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

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
CONSUMER HEALTH FOUNDATION

A Employer identification number
53-0078064

Number and street (or P O box number if mail is not delivered to street address)
1200 U STREET NW NO 4TH FL

Room/suite

B Telephone number (see instructions)
(202) 939-3390

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20009

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)* ▶$ 24,043,196

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)	273,626			
	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	282,124	282,124		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	779,465			
	b	Gross sales price for all assets on line 6a 6,224,118				
	7	Capital gain net income (from Part IV, line 2)		779,465		
	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)	60,531	60,531		
	12	**Total.** Add lines 1 through 11	1,395,746	1,122,120	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	204,300	10,215	0	194,085
	14	Other employee salaries and wages	428,633	0	0	433,462
	15	Pension plans, employee benefits	177,557	4,559	0	168,427
	16a	Legal fees (attach schedule)	1,922	0	0	1,509
	b	Accounting fees (attach schedule)	109,040	7,536	0	101,504
	c	Other professional fees (attach schedule)	256,332	173,276	0	89,702
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	33,034	24,951	0	0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	165,878	0	0	134,727
	21	Travel, conferences, and meetings	87,348	0	0	88,315
	22	Printing and publications	2,983	0	0	2,983
	23	Other expenses (attach schedule)	137,556	153	0	127,052
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,604,583	220,690	0	1,341,766
	25	Contributions, gifts, grants paid	780,000			780,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,384,583	220,690	0	2,121,766
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-988,837			
	b	**Net investment income** (if negative, enter -0-)		901,430		
	c	**Adjusted net income** (if negative, enter -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	522,700	260,318	260,318
	2 Savings and temporary cash investments	1,282,863	1,389,622	1,389,622
	3 Accounts receivable ▶ 37,423			
	Less allowance for doubtful accounts ▶	47,069	37,423	37,423
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable	81,700	53,032	53,032
	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	23,167	33,490	33,490
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	10,579,257	8,255,135	8,255,135
	c Investments—corporate bonds (attach schedule)	2,530,772	3,991,997	3,991,997
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	11,579,226	9,922,179	9,922,179
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	200,000	100,000	100,000
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	26,846,754	24,043,196	24,043,196
Liabilities	17 Accounts payable and accrued expenses	41,255	39,306	
	18 Grants payable			
	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 ▶)	124,962	133,818	
	23 **Total liabilities**(add lines 17 through 22)	166,217	173,124	
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	26,536,707	23,870,072	
	25 Temporarily restricted	143,830	0	
	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)	26,680,537	23,870,072	
	31 **Total liabilities and net assets/fund balances** (see instructions)	26,846,754	24,043,196	

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	26,680,537
2	Enter amount from Part I, line 27a	2	-988,837
3	Other increases not included in line 2 (itemize) ▶	3	114,361
4	Add lines 1, 2, and 3	4	25,806,061
5	Decreases not included in line 2 (itemize) ▶	5	1,935,989
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	23,870,072

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	P		2018-12-31
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	6,224,118		5,444,653	779,465
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				779,465
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	779,465
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	779,465

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))
2017	2,215,635	24,790,300	0 089375
2016	2,509,160	23,407,557	0 107194
2015	2,497,663	24,219,599	0 103126
2014	2,479,192	27,188,069	0 091187
2013	3,002,320	26,383,177	0 113797

2	**Total** of line 1, column (d)	2	0 504679
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	0 100936
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	25,825,354
5	Multiply line 4 by line 3	5	2,606,708
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	9,014
7	Add lines 5 and 6	7	2,615,722
8	Enter qualifying distributions from Part XII, line 4	8	2,121,766

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	18,029
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	18,029
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	18,029
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 16,035		
b	Exempt foreign organizations—tax withheld at source — 6b:		
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	16,035
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	1,994
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ **Refunded** ▶	11	

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	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
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) ▶ DC			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b		No
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 2018 or the taxable year beginning in 2018? See the 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 CONSUMERHEALTHFDN ORG

14 The books are in care of ▶ KRISTEN CONTE Telephone no ▶ (202) 939-3390

Located at ▶ 1200 U STREET NW 4TH FLOOR WASHINGTON DC ZIP+4 ▶ 20009

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 2018, 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 the instructions for exceptions and filing requirements for FinCEN Form 114 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.

