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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

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation
THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

Number and street (or P O box number if mail is not delivered to street address)
1759 Q STREET NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200092407

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16)

\$ 2,744,669

J Accounting method

☒ Cash

☐ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis)

A Employer identification number

52-1292049

B Telephone number (see instructions)

(202) 667-5041

C If exemption application is pending, check here

☐

D 1. Foreign organizations, check here

☐

2 Foreign organizations meeting the 85% test, check here and attach computation

☐

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

☐

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)	3,000		
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments	263	263	
	4 Dividends and interest from securities	82,445	82,445	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	-10,592		
	b Gross sales price for all assets on line 6a	14,791		
	7 Capital gain net income (from Part IV, line 2)		0	
	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)	5,084	0		
12 Total. Add lines 1 through 11	80,200	82,708		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	3,250	0	0
	c Other professional fees (attach schedule)			
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	3,625	1,407	0
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)	2,336	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	9,211	1,407	0
25 Contributions, gifts, grants paid	102,504		102,504	
26 Total expenses and disbursements. Add lines 24 and 25	111,715	1,407	102,504	
	27 Subtract line 26 from line 12			
	a Excess of revenue over expenses and disbursements	-31,515		
	b Net investment income (if negative, enter -0-)		81,301	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2019)

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			
	2 Savings and temporary cash investments	78,556	82,724	82,724
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,431,359	1,404,209	2,552,193
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	8,533	0	109,752
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,518,448	1,486,933	2,744,669	
Liabilities	17 Accounts payable and accrued expenses			
	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 ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	2,034,096	2,034,096	
	27 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	-515,648	-547,163	
	29 Total net assets or fund balances (see instructions)	1,518,448	1,486,933	
30 Total liabilities and net assets/fund balances (see instructions) .	1,518,448	1,486,933		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	1,518,448
2 Enter amount from Part I, line 27a	2	-31,515
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,486,933
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 29 .	6	1,486,933

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	P		
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 14,791		25,383	-10,592
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			-10,592
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	-10,592
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	

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))
2018	123,000	2,617,819	0 046986
2017	153,059	2,641,698	0 057940
2016	132,494	2,561,946	0 051716
2015	138,665	2,602,337	0 053285
2014	120,177	2,684,777	0 044762

2 Total of line 1, column (d)	2	0 254689
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 050938
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,591,956
5 Multiply line 4 by line 3	5	132,029
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	813
7 Add lines 5 and 6	7	132,842
8 Enter qualifying distributions from Part XII, line 4 ,	8	102,504

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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	1,626
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	1,626
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	1,626
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	1,569
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	1,569
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	57
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 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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). <i>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</i>	1b	No
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 <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? <i>If "No," attach explanation</i>	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	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? Website address WWW TECHNOLOGYHEALTHCARE ORG	13	Yes	
14	The books are in care of JACQUELINE SCHICK Telephone no (202) 667-5041			

Located at **1759 Q STREET NW WASHINGTON DC** ZIP+4 **200092407**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2019, 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	Yes	No

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)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2019 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 2019).	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 2019?	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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/>	
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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

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

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	2,532,793
b	Average of monthly cash balances.	1b	98,634
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,631,427
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	2,631,427
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	39,471
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,591,956
6	Minimum investment return. Enter 5% of line 5.	6	129,598

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	129,598
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	1,626
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,626
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	127,972
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	127,972
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	127,972

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	102,504
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	102,504
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	102,504

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				127,972
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			99,575	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 102,504				
a Applied to 2018, but not more than line 2a			99,575	
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 2019 distributable amount.				2,929
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019 (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	0			
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020.				125,043
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 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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 2019, 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)

2a 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	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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					

