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EXTENDED TO MAY 15, 2019

Form 990-PF

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.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

1806

OMB No 1545-0052

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or tax year beginning JUL 1, 2017 , and ending JUN 30, 2018

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

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

04

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) ▶$ 34,562,256.

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))		(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	76,320.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	146.	146.		STATEMENT 1
	4 Dividends and interest from securities	728,943.	728,943.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	432,077.			
	b Gross sales price for all assets on line 6a 2,056,346.				
	7 Capital gain net income (from Part IV, line 2)		432,077.		
	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)				
	11 Other income				
	12 Total. Add lines 1 through 11	1,237,486.	1,161,166.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	175,317.	4,383.	0.	169,972.
	14 Other employee salaries and wages	44,184.	0.	0.	44,911.
	15 Pension plans, employee benefits	43,958.	900.	0.	42,789.
	16a Legal fees STMT 3	2,549.	0.	0.	2,549.
	b Accounting fees STMT 4	74,750.	5,903.	0.	62,592.
	c Other professional fees STMT 5	4,110.	0.	0.	4,110.
	17 Interest				
	18 Taxes STMT 6	60,931.	0.	0.	0.
	19 Depreciation and depletion	288.	0.	0.	
	20 Occupancy	20,086.	0.	0.	20,086.
	21 Travel, conferences, and meetings	20,775.	247.	0.	17,769.
	22 Printing and publications				
	23 Other expenses STMT 7	47,998.	131.	0.	52,420.
	24 Total operating and administrative expenses. Add lines 13 through 23	494,946.	11,564.	0.	417,198.
	25 Contributions, gifts, grants paid	1,480,867.			1,476,403.
	26 Total expenses and disbursements. Add lines 24 and 25	1,975,813.	11,564.	0.	1,893,601.
	27 Subtract line 26 from line 12.				
	a Excess of revenue over expenses and disbursements	-738,327.			
	b Net investment income (if negative, enter -0-)		1,149,602.		
	c Adjusted net income (if negative, enter -0-)			0.	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	56,764.	241,496.	241,496.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 6,652.			
	Less: allowance for doubtful accounts ▶		6,652.	6,652.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less. allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	9,228.	5,105.	5,105.
	10a Investments - U S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment. basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 8	30,197,708.	29,340,728.	34,165,831.
	14 Land, buildings, and equipment: basis ▶ 4,115.			
	Less accumulated depreciation STMT 9 ▶ 4,115.	288.	0.	0.
	15 Other assets (describe ▶ STATEMENT 10)	76,579.	76,579.	143,172.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	30,340,567.	29,670,560.	34,562,256.
Liabilities	17 Accounts payable and accrued expenses	37,794.	42,759.	
	18 Grants payable	310,689.	348,001.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 11)	70,459.	96,502.	
	23 **Total liabilities** (add lines 17 through 22)	418,942.	487,262.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26, and lines 30 and 31.**			
	24 Unrestricted	29,845,046.	29,106,719.	
	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**	29,921,625.	29,183,298.	
	31 **Total liabilities and net assets/fund balances**	30,340,567.	29,670,560.	

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	29,921,625.
2	Enter amount from Part I, line 27a	2	-738,327.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	29,183,298.
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	29,183,298.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, 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.)
1a	PUBLIC 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	2,056,346.		1,624,269.	432,077.
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				432,077.
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	432,077.
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) / If (loss), enter -0- in Part I, line 8	3	N/A

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2016	1,854,851.	32,225,029.	.057559
2015	1,815,694.	31,242,736.	.058116
2014	1,574,370.	33,333,374.	.047231
2013	953,642.	32,037,442.	.029766
2012	26,414,387.	35,268,663.	.748948

2	**Total** of line 1, column (d)	2	.941620
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.188324
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	34,525,072.
5	Multiply line 4 by line 3	5	6,501,900.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	11,496.
7	Add lines 5 and 6	7	6,513,396.
8	Enter qualifying distributions from Part XII, line 4	8	1,893,601.