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		No
	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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ 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 2018 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 2018).*	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 2018?	4b		No

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	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		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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	(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 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	(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
SHARON ZALEWSKI 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	DIRECTOR 35 00	98,117	0	0
EDNA PUGEDA 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	SR PROGRAM OFFICER 35 00	94,630	0	0
TEMITUTU BENNETT 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	DIRECTOR OF POLICY A 35 00	89,442	0	0
NIVOSOA ROBJHON 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	EXECUTIVE ASSISTANT 35 00	77,013	0	0
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
RESOURCES & CONSERVATION CENTER 1400 16TH STREET NW WASHINGTON, DC 20036	LANDLORD	149,320
RBC WEALTH MANAGEMENT 345 CALIFORNIA STREET SAN FRANCISCO, CA 94104	INVESTMENT ADVISORY SERVICES	135,615
KRISTEN CONTE 615 PERSHING DRIVE SILVER SPRING, MD 20910	FINANCIAL MANAGEMENT	69,210
DC HEALTH LINK 1225 I ST NW WASHINGTON, DC 20005	HEALTH INSURANCE PROVIDER	54,843

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	24,753,821
b	Average of monthly cash balances		1b	1,464,813
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	26,218,634
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	26,218,634
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	393,280
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	25,825,354
6	**Minimum investment return.** Enter 5% of line 5		6	1,291,268

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	1,291,268
2a	Tax on investment income for 2018 from Part VI, line 5	2a	18,029		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b	1,750		
c	Add lines 2a and 2b			2c	19,779
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,271,489
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,271,489
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	1,271,489

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	2,121,766
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	2,121,766
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	2,121,766

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,271,489
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. 1,715,801				
b From 2014. 1,199,880				
c From 2015. 523,275				
d From 2016. 588,195				
e From 2017. 990,313				
f Total of lines 3a through e.	5,017,464			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 2,121,766				
a Applied to 2017, 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 2018 distributable amount.				1,271,489
e Remaining amount distributed out of corpus	850,277			
5 Excess distributions carryover applied to 2018	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	5,867,741			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions) . . .	1,715,801			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	4,151,940			
10 Analysis of line 9				
a Excess from 2014. . . . 1,199,880				
b Excess from 2015. . . . 523,275				
c Excess from 2016. . . . 588,195				
d Excess from 2017. . . . 990,313				
e Excess from 2018. . . . 850,277				

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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 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))

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

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

EDNA PUGEDA
1200 U STREET NW 4TH FLOOR
WASHINGTON, DC 20009
(202) 939-3390
RIA@CONSUMERHEALTHFDN ORG

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

VISIT WWW CONSUMERHEALTHFDN ORG FOR APPLICATION INFORMATION

c Any submission deadlines

NO

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

NONPROFIT ORGANIZATIONS IN THE WASHINGTON DC METRO AREA UNDERTAKING ADVOCACY ON HEALTH JUSTICE AND ACCESS TO QUALITY HEALTHCARE

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**				
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

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	282,124	
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	779,465	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a SUBLEASE INCOME			16	59,208	
b MISCELLANEOUS INCOME			01	1,323	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		1,122,120	0
13 **Total.** Add line 12, columns (b), (d), and (e).				**13**	1,122,120

(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) (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) (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

******	2019-11-13	******
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
PAMELA GRAY		2019-11-13		P01237506

Firm's name ▶ SB & COMPANY — Firm's EIN ▶20-2153727

Firm's address ▶ 10200 GRAND CENTRAL AVE SUITE 250 OWINGS MILLS 21117 OC — Phone no (410) 584-0060

