301) 907-9144

b The form in which applications should be submitted and information and materials they should include

THE FOUNDATION DOES NOT ACCEPT APPLICATION BY MAIL, EMAIL OR FAX, BUT VIA ITS GRANT INTERFACE WEB-BASED SYSTEM (WWW GRANTINTERFACE COM/HEALTHCAREINITIATIVE/COMMON/LOGIN ASPX) GRANT APPLICATIONS AND REPORTS MUST BE SUBMITTED VIA HIF'S ONLINE SYSTEM (SEE ABOVE LINK) GRANT APPLICATIONS ARE AVAILABLE ONLINE APPROXIMATELY SIX WEEKS BEFORE THEY ARE DUE GRANT APPLICATION ROUNDS (E G , MULTI-YEAR STRATEGIC SUSTAINABILITY, GENERAL OPERATING SUPPORT, CAPACITY BUILDING, AND SMALL GRANT ROUNDS) ARE ADVERTISED ON THE FOUNDATION'S WEBSITE ALONG WITH THE GRANT CALENDAR THE FOUNDATION ALSO REVIEWS EMERGING NEEDS APPLICATIONS ON A ROLLING BASIS THESE REQUESTS ARE SUBMITTED VIA THE FOUNDATION'S ONLINE SYSTEM AS WELL

c Any submission deadlines

THE FOUNDATION HAD THREE GRANT ROUNDS 1) CAPACITY BUILDING - DUE ON 9/9/2016

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE FOUNDATION CONSIDERS GRANTS TO 501(C)(3) HEALTHCARE NONPROFITS THAT ARE BASED IN MONTGOMERY COUNTY, MARYLAND, OR TO NONPROFITS THAT HAVE COUNTY-BASED HEALTH PROGRAMS OR ACTIVITIES WITHIN ITS GEOGRAPHIC AND FOCUS AREA, IT CONSIDERS EFFORTS TO -IMPROVE THE QUALITY AND DELIVERY OF HEALTHCARE, -EXPAND THE AVAILABILITY OF COMPREHENSIVE HEALTHCARE, -BUILD APPROPRIATE CAPACITY IN THE HEALTHCARE NETWORK, AND -GROW THE HEALTHCARE WORKFORCE THE FOUNDATION GENERALLY CONSIDERS NEW GRANTS AFTER THE FOUNDATION'S REPRESENTATIVE MAKES A SITE VISIT TO BE CONSIDERED FOR A POSSIBLE SITE VISIT, A NONPROFIT ORGANIZATION SENDS A BRIEF, INFORMAL EMAIL (4 PARAGRAPHS OR LESS) ABOUT ITS ORGANIZATION, MISSION, PROGRAMS, AND CLIENTELE TO CRYSTAL TOWNSEND@HIFMC ORG

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year 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* See Additional Data Table				
Total . . . . . ▶ **3a**				1,471,814
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				310,689

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g 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	737,858	
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	910,789	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		1,648,647	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	1,648,647

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment 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) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2017-11-29	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
PHILIP R BAKER				P00010692
Firm's name ▶ CITRIN COOPERMAN & COMPANY LLP				Firm's EIN ▶22-2428965
Firm's address ▶ 2 BETHESDA METRO CENTER 11TH FLOOR BETHESDA, MD 20814				Phone no (301) 654-9000