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	22,992.
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	22,992.
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	22,992.
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a 32,800.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments Add lines 6a through 6d		7	32,800.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	0.
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	9,808.
11	Enter the amount of line 10 to be: **Credited to 2018 estimated tax** ▶ 9,808. **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		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
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		X
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		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	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		X
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	X	
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. ▶ 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	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 2017 or the tax year beginning in 2017? See the 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 STMT 12	10	X	

2

Part 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	

Website address ▶ WWW.HIFMC.ORG

14 The books are in care of ▶ COUNCILOR,BUCHANAN & MITCHELL, Telephone no ▶ 301-986-0600

Located at ▶ 7910 WOODMONT AVE., SUITE 500, BETHESDA, MD ZIP+4 ▶ 20814-3048

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 N/A

			Yes	No
16	At any time during calendar year 2017, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		X

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 N/A	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 2017?	1c		X
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
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.) N/A	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. ▶ _____, _____, _____, _____			
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 2017 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 2017.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2017?	4b		X

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

			Yes	No
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	N/A	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?	N/A ☐ 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	X
	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?	N/A	7b	

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		175,317.	24,230.	0.

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
COUNCILOR, BUCHANAN & MITCHELL - 7910 WOODMONT AVE. SUITE 500, BETHESDA, MD 20814	ACCOUNTING	51,900.
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 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
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	34,553,798.
b	Average of monthly cash balances		1b	342,108.
c	Fair market value of all other assets		1c	154,929.
d	**Total** (add lines 1a, b, and c)		1d	35,050,835.
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	35,050,835.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	525,763.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	34,525,072.
6	**Minimum investment return.** Enter 5% of line 5		6	1,726,254.

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	1,726,254.
2a	Tax on investment income for 2017 from Part VI, line 5	2a 22,992.		
b	Income tax for 2017 (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	22,992.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	1,703,262.
4	Recoveries of amounts treated as qualifying distributions		4	32,848.
5	Add lines 3 and 4		5	1,736,110.
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	1,736,110.

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	1,893,601.
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	1,893,601.
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	1,893,601.

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,736,110.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2017.				
a From 2012 24,153,322.				
b From 2013				
c From 2014				
d From 2015 276,878.				
e From 2016 276,344.				
f Total of lines 3a through e	24,706,544.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ $ 1,893,601.				
a Applied to 2016, 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 2017 distributable amount				1,736,110.
e Remaining amount distributed out of corpus	157,491.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,864,035.			
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 2016 Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7	24,153,322.			
9 **Excess distributions carryover to 2018** Subtract lines 7 and 8 from line 6a	710,713.			
10 Analysis of line 9.				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 276,878.				
d Excess from 2016 276,344.				
e Excess from 2017 157,491.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

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

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2017	Prior 3 years (b) 2016	(c) 2015	(d) 2014	(e) Total
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 foundation 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).)

NONE

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.

NONE

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 15

SEE STATEMENT 14

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

c Any submission deadlines:

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

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*				
ASPIRE CONSULTING, INC. 16220 FREDERICK RD STE 502 GAITHERSBURG, MD 20877	NONE	PC	TO SUPPORT POSITIVE AGING "EMPOWER NOW" SENIOR PROGRAM	50,000.
AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012	NONE	PC	TO SUPPORT EXPANSION OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES FOR LATINO IMMIGRANTS TO A NEW	5,000.
BOYS AND GIRLS CLUB OF GREATER WASHINGTON 4103 BENNING ROAD NE WASHINGTON, DC 20019	NONE	PC	TO SUPPORT EXPANSION OF SAFE AFTERSCHOOL PROGRAMMING FOCUSED ON ACADEMICS, FITNESS, AND SOCIAL EMOTIONAL	5,000.
BOYS TOWN OF WASHINGTON DC 4801 SARGENT ROAD NE WASHINGTON, DC 20017	NONE	PC	TO SUPPORT BEHAVIORAL HEALTH PROGRAMS FOR MONTGOMERY COUNTY CHILDREN AND THEIR FAMILIES	7,500.
CARE FOR YOUR HEALTH, INC. 12140 FLOWING WATER TRAIL CLARKSVILLE, MD 21029	NONE	PC	TO SUPPORT NEW PILOT PROGRAM FOR IN-HOME HEALTHCARE FOR UP TO 10 HOMEBOUND RESIDENTS (SENIORS OR	10,000.
Total SEE CONTINUATION SHEET(S)			▶ **3a**	1,476,403.
b *Approved for future payment*				
AMERICAN DIVERSITY GROUP 8815 CENTRE PARK DR STE 430 COLUMBIA, MD 21045	NONE	PC	TO SUPPORT FREE DENTAL SCREENINGS (TO EXPAND FREE DENTAL SERVICES AT HEALTH FAIRS TO MONTGOMERY COUNTY	5,000.
MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY, INC. 9210 CORPORATE BLVD STE 480 ROCKVILLE, MD 20850	NONE	PC	TO SUPPORT HEALTHCARE WORKFORCE LANGUAGE PROGRAM	5,000.
MONTGOMERY COLLEGE FOUNDATION 9221 CORPORATE BLVD 3RD FL ROCKVILLE, MD 20850	NONE	PF	TO SUPPORT "HEALTHCARE CAREER PATHWAYS" AND FOR NURSING SCHOLARSHIPS	70,132.
Total SEE CONTINUATION SHEET(S)			▶ **3b**	348,001.

723611 01-03-18 ** SEE PURPOSE OF GRANT CONTINUATIONS

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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
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			14	146.	
4 Dividends and interest from securities			14	728,943.	
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	432,077.	
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.		1,161,166.	0.
13 **Total**. Add line 12, columns (b), (d), and (e)				13	1,161,166.

(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)

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) (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)		X
	(2) Other assets	1a(2)		X
b	Other transactions.		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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
N/A		

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

▶ [signature] 5-13-2019 ▶ TREASURER

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
BRIAN J. GIGANTI	[signature]	5/9/19		P00646609

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

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

HEALTHCARE INITIATIVE FOUNDATION

Employer identification number

23-7324576

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
HEALTHCARE INITIATIVE FOUNDATION	23-7324576

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORKSOURCE MONTGOMERY 1801 ROCKVILLE PIKE, SUITE 320 ROCKVILLE, MD 20852	$ 76,320.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization: HEALTHCARE INITIATIVE FOUNDATION

Employer identification number: 23-7324576

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
HEALTHCARE INITIATIVE FOUNDATION	23-7324576

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc , contributions of $1,000 or less for the year (Enter this info once) ▶ $