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
DEBORAH SMITH 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	CHAIR 1 00	0	0	0
DAVID HARRINGTON 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	VICE CHAIR 1 00	0	0	0
ART STEVENS 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	TREASURER/SECRETARY 1 00	0	0	0
WENDY CHUN-HOON 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	0
DARAKSHAN RAJA 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	0
TONYA KINLOW 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	0
JACQUELYN LENDSEY 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	0
YANIQUE REDWOOD 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	PRESIDENT & CEO 40 00	204,300	24,509	0
SILVIA SALAZAR 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	0
AYDIN TUNCER 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	0
ALAN WEIL 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	0
DAVID ZUCKERMAN 1200 U STREET NW 4TH FLOOR WASHINGTON, DC 20009	MEMBER 1 00	0	0	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 UNIVERSITY 4400 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20016			GENERAL OPERATIONS	20,000
BLACK YOUTH PROJECT 100 DC 1536 U ST NW WASHINGTON, DC 20009			GENERAL OPERATIONS	15,000
BREAD FOR THE CITY1525 7TH ST NW WASHINGTON, DC 20001			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
CASA OF MARYLAND8151 15TH AVENUE LANGLEY PARK, MD 20783			GENERAL OPERATIONS	25,000
CENTREVILLE IMMIGRATION FORUM 5944 CENTREVILLE CREST LANE CENTREVILLE, VA 20121			GENERAL OPERATIONS	20,000
COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 329 E CARY STREET SUITE 200 RICHMOND, VA 23219			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
CENTER ON BUDGET AND POLICY PRIORITIESDC FISCAL POLICY INSTITUTE 820 FIRST STREET SUITE 510 NE WASHINGTON, DC 20002			GENERAL OPERATIONS	25,000
DEFENDING RIGHTS AND DISSENT INCJUSTICE FOR MUSLIMS COLLECTIVE 1325 G STREET NW WASHINGTON, DC 20005			GENERAL OPERATIONS	10,000
DC JOBS WITH JUSTICE 1875 CONNECTICUT AVENUE 10TH FLOOR NW WASHINGTON, DC 20009			GENERAL OPERATIONS	15,000
Total . . . . . ▶ **3a**				780,000

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*				
DC PRIMARY CARE ASSOCIATION 1620 I STREET SUITE 300 NW WASHINGTON, DC 20006			GENERAL OPERATIONS	25,000
FOOD RESEARCH AND ACTION CENTERDC HUNGER SOLUTIONS 1200 18TH ST NW SUITE 400 WASHINGTON, DC 20036			GENERAL OPERATIONS	25,000
FOOD RESEARCH AND ACTION CENTERMARYLAND HUNGER SOLUTIONS 711 W 40TH ST 360 BALTIMORE, MD 21211			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
GREATER WASHINGTON COMMUNITY FOUNDATIONWORKFORCE DEVELOPMENT COLLABORATIVE 1201 15TH STREET NW SUITE 420 WASHINGTON, DC 20005			GENERAL OPERATIONS	25,000
IMPACT SILVER SPRING 8807 COLESVILLE ROAD LOWER LEVEL SILVER SPRING, MD 20910			GENERAL OPERATIONS	25,000
LA CLINICA DEL PUEBLO 2831 15TH STREET NW WASHINGTON, DC 20009			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE SUITE A CHARLOTTESVILLE, VA 22903			GENERAL OPERATIONS	25,000
MANY LANGUAGES ONE VOICE 3166 MT PLEASANT ST NW WASHINGTON, DC 20010			GENERAL OPERATIONS	25,000
MARYLAND CENTER ON ECONOMIC POLICY 1800 N CHARLES ST BALTIMORE, MD 21201			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
MIRIAM'S KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 20037			GENERAL OPERATIONS	25,000
NATIONAL COUNCIL FOR INCARCERATED AND FORMERLY INCARCERATED WOMEN AND GIRLS 13802 SOUTH SPRINGFIELD ROAD BRANDYWINE, MD 20613			GENERAL OPERATIONS	15,000
NATIONAL KOREAN AMEIRICAN SERVICE AND EDUCATION CONSORTIUM 4304 EVERGREEN LANE SUITE 104 ANNANDALE, VA 22003			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
ORGANIZING NEIGHBORHOOD EQUITY 614 S STREET NW WASHINGTON, DC 20001			GENERAL OPERATIONS	25,000
THE PRAXIS PROJECTBLACK ORGANIZING FOR LEADERSHIP AND DIGNITY 1001 CONNECTICUT AVE SUITE 201 NW WASHINGTON, DC 20036			GENERAL OPERATIONS	20,000
THE PRAXIS PROJECTUNDOCUBLACK NETWORK 1001 CONNECTICUT AVE SUITE 201 NW WASHINGTON, DC 20036			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
PRIMARY CARE COALITION OF MONTGOMERY COUNTY 8757 GEORGIA AVE SILVER SPRING, MD 20910			GENERAL OPERATIONS	25,000
PUBLIC JUSTICE CENTER ONE N CHARLES ST SUITE 200 BALTIMORE, MD 21218			GENERAL OPERATIONS	25,000
RESTAURANT OPPORTUNITIES CENTER DC 1100 FLORIDA AVENUE NW WASHINGTON, DC 20009			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
SOCIAL GOOD FUNDDC FAIR BUDGET COALITION 1419 V ST NW WASHINGTON, DC 20009			GENERAL OPERATIONS	25,000
SOCIAL GOOD FUNDDC FAIR BUDGET COALITION 1419 V ST NW WASHINGTON, DC 20009			GENERAL OPERATIONS	10,000
TENANTS AND WORKERS UNITED 3801 MT VERNON AVE SUITE 215 ALEXANDRIA, VA 22305			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
TIDES CENTERSAFE PLACES FOR THE ADVANCEMENT OF COMMUNITY AND EQUITY 1536 U STREET NW WASHINGTON, DC 20009			GENERAL OPERATIONS	10,000
VIRGINIA CIVIC ENGAGEMENT TABLE 805 GLENBURNIE RD 8586 RICHMOND, VA 23226			GENERAL OPERATIONS	20,000
VIRGINIA ORGANIZINGVIRGINIA COALITION OF LATINO ORGANIZATIONS 6066 LEESBURG PIKE 520 FALLS CHURCH, VA 22041			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

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*				
VOICES FOR VIRGINIA'S CHILDREN 701 EAST FRANKLIN STREET SUITE 807 RICHMOND, VA 23219			GENERAL OPERATIONS	25,000
WASHINGTON AIDS PARTNERSHIP 1400 16TH STREET SUITE 740 NW WASHINGTON, DC 20036			GENERAL OPERATIONS	25,000
Total . . . . . ▶ **3a**				780,000

TY 2018 Accounting Fees Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	109,040	7,536	0	101,504

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Explanation of Non-Filing with Attorney General Statement

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Statement:

DISTRICT OF COLUMBIA DOES NOT REQUIRE A COPY OF THE FEDERAL TAX RETURN.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Investments Corporate Bonds Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
DOMESTIC FIXED INCOME - RBC	3,991,997	3,991,997

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Investments Corporate Stock Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DOMESTIC COMMON STOCKS - RBC	5,677,248	5,677,248
FOREIGN STOCKS HELD-RBC	1,637,954	1,637,954
MUTUAL FUNDS - RBC	939,933	939,933

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Investments - Other Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
TRG GROWTH PARTNERSHIP	FMV	80,445	80,445
TIFF PARTNERS EQUITY PARTNERS 2011	FMV	349,422	349,422
GENERATION IM	FMV	5,764,660	5,764,660
DBL PARTNERS FUND	FMV	641,327	641,327
F&C	FMV	1,209,969	1,209,969
GOLDENTREE OFFSHORE F FUND	FMV	34,189	34,189
BOSTON COMM INT'L SOCIAL FUND	FMV	1,304,243	1,304,243
REAL ESTATE INVESTMENT TRUST	FMV	292,471	292,471
ILLUMEN CAPITAL	FMV	245,453	245,453

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Legal Fees Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,922	0	0	1,509

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Other Assets Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROGRAM RELATED INVESTMENTS PRI - WACIF	100,000	100,000	100,000
PROGRAM RELATED INVESTMENTS ENTERPRISE	100,000		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Other Decreases Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Description	Amount
UNREALIZED INVESTMENT GAIN/ (LOSS)	1,935,989

TY 2018 Other Expenses Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE FUNCTIONS	38,100	0	0	39,006
MISCELLANEOUS	3,432	153	0	2,341
INSURANCE	8,740	0	0	8,912
CAPACITY BUILDING	47,875	0	0	37,504
PROFESSIONAL DEVELOPMENT	14,670	0	0	14,550
MEMBERSHIP AND PARTNERSHIP	24,739	0	0	24,739

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Other Income Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SUBLEASE INCOME	59,208	59,208	59,208
MISCELLANEOUS INCOME	1,323	1,323	1,323

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Other Increases Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Description	Amount
TRANSFER OF FUNDS	114,361

TY 2018 Other Liabilities Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED SECURITY DEPOSIT	124,962	133,818

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317017559

TY 2018 Other Professional Fees Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	173,276	173,276	0	0
CONSULTANT FEES	81,136	0	0	87,782
	0	0	0	0
WEB SITE DEVELOPEMENT	1,920	0	0	1,920

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317017559

TY 2018 Taxes Schedule

Name: CONSUMER HEALTH FOUNDATION

EIN: 53-0078064

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	16,885	16,885	0	0
FOREIGN TAX	8,065	8,066	0	0
DEFERRED EXCISE TAX	8,084	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317017559

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2018

Name of the organization
CONSUMER HEALTH FOUNDATION

Employer identification number
53-0078064

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 other 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 990PF, 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
CONSUMER HEALTH FOUNDATION

Employer identification number
53-0078064

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
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization	Employer identification number
CONSUMER HEALTH FOUNDATION	53-0078064

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
CONSUMER HEALTH FOUNDATION

Employer identification number
53-0078064

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 information once. See instructions.) ▶ $** ____________
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	

Additional Data

Software ID:
Software Version:
EIN: 53-0078064
Name: CONSUMER HEALTH FOUNDATION

Form 990 Schedule B, 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	EUGENE AND AGNES E MEYER FOUNDATION 1250 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	HEALTHCARE INITIATIVE FOUNDATION 7910 WOODMONT AVENUE 500 BETHESDA, MD 20814	$ 22,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	MORRIS & GWENDOLYN CAFRITZ FOUNDATION 1825 K STREET NW WASHINGTON, DC 20006	$ 17,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
4	NORTHERN VIRGINIA HEALTH FOUNDATION 1940 DUKE STREET 200 ALEXANDRIA, VA 22314	$ 32,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
5	POTOMAC HEALTH FOUNDATION 2296 OPITZ BOULEVARD WOODBRIDGE, VA 22191	$ 16,594	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
6	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES IN 2101 EAST JEFFERSON STREET ROCKVILLE, MD 20852	$ 126,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Form 990 Schedule B, 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
7	TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	$ 20,532	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
8	GREATER WASHINGTON COMMUNITY FOUNDATION 1325 G STREET NW WASHINGTON, DC 20005	$ 4,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
9	UNIVERSITY OF MARYLAND 3310 SPH BUILDING 255 COLLEGE PARK, MD 20742	$ 4,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)