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT H MYERS JR 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	CHAIRMAN 1 00	0	0	0
DAVID KRESSLER 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	VICE CHAIR 2 00	0	0	0
BENJAMIN GIULIANI 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TREASURER 2 00	0	0	0
DEBORAH FISHER 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	SECRETARY 1 00	0	0	0
MIKE KNAPP 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 1 00	0	0	0
MARTA BRITO PEREZ 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 1 00	0	0	0
GEORGE DINES 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 0 50	0	0	0
CRYSTAL TOWNSEND 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	PRESIDENT 40 00	173,334	23,047	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
AMERICAN DIVERSITY GROUP 8815 CENTRE PARK DR STE 320 COLUMBIA, MD 21045	NONE	PC	SUPPORTS FREE HEALTH FAIRS	8,000
ASPIRE COUNSELING INC 16220 FREDERICK RD STE 502 GAITHERSBURG, MD 20877	NONE	PC	SUPPORTS AND EXPANDS HEALTHCARE WORKFORCE CAPACITY	55,000
BOWEN MCCAULEY DANCE INC 818 N QUINCY ST STE 104 ARLINGTON, VA 22203	NONE	PC	SUPPORT FOR DANCE FOR PARKINSON'S DISEASE	2,500
CHEER (COMMUNITY HEALTH AND EMPOWERMENT THROUGH EDUCATION AND RESEARCH) 8545 PINEY BRANCH RD STE B SILVER SPRING, MD 20901	NONE	PC	SUPPORTS FOR LONG BRANCH HEALTHY FOOD ACCESS PROGRAM	30,000
CHINESE CULTURE AND COMMUNITY SVC CENTER 9366 GAITHER ROAD GAITHERSBUR GAITHERSBURG, MD 20878	NONE	PC	SUPPORTS PAN ASIAN VOLUNTEER HEALTH CLINIC	5,000
Total . . . . . ▶ **3a**				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
COLUMBIA LIGHTHOUSE FOR THE BLIND 8720 GEORGIA AVENUE SUITE 1011 SILVER SPRING, MD 20910	NONE	PC	SUPPORTS VISION SCREENING PROGRAMS & SERVICES	57,333
COMMUNITY CLINIC INC 8630 FENTON STREET STE 1204 SILVER SPRING, MD 20910	NONE	PC	SUPPORTS LEADERSHIP INFRASTRUCTURE TRANSFORMATION	65,000
COMMUNITY MINISTRIES OF ROCKVILLE INC 1010 GRANDIN AVENUE STE A1 ROCKVILLE, MD 20851	NONE	PC	SUPPORTS MONTGOMERY CARES 2 0 IMPLEMENTATION	50,000
CONSUMER HEALTH FOUNDATION 1400 16TH STREET NW SUITE 710 WASHINGTON, DC 20036	NONE	PF	GENERAL OPERATING SUPPORT	17,000
CROSSWAY COMMUNITY 3015 UPTON DRIVE KENSINGTON, MD 20895	NONE	PC	SUPPORTS MONTESSORI FOR AGING AND DEMENTIA	3,000
Total . . . . . ▶ 3a				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
EVERYMIND (FORMERLY MHA OF MOCO) 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20851	NONE	PC	SUPPORTS FOR EXPANDING MENTAL HEALTH WORKFORCE AND ACCESS	90,000
FAMILY SERVICES INC 610 E DIAMOND AVE STE 100 GAITHERSBURG, MD 20877	NONE	PC	SUPPORTS THRIVING GERMANTOWN PROGRAM	85,000
GAITHERSBURG HELP 301 MUDDY BRANCH ROAD GAITHERSBURG, MD 20878	NONE	PC	SUPPORTS RX FUNDING ASSISTANCE	3,000
GERMANTOWN HELP INC PO BOX 608 GERMANTOWN, MD 20875	NONE	PC	SUPPORTS PERISHABLE FOOD PURCHASES	3,334
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT/FUNDING PARTNER CONTRIBUTION	5,175
Total . . . . . ▶ 3a				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
HEARTS AND HOMES FOR YOUTH 3919 NATIONAL DRIVE STE 400 BURTONSVILLE, MD 20866	NONE	PC	SUPPORTS FOR TRAUMA INFORMED CARE	4,500
HOPE CONNECTIONS FOR CANCER SUPPORT 9650 ROCKVILLE PIKE BETHESDA, MD 20814	NONE	PC	SUPPORTS OUTREACH MATERIALS FOR LATINO COMMUNITY	2,000
HOSPICE CARING INC 518 SOUTH FREDERICK AVENUE GAITHERSBURG, MD 20877	NONE	PC	SUPPORTS COALITION BUILDING TO CREATE COMMUNITY BASED PALLATIVE CARE SYSTEM	5,000