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
COMMUNITY HEALTH AND EMPOWERMENT THROUGH EDUCATION AND RESEARCH 8545 PINEY BRANCH RD STE B SILVER SPRING, MD 20901	NONE	PC	TO SUPPORT LONG BRANCH HEALTHY FOOD ACCESS PROGRAM	100,000.
CHINESE CULTURE AND COMMUNITY SERVICE CENTER 9318 GAITHER ROAD STE 215 GAITHERSBURG, MD 20877	NONE	PC	TO SUPPORT PAVHC NEXT STEP PROJECT	50,000.
COLUMBIA LIGHTHOUSE FOR THE BLIND 8757 GEORGIA AVE STE 805 SILVER SPRING, MD 20910	NONE	PC	TO SUPPORT DIABETIC RETINOPATHY SCREENING PROJECT AND TO SUPPORT FREE VISION SERVICES PROVIDED TO CLOPPER	55,000.
COMMUNITY CLINIC, INC. 8630 FENTON STREET STE 1204 SILVER SPRING, MD 20910	NONE	PC	TO SUPPORT LEADERSHIP INFRASTRUCTURE TRANSFORMATION	32,500.
CONSUMER HEALTH FOUNDATION 1400 16TH ST NW STE 710 WASHINGTON, DC 20036	NONE	PF	TO SUPPORT GENERAL OPERATIONS	17,000.
CRITTENTON SERVICES OF GREATER WASHINGTON 815 SILVER SPRING AVENUE SILVER SPRING, MD 20910	NONE	PC	TO SUPPORT BEHAVIORAL HEALTH PROGRAM FOR IMMIGRANT TEEN GIRLS	40,000.
CROSSWAY COMMUNITY 3015 UPTON DRIVE KENSINGTON, MD 20895	NONE	PC	TO SUPPORT THE CENTER FOR MONTESSORI AND AGING AND TO SPONSOR TRAINING SEMINARS	36,000.
EVERYMIND 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20851	NONE	PC	TO SUPPORT MENTAL HEALTH SERVICES EXPANSION (SUPPORTS THRIVING GERMANTOWN BEHAVIORAL HEALTH	84,000.
FAMILY SERVICES INC. 610 E DIAMOND AVE STE 100 GAITHERSBURG, MD 20877	NONE	PC	TO SUPPORT THRIVING GERMANTOWN PROGRAM	164,000.
GAITHERSBURG HELP 301 MUDDY BRANCH ROAD GAITHERSBURG, MD 20878	NONE	PC	TO SUPPORT RX FUNDING ASSISTANCE (TO PROVIDE PRESCRIPTIONS FOR UNINSURED/UNDER-INSURE ADULTS AND CHILDREN	750.
Total from continuation sheets				1,398,903.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
GERMANTOWN HELP INC. PO BOX 608 GERMANTOWN, MD 20875	NONE	PC	TO SUPPORT RX FUNDING ASSISTANCE (TO SUPPORT MEDICAL FINANCIAL ASSISTANCE AND FOOD ASSISTANCE FOR	2,500.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20036	NONE	PC	TO SUPPORT GENERAL OPERATIONS/FUNDNG PARTNER CONTRIBUTION	2,875.
IDENTITY, INC. 414 E DIAMOND AVE GAITHERSBURG, MD 20877	NONE	PC	TO SUPPORT JOVENES DE MANANA/YOUTH OF TOMORROW PROGRAM'S BEHAVIORAL HEALTH SERVICES	50,000.
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CONNECTICUT AVE NW STE 200 WASHINGTON, DC 20036	NONE	PC	TO SUPPORT MATCHING OPPORTUNITY TO EXPAND WELLNESS COUNCILS IN 7 NEW SCHOOLS	25,000.
INTERFAITH WORKS 114 W. MONTGOMERY AVE ROCKVILLE, MD 20850	NONE	PC	TO SUPPORT FAMILY INDEPENDENCE INITIATIVE	25,000.
JEWISH SOCIAL SERVICES AGENCY 200 WOOD HILL ROAD ROCKVILLE, MD 20850	NONE	PC	TO SUPPORT JSSA/PREMIER HOMECARE: PARTNERS IN CARE PROGRAM	30,000.
LEADERSHIP MONTGOMERY 5910 EXECUTIVE BLVD STE 200 ROCKVILLE, MD 20852	NONE	PC	TO SUPPORT CORE LEADERSHIP PARTNERSHIP PROGRAM AND TO PROVIDE RACE EQUITY TRAINING TO NONPROFIT	7,500.
MANNA FOOD CENTER 9311 GAITHER ROAD GAITHERSBURG, MD 20877	NONE	PC	TO SUPPORT MOBILE FOOD DISTRIBUTION AND NUTRITION CLASSES UPCOUNTY AND EAST COUNTY	5,000.
MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	NONE	PC	TO SUPPORT NEW BUILDING FOR EXPANDING HEALTH AND WELLNESS SERVICES.	50,000.
MOBILE MEDICAL CARE, INC. 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	NONE	PC	TO SUPPORT BEHAVIORAL HEALTH INTEGRATION	50,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
MONTGOMERY COLLEGE FOUNDATION 9221 CORPORATE BLVD 3RD FL ROCKVILLE, MD 20850	NONE	PC	TO SUPPORT "HEALTHCARE CAREER PATHWAYS" NURSING SCHOLARSHIPS	81,384.
MONTGOMERY COMMUNITY TELEVISION 7548 STANDISH PLACE ROCKVILLE, MD 20855	NONE	PC	TO SUPPORT COMMUNITY MENTAL WELLNESS SYMPOSIUM (MONTGOMERY COUNTY MEDIA CAMPAIGN TO REDUCE STIGMA	2,500.
MONTGOMERY COUNTY FOOD COUNCIL 4825 CORDELL AVENUE SUITE 204 BETHESDA, MD 20814	NONE	PC	TO SUPPORT THE FOOD IS MEDICINE PROGRAM (TO SUPPORT CREATION OF FOOD REFERRAL GUIDES AT 3 PCC CLINICS (FOOD	5,000.
MONTGOMERY HOSPICE 1355 PICCARD DRIVE SUITE 100 ROCKVILLE, MD 20850	NONE	PC	TO SUPPORT HOSPICE CRISIS CARE CAPACITY BUILDING	20,000.
MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20905	NONE	PC	TO SUPPORT THE MOCO ORAL HEALTH PROGRAM	30,000.
NAMI MONTGOMERY COUNTY 11718 PARKLAWN DRIVE ROCKVILLE, MD 20852	NONE	PC	TO SUPPORT EXPANSION OF SOS PROGRAM	18,000.
NONPROFIT MONTGOMERY 1400 16TH ST NW STE 740 WASHINGTON, DC 20036	NONE	PC	TO SUPPORT GENERAL OPERATIONS	5,000.
PEOPLE ANIMALS LOVE, INC. 731 8TH ST SE STE 202 WASHINGTON, DC 20003	NONE	PC	TO SUPPORT PET THERAPY VISITS (TO SUPPORT PET THERAPY DOGS IN LOW INCOME COMMUNITIES IN MONTGOMERY COUNTY)	5,000.
PRIMARY CARE COALITION OF MONTGOMERY COUNTY, INC. 8757 GEORGIA AVENUE 10TH FL SILVER SPRING, MD 20910	NONE	PC	TO SUPPORT THE BUSINESS MODEL TRANSFORMATION PROJECT	199,434.
SHARED HORIZONS, INC. 4301 CONNECTICUT AVE NW STE 310 WASHINGTON, DC 20008	NONE	PC	TO SUPPORT MEDICAL FINANCIAL ASSISTANCE (FOR MEDICAL NEEDS OF DISABLED PEOPLE WHO LIVE IN MONTGOMERY	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
SILVER TECHNOLOGY SYSTEMS 13118 DEER PATH LANE GERMANTOWN, MD 20874	NONE	PC	TO SUPPORT ISOLATED SENIORS (WITH COMPUTER AND TECHNOLOGY CONSULTING SERVICES) TO COMBAT THE EFFECTS	750.
SPIRIT CLUB FOUNDATIONS INC. 4507 DRESDEN ST KENSINGTON, MD 20895	NONE	PC	TO SUPPORT FITNESS CLASSES (FOR MONTGOMERY COUNTY RESIDENTS WITH ALZHEIMER'S AND	5,000.
THE ACE PROJECT 26 APPLEDOWRE COURT GERMANTOWN, MD 20876	NONE	PC	TO SUPPORT A COMMUNITY HEALTH EVENT (TO SUPPORT STUDENT ATHLETES AT SENECA VALLEY HIGH SCHOOL	1,000.
THE TREE HOUSE CHILD ADVOCACY CENTER 7300 CALHOUN PLACE STE 700 ROCKVILLE, MD 20855	NONE	PC	TO SUPPORT MEDICAL TREATMENT FOR CHILD ABUSE VICTIMS	50,000.
THE UNIVERSITIES AT SHADY GROVE 9636 GUDELSKY DRIVE ROCKVILLE, MD 20850	NONE	PC	TO SUPPORT "HEALTHCARE CAREER PATHWAYS" FOR NURSING SCHOLARSHIPS AND TO SUPPORT THE EARN BACHELOR OF	141,210.
WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20841	NONE	PC	TO SUPPORT MBTR THERAPY DOGS FOR VETERANS PROGRAM	5,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