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

Part XV

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

JACQUELINE W SCHICK
1759 Q STREET NW
WASHINGTON, DC 200092407
(301) 704-1577
JSCHICK@ITHCAWARDS.ORG

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

SEE THE ATTACHED STMT - ALSO AVAILABLE AT HTTP //WWW.ITHCAWARDS.ORG/CONTACT

c Any submission deadlines

SEE THE ATTACHED STMT - ALSO AVAILABLE AT HTTP //WWW.ITHCAWARDS.ORG/CONTACT

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

SEE THE ATTACHED STMT - ALSO AVAILABLE AT HTTP //WWW.ITHCAWARDS.ORG/CONTACT

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 <i>Paid during the year</i>				
AMERICAN ACADEMY OF HIV MEDICINE 1705 DESALES STREET NW 700 WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE PROGRAMS	35,304
ESCUELA AGRICOLA PAN-AMERICANA INC (ZAMORANO UNIVERSITY) 1701 PENNSYLVANIA AVE NW 300 WASHINGTON, DC 20006	NONE	PUBLIC CHARITY	PARTIAL FUNDING OF A STUDY "NUTRITIONAL ASSESSMENT AND RISK PREVALENCE OF NON-TRANSMITTED CHRONIC DISEASES IN YEGUARE VALLEY, ZAMORANO, HONDURAS "	32,000
VILLAGEMED PO BOX 8476 RICHMOND, VA 23226	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE PROGRAMS	5,200
THE MEDICAL SOCIETY AND ALLIANCE FOUNDATION 1250 23RD ST NW SUITE 270 WASHINGTON, DC 20037	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE PROGRAMS	30,000
Total			▶ 3a	102,504
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions)
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	263	
4 Dividends and interest from securities. . . .			14	82,445	
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	-10,592	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a BUSINESS INCOME FROM PASSTHROUGHS	211110	5,084			
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).		5,084		72,116	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)					77,200

[illegible]

Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (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.
- (2) Other assets.
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
- 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

[illegible]

- 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.		
	*****	2020-03-22	*****
	_____ 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 <input type="checkbox"/>	PTIN
	JANET BUTTERS CPA		2020-03-22		P01278219
	Firm's name ▶ E COHEN AND COMPANY CPAS				Firm's EIN ▶ 52-1754364
	Firm's address ▶ ONE RESEARCH COURT SUITE 400 ROCKVILLE, MD 20850				Phone no (301) 691-3600

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
CESAR A CACERES DECEASED	FORMER EXECUTIVE DIRECTOR 2 00	0	0	0
2500 VIRGINIA AVE NW 714 WASHINGTON, DC 20037				
WILLIAM R AYERS MD	PRESIDENT, TREASURER 2 00	0	0	0
8115 THOREAU DRIVE BETHESDA, MD 20817				
GUY HAMMER	VICE-PRESIDENT 2 00	0	0	0
8902 EWING DRIVE BETHESDA, MD 20817				
JACQUELINE SCHICK	INCOMING EXEC DIR , SECRETARY 2 00	0	0	0
1759 Q STREET NW WASHINGTON, DC 200092407				
ANA LUCIA VALLARDES GALVEZ	DIRECTOR 2 00	0	0	0
1759 Q STREET NW WASHINGTON, DC 200092407				
JOHN H DIAMOND	DIRECTOR 2 00	0	0	0
1759 Q STREET NW WASHINGTON, DC 200092407				
J DESIREE PINEDA	DIRECTOR 2 00	0	0	0
1759 Q STREET NW WASHINGTON, DC 200092407				
RICHARD R SWIFT	DIRECTOR 2 00	0	0	0
4400 SANGAMORE ROAD BETHESDA, MD 20816				

TY 2019 Accounting Fees Schedule

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

EIN: 52-1292049

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	3,250	0		0

TY 2019 Explanation of Non-Filing with Attorney General Statement

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

EIN: 52-1292049

Statement:

THE DISTRICT OF COLUMBIA NEITHER REQUIRES NOR ACCEPTS COPIES OF FORM 990-PF.