IDENTITY INC 414 E DIAMOND AVE GAITHERSBURG, MD 20877	NONE	PC	SUPPORTS BEHAVIORAL HEALTH SERVICES FOR LOW-INCOME LATINO YOUTH	60,000
JEWISH COUNCIL FOR THE AGING 1801 E JEFFERSON STREET ROCKVILLE, MD 20852	NONE	PC	SUPPORTS INTERNSHIPS FOR BSN & BSW STUDENTS	50,000
Total . . . . . ▶ **3a**				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
JEWISH SOCIAL SERVICES AGENCY 200 WOOD HILL ROAD ROCKVILLE, MD 20850	NONE	PC	SUPPORTS JSSA/PREMIER HOMECARE PARTNERS IN CARE PLANNING PROJECT	35,000
LEADERSHIP MONTGOMERY 5910 EXECUTIVE BLVD STE 200 ROCKVILLE, MD 20852	NONE	PC	SPONSORS HEALTH & WELLNESS SESSION & BOARD CELEBRATION GIFT	5,200
MANNA FOOD CENTER 9311 GAITHER ROAD GAITHERSBURG, MD 20877	NONE	PC	SUPPORTS MOBILE KITCHEN EDUCATION	6,666
MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	NONE	PC	SUPPORTS COUNTY SERVICES EXPANSION	50,000
MERCY HEALTH CLINIC INC 7 METROPOLITAN CT STE 1 GAITHERSBURG, MD 20878	NONE	PC	SUPPORTS HEALTH CLINIC CAPACITY ENHANCEMENT AND SUSTAINABILITY IMPROVEMENT	16,000
Total 3a . . . . . ▶				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
METRO WASHINGTON COUNCIL OF GOVERNMENTS 777 NORTH CAPITOL ST NE RM 253 WASHINGTON, DC 22042	NONE	PC	SUPPORTS REGIONAL INDICATORS LIFE EXPECTATIONS & QUALITY OF LIFE	39,000
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	NONE	PC	SUPPORTS INTEGRATED BEHAVIORAL HEALTHCARE	50,000
MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY 12320 PARKLAWN DRIVE ROCKVILLE, MD 20852	NONE	PC	SUPPORTS WORKPLACE ESOL CLASSES FOR HEALTHCARE EMPLOYEES	7,000
MONTGOMERY COLLEGE FOUNDATION 9221 CORPORATE BLVD 3RD FL ROCKVILLE, MD 20850	NONE	PF	SUPPORTS NURSING SCHOLARSHIP SUPPORT FOR "HEALTHCARE CAREER PATHWAYS" FROM MONTGOMERY COLLEGE TO USG	91,384
MONTGOMERY COMMUNITY TELEVISION 7548 STANDISH PLACE ROCKVILLE, MD 20855	NONE	PC	SUPPORTS YOUTH MENTAL WELLNESS CONFERENCE	5,000
Total . . . . . ▶ 3a				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
MONTGOMERY HOSPICE 1355 PICCARD DRIVE SUITE 100 ROCKVILLE, MD 20850	NONE	PC	SUPPORTS COMFORT TOUCH VOLUNTEER TRAINING	6,666
MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20905	NONE	PC	SUPPORTS POINT-OF-CARE COMMUNITY PHARMACY PROJECT	9,000
NONPROFIT MONTGOMERY ATTN RITA COOK 1400 16TH ST NW STE 740 WASHINGTON, DC 20036	NONE	PC	SUPPORTS THRIVING MONTGOMERY COUNTY	22,736
PEOPLE ANIMALS LOVE INC 731 8TH ST SE STE 202 WASHINGTON, DC 20003	NONE	PC	SUPPORTS PAL PET VISITING	5,000
PRIMARY CARE COALITION 8757 GEORGIA AVENUE 10TH FLOOR SILVER SPRING, MD 20910	NONE	PC	SUPPORTS MONTGOMERY CARES 2 0, SUPPORT EMERGENCY ASSISTANCE FOR VICTIMS OF SILVER SPRING FIRE/EXPLOSION, & SUPPORTS BUSINESS MODEL TRANSFORMATION	305,540
Total . . . . . ▶ 3a				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
SHARED HORIZONS INC 4301 CONNECTICUT AVE NW STE 310 WASHINGTON, DC 20008	NONE	PC	CHARITABLE FUND GENERAL SUPPORT	2,000
SPANISH CATHOLIC CENTER 924 G STREET NW WASHINGTON, DC 20001	NONE	PC	SUPPORTS IMPROVING MENTAL HEALTH OUTCOMES FOR LATINO IMMIGRANT ADULTS	50,000
SPIRIT CLUB FOUNDATIONS INC 4507 DRESDEN ST KENSINGTON, MD 20895	NONE	PC	SUPPORTS "SUPPORTED FITNESS PARTNERSHIP"	17,000
THE UNIVERSITIES AT SHADY GROVE 9636 GUDELSKY DRIVE ROCKVILLE, MD 20850	NONE	PC	NURSING SCHOLARSHIP SUPPORT FOR "HEALTHCARE CAREER PATHWAYS" FROM MONTGOMERY COLLEGE TO USG	129,780
VIETNAMESE AMERICAN SERVICES 11528 COLT TERRACE SILVER SPRING, MD 20902	NONE	PC	SUPPORT HEALTHCARE PROJECT FOR VIETNAMESE COMMUNITY IN MONTGOMERY COUNTY	5,000
Total . . . . . ▶ 3a				1,471,814