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
PRIMARY CARE COALITION OF MONTGOMERY COUNTY, INC. 8757 GEORGIA AVENUE 10TH FL SILVER SPRING, MD 20910	NONE	PC	TO SUPPORT THE BUSINESS MODEL TRANSFORMATION PROJECT	99,958.
THE UNIVERSITIES AT SHADY GROVE 9636 GUDELSKY DRIVE ROCKVILLE, MD 20850	NONE	PC	TO SUPPORT "HEALTHCARE CAREER PATHWAYS" AND FOR NURSING SCHOLARSHIPS	154,780.
WOMEN WHO CARE MINISTRIES 19642 CLUB HOUSE RD STE 620 MONTGOMERY VILLAGE, MD 20886	NONE	PC	TO SUPPORT HELPING KIDS EAT BACKPACK WEEKEND MEAL PROGRAM (TO SUPPORT HEALTHY AND NUTRITIONAL	5,000.
PROYECTO SALUD 2424 REEDIE DRIVE STE 121 WHEATON, MD 20902	NONE	PC	TO SUPPORT CARE COORDINATION & CERTIFICATION	8,131.
Total from continuation sheets				267,869.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - AYUDA

TO SUPPORT EXPANSION OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES FOR LATINO IMMIGRANTS TO A NEW OFFICE IN MONTGOMERY COUNTY.

NAME OF RECIPIENT - BOYS AND GIRLS CLUB OF GREATER WASHINGTON

TO SUPPORT EXPANSION OF SAFE AFTERSCHOOL PROGRAMMING FOCUSED ON ACADEMICS, FITNESS, AND SOCIAL EMOTIONAL SUPPORT FOR MONTGOMERY COUNTY STUDENTS - EXPANDING TO NEW PROGRAMS AT WMES & MONTGOMERY COLLEGE.

NAME OF RECIPIENT - CARE FOR YOUR HEALTH, INC.

TO SUPPORT NEW PILOT PROGRAM FOR IN-HOME HEALTHCARE FOR UP TO 10 HOMEBOUND RESIDENTS (SENIORS OR INDIVIDUALS WITH DISABILITIES).

NAME OF RECIPIENT - COLUMBIA LIGHTHOUSE FOR THE BLIND

TO SUPPORT DIABETIC RETINOPATHY SCREENING PROJECT AND TO SUPPORT FREE VISION SERVICES PROVIDED TO CLOPPER MILL AND DES ELEMENTARY STUDENTS

NAME OF RECIPIENT - EVERYMIND

TO SUPPORT MENTAL HEALTH SERVICES EXPANSION (SUPPORTS THRIVING GERMANTOWN BEHAVIORAL HEALTH SERVICES) AND TO SUPPORT MENTAL HEALTH WORKFORCE AND ACCESS EXPANSION (TO RECRUIT AND TRAIN BILINGUAL/BICULTURAL INTERNS AND EXPAND BEHAVIORAL HEALTH SERVICES)

NAME OF RECIPIENT - GAITHERSBURG HELP

TO SUPPORT RX FUNDING ASSISTANCE (TO PROVIDE PRESCRIPTIONS FOR UNINSURED/UNDER-INSURED ADULTS AND CHILDREN AND FOOD ASSISTANCE)

NAME OF RECIPIENT - GERMANTOWN HELP INC.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO SUPPORT RX FUNDING ASSISTANCE (TO SUPPORT MEDICAL FINANCIAL ASSISTANCE AND FOOD ASSISTANCE FOR UNINSURED/UNDER-INSURED ADULTS AND CHILDREN)