TY 2019 General Explanation Attachment

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

EIN: 52-1292049

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	GRANT APPLICATION INFORMATION	990-PF, PART XV, LINE 2	<p>APPLICATION GUIDE FOR ITHC AWARDS PLEASE PROVIDE THE FOLLOWING INFORMATION IN SUBMITTING A PROPOSAL FOR CONSIDERATION BY THE INSTITUTE FOR TECHNOLOGY IN HEALTH CARE A CONTACT INFORMATION NAME OF THE APPLICANT ORGANIZATION NAME AND TITLE OF THE PRINCIPAL CONTACT PERSON STREET ADDRESS CITY, STATE, ZIP COUNTRY PHONE NUMBER FAX NUMBER, IF AVAILABLE E-MAIL ADDRESS B PROJECT INFORMATION INDICATE WHICH ITHC AWARD IS BEST SUITED FOR YOUR PROJECT W RAYMOND MIZE, JR., MD, TECHNOLOGY IN CLINICAL CARE AWARDS PROJECTS TO IMPROVE HEALTH CARE IN HONDURAS PROJECTS IN LATIN AMERICA CLINICAL ENGINEERING PROJECTS HIV HEALTH CARE DESCRIBE IN TWO OR LESS PAGES PROJECT GOALS, ORGANIZATION, AND TIMING OR EDUCATIONAL LEVELS OF PERFORMER(S) HOW THE PROJECT, PAPER, PRESENTATION OR OTHER PROPOSAL WILL STIMULATE OTHERS AND MEET GOALS OF THE INSTITUTE FOR TECHNOLOGY IN HEALTH CARE? HOW THE APPLICANT ORGANIZATION WILL ANNOUNCE THE AWARD? HOW, WHERE AND WHEN WILL THE APPLICANT ORGANIZATION PRESENT THE AWARD? WHAT IS THE MINIMAL AMOUNT OF FUNDING REQUIRED FOR YOUR PROJECT? PLEASE DETAIL HOW THE FUNDS WILL BE SPENT IF A USA ORGANIZATION, IRS STATUS IS NECESSARY IF NOT A USA ORGANIZATION, ACCREDITATION OF APPLICANT ORGANIZATION OR CREDENTIALS MUST BE INCLUDED TAX-EXEMPT STATUS FOR APPLICANT ORGANIZATIONS OUTSIDE THE UNITED STATES, SUBMIT ACCREDITATION OR CREDENTIALS WITH YOUR SUBMISSION ARE THERE OTHER ORGANIZATIONS CO-SPONSORING THE SAME IDENTICAL OR CLOSELY RELATED WORK? C PERMISSION STATEMENT PERMISSION MUST BE GIVEN TO THE ITHC TO REPRINT RESULTS OR PUBLISH THEM OR AN EXTENSIVE SUMMARIZATION IN ITS WEBSITE PAGES D SUBMISSIONS PLEASE FAX OR MAIL YOUR SUBMISSION TO THE INSTITUTE FOR TECHNOLOGY IN HEALTH CARE YOU MAY ALSO USE OUR CONTACT PAGE PROHIBITION IN ACCORDANCE WITH INTERNAL REVENUE SERVICE REGULATIONS, ITHC CAN NOT CONSIDER PROPOSALS THAT INCLUDE LOBBYING ACTIVITIES OR ATTEMPTS IN ANY WAY TO INFLUENCE LEGISLATION AT ANY LEVEL NOR CAN WE CONSIDER PROPOSALS ON BEHALF OF FOREIGN GOVERNMENT ENTITIES SUBMIT YOUR PROPOSAL TO JACQUELINE W SCHICK BOARD SECRETARY INSTITUTE FOR TECHNOLOGY IN HEALTH CARE 1759 Q STREET, N W WASHINGTON, DC 20009-2407 U S A TELEPHONE 202-360-4886 FAX 202-338-0089 E-MAIL INFO@ITHCAWARDS.ORG</p>

TY 2019 Investments Corporate Stock Schedule

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE
EIN: 52-1292049

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ASTRAZENECA PLC SPON ADR	12,858	25,927
A T & T INC	71,336	94,769
BRIGHTHOUSE FINL. INC.	2,680	1,883
CA RES. CORP.	182	172
CHEVRON CORPORATION	61,954	96,408
CIGNA CORPORATION	59,890	308,166
CONSOLIDATED EDISON INC	49,718	90,470
DOMINION ENERGY CORP.	84,962	142,616
DUKE ENERGY CORP	62,669	101,790
EDISON INTL EIX	47,755	93,131
ENTERGY CORP	20,592	37,138
GENERAL ELECTRIC COMPANY	23,329	8,037
HAWAIIAN ELEC INDS	21,272	38,660
JOHNSON & JOHNSON	34,477	79,934
KIMBERLY-CLARK CORP	71,604	153,368
MACY'S INC.	24,107	17,000
MARATHON OIL CORP	14,910	7,035
MARATHON PETROLEUM CORP	10,086	31,210
METLIFE INC	23,214	26,953
NOBLE ENERGY INC	47,721	51,062
OCCIDENTAL PETE CORP	109,827	86,022
P P G INDUSTRIES INC	32,400	150,540
REALTY INCOME CORP REIT	67,300	154,623
ROYAL DUTCH SHELL PLC ADR	149,216	147,155
THE SOUTHERN COMPANY	82,629	142,051
TRAVELERS COS. INC.	23,819	74,396
UNITED HEALTH GROUP	34,290	176,730
VERIZON COMMUNICATIONS COM	94,833	148,895
WABTEC	234	233
CAPITAL INCOME BLDR CL A	27,246	30,782

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
OPPENHEIMER INTL BOND FUND CL A	37,099	35,037

TY 2019 Investments - Other Schedule

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

EIN: 52-1292049

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WESTERN MIDSTREAM PARTNERS, LP	AT COST	0	109,752

TY 2019 Other Expenses Schedule

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

EIN: 52-1292049

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	551	0		0
NONDEDUCTIBLE EXPENSE FROM PASS-THROUGH	1	0		0
INVESTMENT EXPENSE	1,784	0		0

TY 2019 Other Income Schedule

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

EIN: 52-1292049

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BUSINESS INCOME FROM PASSTHROUGHS	5,084		5,084

TY 2019 Taxes Schedule

Name: THE INSTITUTE FOR TECHNOLOGY IN
HEALTH CARE

EIN: 52-1292049

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	2,218	0		0
FOREIGN TAX	1,407	1,407		0