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year 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*				
WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20841	NONE	PC	GENERAL OPERATING SUPPORT	8,000
WOMEN WHO CARE MINISTRIES 19642 CLUB HOUSE RD STE 620 MONTGOMERY VILLAGE, MD 20886	NONE	PC	SUPPORT "HELPING KIDS EAT BACKPACK WEEKEND MEAL" PROGRAM	5,000
Total 3a . . . . . ▶				1,471,814

TY 2016 Accounting Fees Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	64,375	5,354	0	60,076

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491335003047

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE	2000-08-22	2,466	2,466	SL	7 000000000000	0	0	0	
COMPUTER EQUIPMENT	2013-04-22	1,649	1,031	SL	5 000000000000	330	0	0	

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TY 2016 General Explanation Attachment

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	GRANT APPLICATION SUBMISSION INFORMATION	FORM 990-PF, PART XV, LINES 2A THROUGH 2D	CONTINUATION OF STATEMENTS 13 THROUGH 14990-PF PART XV SUBMISSION DEADLINES2) STRATEGIC SUSTAINABILITY - DUE ON 12/2/2016, AND3) SMALL GRANT ROUND - DUE ON 3/31/20174) EMERGING NEEDS - ACCEPTED ON A ROLLING BASIS990-PF PART XV RESTRICTIONS OR LIMITATIONS ON AWARDSTHE FOUNDATION MAKES GRANTS THAT -START OR GROW WELL-CONCEIVED PROGRAMS/ORGANIZATIONS,-OFFER INNOVATIVE SOLUTIONS TO IMPROVE THE QUALITY, ACCESSIBILITY AND/OR DELIVERY OF HEALTHCARE,-REPLICATE SUCCESSFUL (EVIDENCED-BASED) PROGRAMS FROM THE FOUNDATION'S OR OTHER JURISDICTIONS,-BUILD ORGANIZATIONAL CAPACITY TO ENHANCE SUSTAINABILITY AND/ OR IMPROVE SERVICE DELIVERY (E.G , PLANNING, MANAGEMENT, FINANCE, FUNDRAISING, COMMUNICATIONS, ETC), AND-LEVERAGE RESOURCES, WHETHER HUMAN OR FINANCIAL (E.G , PARTNERSHIPS, MATCHING OR CHALLENGE FUNDS THE FOUNDATION DOES NOT -GIVE TO ENDOWMENT FUNDS OR ANNUAL CAMPAIGNS,-FUND LOBBYING OR POLITICAL ACTIVITIES,-MAKE GRANTS TO INDIVIDUALS,-PROVIDE FUNDS TO PRIVATE FOUNDATIONS UNLESS FOR A PARTICULAR GRANT PURPOSE,-FUND A NONPROFIT SYSTEM OR ORGANIZATION, INCLUDING ITS AFFILIATE(S) THAT OWNS OR OPERATES AN ACUTE CARE HOSPITAL IN MONTGOMERY COUNTY, MARYLAND,-PROVIDE FUNDS TO COVER BRICK AND MORTAR CAPITAL EXPENSES,-REPLACE GOVERNMENT FUNDING, OR-FUND RELIGIOUS ACTIVITIES, ALTHOUGH SECULAR HEALTH PROGRAMS PROVIDED BY A RELIGIOUS INSTITUTION OR ITS AFFILIATE(S) MAY QUALIFY

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TY 2016 Investments - Other Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD TOTAL BOND MKT INDEX FUND	AT COST	6,656,300	6,649,564
VANGUARD TOTAL INTERNATIONAL BOND INDEX	AT COST	2,848,156	2,841,788
VANGUARD TOTAL STOCK MKT INDEX	AT COST	13,508,033	15,990,950
VANGUARD TOTAL INTERNATIONAL STOCK INDEX	AT COST	7,185,219	7,801,377

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TY 2016 Land, Etc. Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE	2,466	2,466	0	
COMPUTER EQUIPMENT	1,649	1,361	288	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491335003047

TY 2016 Legal Fees Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	406	0	0	406

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491335003047

TY 2016 Other Assets Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ASSETS HELD IN CHARITABLE REMAINDER TRUST	104,128	76,579	150,685

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TY 2016 Other Expenses Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSES	19,449	0	0	20,662
MEMBERSHIP DUES	14,635	0	0	14,635
INSURANCE	11,902	0	0	11,902
PENSION ADMINISTRATION EXPENSE	1,412	32	0	1,380
PAYROLL ADMINISTRATION	6,562	133	0	6,181

TY 2016 Other Increases Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Description	Amount
CHANGE ARISING FROM FINAL DISTRIBUTION OF CHARITABLE TRUST	13,318

TY 2016 Other Liabilities Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED FEDERAL EXCISE TAXES	18,566	61,719
FEDERAL EXCISE TAX PAYABLE	0	8,740

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TY 2016 Other Professional Fees Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	1,625	545	0	1,080

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TY 2016 Taxes Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXERCISE TAX ON NET INVESTMENT INCOME	75,897	0	0	0