NAME OF RECIPIENT - LEADERSHIP MONTGOMERY

TO SUPPORT CORE LEADERSHIP PARTNERSHIP PROGRAM AND TO PROVIDE RACE EQUITY TRAINING TO NONPROFIT HEALTHCARE LEADERS

NAME OF RECIPIENT - MONTGOMERY COMMUNITY TELEVISION

TO SUPPORT COMMUNITY MENTAL WELLNESS SYMPOSIUM (MONTGOMERY COUNTY MEDIA CAMPAIGN TO REDUCE STIGMA SURROUNDING MENTAL ILLNESS FOR ADULTS STRUGGLING WITH DEPRESSION)

NAME OF RECIPIENT - MONTGOMERY COUNTY FOOD COUNCIL

TO SUPPORT THE FOOD IS MEDICINE PROGRAM (TO SUPPORT CREATION OF FOOD REFERRAL GUIDES AT 3 PCC CLINICS (FOOD IS MEDICINE) AND TO SUPPORT FOOD AND NUTRITION ASSET MAPPING USING FOODSTAT)

NAME OF RECIPIENT - SHARED HORIZONS, INC.

TO SUPPORT MEDICAL FINANCIAL ASSISTANCE (FOR MEDICAL NEEDS OF DISABLED PEOPLE WHO LIVE IN MONTGOMERY COUNTY)

NAME OF RECIPIENT - SILVER TECHNOLOGY SYSTEMS

TO SUPPORT ISOLATED SENIORS (WITH COMPUTER AND TECHNOLOGY CONSULTING SERVICES) TO COMBAT THE EFFECTS OF ISOLATION ON HEALTH IN OUR AGING ADULTS IN MONTGOMERY COUNTY.

NAME OF RECIPIENT - SPIRIT CLUB FOUNDATIONS INC.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

TO SUPPORT FITNESS CLASSES (FOR MONTGOMERY COUNTY RESIDENTS WITH ALZHEIMER'S AND DEMENTIA AT JCA)

NAME OF RECIPIENT - THE ACE PROJECT

TO SUPPORT A COMMUNITY HEALTH EVENT (TO SUPPORT STUDENT ATHLETES AT SENECA VALLEY HIGH SCHOOL WITH COMMUNITY SERVICE PROJECTS TO IMPROVE AND SUPPORT HEALTH AND WELLNESS IN THE COMMUNITY - COORDINATING A GERMANTOWN COMMUNITY HEALTH DAY FOR AUGUST 25, 2018.)

NAME OF RECIPIENT - THE UNIVERSITIES AT SHADY GROVE

TO SUPPORT "HEALTHCARE CAREER PATHWAYS" FOR NURSING SCHOLARSHIPS AND TO SUPPORT THE EARN BACHELOR OF NURSING WORKFORCE PIPELINE PROGRAM

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - AMERICAN DIVERSITY GROUP

TO SUPPORT FREE DENTAL SCREENINGS (TO EXPAND FREE DENTAL SERVICES AT HEALTH FAIRS TO MONTGOMERY COUNTY RESIDENTS AND DES AND CM ELEMENTARY SCHOOLS)

NAME OF RECIPIENT - WOMEN WHO CARE MINISTRIES

TO SUPPORT HELPING KIDS EAT BACKPACK WEEKEND MEAL PROGRAM (TO SUPPORT HEALTHY AND NUTRITIONAL WEEKEND AND SUMMER MEALS TO FOOD-INSECURE DES CHILDREN)

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
PNC MONEY MARKET	146.	146.	0.
TOTAL TO PART I, LINE 3	146.	146.	0.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	767,289.	0.	767,289.	767,289.	0.
INVESTMENT FEES	-38,346.	0.	-38,346.	-38,346.	0.
TO PART I, LINE 4	728,943.	0.	728,943.	728,943.	0.

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	2,549.	0.	0.	2,549.
TO FM 990-PF, PG 1, LN 16A	2,549.	0.	0.	2,549.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	74,750.	5,903.	0.	62,592.
TO FORM 990-PF, PG 1, LN 16B	74,750.	5,903.	0.	62,592.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	4,110.	0.	0.	4,110.
TO FORM 990-PF, PG 1, LN 16C	4,110.	0.	0.	4,110.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX ON NET INVESTMENT INCOME	60,931.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	60,931.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	13,728.	0.	0.	18,204.
MEMBERSHIP DUES	15,260.	0.	0.	15,260.
INSURANCE	12,488.	0.	0.	12,488.
PENSION ADMINISTRATION EXPENSE	1,347.	28.	0.	1,319.
PAYROLL ADMINISTRATION	5,175.	103.	0.	5,149.
TO FORM 990-PF, PG 1, LN 23	47,998.	131.	0.	52,420.

FORM 990-PF OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGUARD TOTAL BOND MKT INDEX FUND	COST	6,795,429.	6,576,743.
VANGUARD TOTAL INTERNATIONAL BOND INDEX	COST	2,912,535.	2,930,159.
VANGUARD TOTAL STOCK MKT INDEX	COST	12,613,408.	16,759,495.
VANGUARD TOTAL INTERNATIONAL STOCK INDEX	COST	7,019,356.	7,899,434.
TOTAL TO FORM 990-PF, PART II, LINE 13		29,340,728.	34,165,831.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	2,466.	2,466.	0.
COMPUTER EQUIPMENT	1,649.	1,649.	0.
TOTAL TO FM 990-PF, PART II, LN 14	4,115.	4,115.	0.

FORM 990-PF OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ASSETS HELD IN CHARITABLE REMAINDER TRUST	76,579.	76,579.	143,172.
TO FORM 990-PF, PART II, LINE 15	76,579.	76,579.	143,172.

FORM 990-PF OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED FEDERAL EXCISE TAXES	61,719.	96,502.
FEDERAL EXCISE TAX PAYABLE	8,740.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	70,459.	96,502.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 12
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
WORKSOURCE MONTGOMERY	1801 ROCKVILLE PIKE, SUITE 320 ROCKVILLE, MD 20852

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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	175,317.	24,230.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		175,317.	24,230.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CRYSTAL CARR TOWNSEND
7910 WOODMONT AVENUE SUITE 500
BETHESDA, MD 20814

TELEPHONE NUMBER

301-907-9144

FORM AND CONTENT OF APPLICATIONS

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.

ANY SUBMISSION DEADLINES

FY 18 CAPACITY BUILDING GRANTS: 9/15/2017 UNTIL 12/1/2017
FY 18 SMALL GRANTS: 2/7/2018 - 6/25/2018

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 15
PART XV, LINES 2A - 2D (CONTINUATION)

RESTRICTIONS AND LIMITATIONS ON AWARDS

OR LESS) ABOUT ITS ORGANIZATION, MISSION, PROGRAMS, AND CLIENTELE TO: CRYSTAL.TOWNSEND@HIFMC.ORG.

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART XV, LINES 2A THROUGH 2D - GRANT APPLICATION SUBMISSION

EXPLANATION:

990-PF PART XV RESTRICTIONS OR LIMITATIONS ON AWARDS
THE 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.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
11	FURNITURE	08/22/00	SL	7.00		16	2,466.				2,466.	2,466.		0.	2,466
	* 990-PF PG 1 TOTAL FURNITURE & FIXTURES						2,466.				2,466.	2,466.		0.	2,466.
	MACHINERY & EQUIPMENT														
12	COMPUTER EQUIPMENT	04/22/13	SL	5.00		16	1,649.				1,649.	1,361.		288.	1,649.
	* 990-PF PG 1 TOTAL MACHINERY & EQUIPMENT						1,649.				1,649	1,361.		288.	1,649.
	* GRAND TOTAL 990-PF PG 1 DEPR						4,115				4,115.	3,827.		288.	4,115.

728111 04-01-17

(D) Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone