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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 07-01-2019 , and ending 06-30-2020

Name of foundation
HEALTHCARE INITIATIVE FOUNDATION

A Employer identification number
23-7324576

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 35,460,648

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)	10,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	11	11		
	4	Dividends and interest from securities	782,829	782,829		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	339,451			
	b	Gross sales price for all assets on line 6a 3,001,350				
	7	Capital gain net income (from Part IV, line 2)		339,451		
	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)	4,800	0	0	
	12	**Total.** Add lines 1 through 11	1,137,091	1,122,291	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	195,966	2,026	0	193,750
	14	Other employee salaries and wages	152,862	0	0	152,891
	15	Pension plans, employee benefits	60,373	354	0	59,294
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	82,847	4,053	0	88,194
	c	Other professional fees (attach schedule)	5,000	0	0	5,000
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	22,313	0	0	0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	24,010	0	0	24,010
	21	Travel, conferences, and meetings	10,041	133	0	7,439
	22	Printing and publications				
	23	Other expenses (attach schedule)	70,078	62	0	69,863
	24	**Total operating and administrative expenses.** Add lines 13 through 23	623,490	6,628	0	600,441
	25	Contributions, gifts, grants paid	-963			1,001,259
	26	**Total expenses and disbursements.** Add lines 24 and 25	622,527	6,628	0	1,601,700
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	514,564			
	b	**Net investment income** (if negative, enter -0-)		1,115,663		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	43,074	536,304	536,304
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 30,487			
	Less: allowance for doubtful accounts ▶		30,487	30,487
	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	15,107	747,484	747,484
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	30,396,324	29,373,603	34,000,082
	14 Land, buildings, and equipment: basis ▶ 4,115			
	Less: accumulated depreciation (attach schedule) ▶ 4,115			
	15 Other assets (describe ▶)	76,579	76,579	146,291
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	30,531,084	30,764,457	35,460,648
Liabilities	17 Accounts payable and accrued expenses	48,193	57,500	
	18 Grants payable	270,500		
	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 ▶)	110,763	64,308	
	23 **Total liabilities**(add lines 17 through 22)	429,456	121,808	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	30,101,628	30,642,649	
	25 Net assets with donor restrictions	0	0	
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	30,101,628	30,642,649	
	30 **Total liabilities and net assets/fund balances** (see instructions)	30,531,084	30,764,457	

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	30,101,628
2	Enter amount from Part I, line 27a	2	514,564
3	Other increases not included in line 2 (itemize) ▶	3	26,457
4	Add lines 1, 2, and 3	4	30,642,649
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	30,642,649

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	3,001,350		2,661,899	339,451
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				339,451
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	339,451
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	1,612,649	33,751,719	0.047780
2017	1,893,601	34,525,072	0.054847
2016	1,854,851	32,225,029	0.057559
2015	1,815,694	31,242,736	0.058116
2014	1,574,370	33,333,374	0.047231

2	**Total** of line 1, column (d)	2	0.265533
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	0.053107
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	33,941,200
5	Multiply line 4 by line 3	5	1,802,515
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	11,157
7	Add lines 5 and 6	7	1,813,672
8	Enter qualifying distributions from Part XII, line 4	8	1,601,700

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	22,313
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	22,313
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	22,313
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 48,000		
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	48,000
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	25,687
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 25,687 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MD			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? 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.HIFMC.ORG

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

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

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

16	At any time during calendar year 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?	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 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?	☐ 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 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))?	☐ 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
JESSICA FUCHS 12410 MILESTONE CENTER DRIVE SUITE 600 GERMANTOWN, MD 20876	EXECUTIVE ASSISTANT 40.00	89,594	18,732	0
FAYE GREENE 12410 MILESTONE CENTER DRIVE SUITE 600 GERMANTOWN, MD 20876	DIRECTOR, GRANTS & C 40.00	63,268	13,858	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
COUNCILOR BUCHANAN & MITCHELL 7910 WOODMONT AVE SUITE 500 BETHESDA, MD 20814	ACCOUNTING	66,562
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	34,257,910
b	Average of monthly cash balances	1b	200,161
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	34,458,071
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	34,458,071
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	516,871
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	33,941,200
6	**Minimum investment return.** Enter 5% of line 5	6	1,697,060

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	1,697,060
2a	Tax on investment income for 2019 from Part VI, line 5	2a	22,313		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	22,313
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,674,747
4	Recoveries of amounts treated as qualifying distributions			4	963
5	Add lines 3 and 4			5	1,675,710
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	1,675,710

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,601,700
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,601,700
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,601,700

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				1,675,710
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015. 224,938				
c From 2016. 276,344				
d From 2017. 157,491				
e From 2018. 658,773				
f **Total** of lines 3a through e.	1,317,546			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 1,601,700				
a Applied to 2018, 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 2019 distributable amount.				1,601,700
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019.	74,010			74,010
(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	1,243,536			
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				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 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	1,243,536			
10 Analysis of line 9:				
a Excess from 2015. . . . 150,928				
b Excess from 2016. . . . 276,344				
c Excess from 2017. . . . 157,491				
d Excess from 2018. . . . 658,773				
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)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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:

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

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

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

c Any submission deadlines:

FY20 CAPACITY BUILDING GRANTS: MARCH 2019 TO MARCH 2020 FY20 SMALL GRANTS: JUNE 2019 TO JUNE 2020

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

THE FOUNDATION CONSIDERS GRANTS TO 501(C)(3) HEALTHCARE NONPROFITS THAT ARE BASED IN MONTGOMERY COUNTY, MARYLAND, OR TO NONPROFITS THAT HAVE COUNTY-BASED HEALTH PROGRAMS OR ACTIVITIES. WITHIN ITS GEOGRAPHIC AND FOCUS AREA, IT CONSIDERS EFFORTS TO: -IMPROVE THE QUALITY AND DELIVERY OF HEALTHCARE; -EXPAND THE AVAILABILITY OF COMPREHENSIVE HEALTHCARE; -BUILD APPROPRIATE CAPACITY IN THE HEALTHCARE NETWORK; AND -GROW THE HEALTHCARE WORKFORCE.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,001,259
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

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			14	11	
4 Dividends and interest from securities			14	782,829	
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	339,451	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a ADMINISTRATIVE FEE INCOME					4,800
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		1,122,291	4,800
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	1,127,091

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.)
11A	ADMINISTRATIVE SERVICES WERE PROVIDED TO DISTRIBUTE GRANTS

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.

******	2021-03-19	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
BRIAN J GIGANTI				P00646609
Firm's name ▶ CITRIN COOPERMAN & COMPANY LLP				Firm's EIN ▶22-2428965
Firm's address ▶ 2 BETHESDA METRO CENTER 11TH FLOOR BETHESDA, MD 20814				Phone no. (301) 654-9000

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

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
ROBERT H MYERS JR 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	CHAIR 1.50	0	0	0
DAVID KRESSLER 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	VICE CHAIR 1.50	0	0	0
GEORGE DINES 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TREASURER 1.50	0	0	0
DEBORAH FISHER 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	SECRETARY 1.00	0	0	0
BENJAMIN GIULIANI 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 0.40	0	0	0
MIKE KNAPP 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 1.00	0	0	0
MARTA BRITO PEREZ 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 0.80	0	0	0
CRYSTAL TOWNSEND 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	PRESIDENT & CEO 40.00	195,966	34,291	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIVERSITY GROUP 8815 CENTRE PARK DRIVE SUITE 430 COLUMBIA, MD 20875	NONE	PC	HEALTHY SMILE PROGRAM	17,000
ASPIRE COUNSELING INC 16220 FREDERICK ROAD GAITHERSBURG, MD 20017	NONE	PC	HEALTHY MOTHER'S, HEALTHY BABIES (HMHB)	30,000
AYUDA1413 K STREET NW FIFTH FLOOR WASHINGTON, DC 20850	NONE	PC	TRAUMA INFORMED BEHAVIORAL HEALTH AND WELLNESS PROGRAM	9,500
Total . . . . . ▶ **3a**				1,001,259

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*				
CARE FOR YOUR HEALTH INC 13925 NEW HAMPSHIRE AVE SILVER SPRING, MD 20003	NONE	PC	COVID-19 TELEMEDICINE RESPONSE SUPPORT	5,000
CARINGMATTERS 518 SOUTH FREDERICK AVENUE GAITHERSBURG, MD 20877	NONE	PC	THE WHOLE YOU: SUPPORTING LIFES NEEDS DURING CANCER	12,500
COLUMBIA LIGHTHOUSE FOR THE BLIND 8757 GEORGIA AVENUE SUITE 805 SILVER SPRING, MD 20877	NONE	PC	CLB DIABETIC RETINOPATHY SCREENINGS	55,000
Total . . . . . ▶ **3a**				1,001,259

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*				
CRITTENTON SERVICES OF GREATER WASHINGTON 815 SILVER SPRING AVENUE SILVER SPRING, MD 20850	NONE	PC	EXPANDING CAPACITY TO SERVE THE NEEDS OF UPCOUNTY IMMIGRANT TEEN GIRLS	10,000
EVERYMIND (FORMERLY MHA OF MOCO) 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20019	NONE	PC	EXPANDING ACCESS TO BEHAVIORAL HEALTH SERVICES	51,500
FAMILY SERVICES INC 610 E DIAMOND AVE GAITHERSBURG, MD 20910	NONE	PC	THRIVING GERMANTOWN (TG) COMMUNITY HUB	101,000
Total . . . . . ▶ **3a**				1,001,259

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*				
GERMANTOWN CULTURAL ARTS CENTER BLACKROCK CENTER FOR THE ARTS 12901 TOWN COMMONS DRIVE GERMANTOWN, MD 20036	NONE	PC	UPCOUNTY CONSOLIDATION CENTER AT BLACKROCK	5,000
GERMANTOWN HELP INCPO BOX 608 GERMANTOWN, MD 20008	NONE	PC	FOOD PURCHASES	5,000
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW WASHINGTON, DC 20901	NONE	PC	GRANTMAKERS IN HEALTH FUNDING PARTNER RENEWAL 12/31/19-12/31/20	2,875
Total . . . . . ▶ **3a**				1,001,259

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 JEWISH COALITION AGAINST DOMESTIC ABUSE PO BOX 2266 ROCKVILLE, MD 20852	NONE	PC	ERADICATING POWER-BASED VIOLENCE IN MONTGOMERY COUNTY	5,950
HEARTS AND HOMES FOR YOUTH 3919 NATIONAL DR SUITE 400 BURTONSVILLE, MD 20866	NONE	PC	PSYCHIATRIST / PSYCHIATRIC NURSE	10,000
IDENTITY INC414 E DIAMOND AVE GAITHERSBURG, MD 20852	NONE	PC	BEHAVIORAL HEALTH SERVICES FOR LOW-INCOME, HIGH-NEED LATINO FAMILIES IN IDENTITY UPCOUNTY PROGRAMS	35,000
Total . . . . . ▶ **3a**				1,001,259

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*				
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1250 CONNECTICUT AVE NW WASHINGTON, DC 20866	NONE	PC	BUILDING HEALTHY SCHOOL COMMUNITIES THROUGH LOCAL SCHOOL WELLNESS COUNCILS	24,000
JEWISH COUNCIL FOR THE AGING OF GREATER WASHINGTON 12320 PARKLAWN DR ROCKVILLE, MD 20852	NONE	PC	CAPACITY BUILDING TO SUPPORT EARLY-STAGE MEMORY LOSS	15,000
JSSA (JEWISH SOCIAL SERVICE AGENCY) 200 WOOD HILL ROAD ROCKVILLE, MD 20877	NONE	PC	JSSA EXPANSION OF PARTNERS IN CARE (PIC) PROGRAM FOR SENIORS	39,500
Total . . . . . ▶ **3a**				1,001,259

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*				
LEADERSHIP MONTGOMERY 6010 EXECUTIVE BOULEVARD SUITE 200 ROCKVILLE, MD 20855	NONE	PC	CORE (CONNECTING OUR REGION'S EXECUTIVES) PROGRAM	40,000
MANNA FOOD CENTER 9311 GAITHER ROAD GAITHERSBURG, MD 20036	NONE	PC	IMPROVE FOOD ACCESS FOR SENIORS VIA FEDERAL SNAP BENEFITS AND RIDES TO DIRECT FOOD ASSISTANCE	37,050
MARYLAND FOUNDATION OF DENTISTRY FOR THE HANDICAPPED 8901 HERRMANN DRIVE COLUMBIA, MD 20877	NONE	PC	MARYLAND FOUNDATION OF DENTISTRY/DONATED DENTAL SERVICES	10,000
Total . . . . . ▶ **3a**				1,001,259

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*				
MARY'S CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO ROAD NW WASHINGTON, DC 20872	NONE	PC	IMPROVING BEHAVIORAL HEALTH CARE COORDINATION IN PERINATAL CARE FOR UNDERSERVED WOMEN	25,000
METROPOLITAN WASHINGTON COUNCIL OF GOVERNMENTS 777 NORTH CAPITOL STREET NE WASHINGTON, DC 20886	NONE	PC	ENHANCING RACIAL EQUITY BY COMBATING INSTITUTIONAL & STRUCTURAL RACISM IN THE REGION	3,000
MOBILE MEDICAL CARE 9309 OLD GEORGETOWN RD BETHESDA, MD 20036	NONE	PC	ACCESSIBLE MEDICATIONS THROUGH COMMUNITY-BASED 340B PROGRAM	17,000
Total . . . . . ▶ **3a**				1,001,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY COLLEGE FUND 9221 CORPORATE BOULEVARD 3RD FLOOR ROCKVILLE, MD 20005	NONE	PC	TO SUPPORT BUILDING HEALTHCARE CAREER PATHWAYS FROM MONTGOMERY COLLEGE TO THE UNIVERSITIES AT SHADY GROVE	96,104
MONTGOMERY COUNTY FOOD COUNCIL 4825 CORDELL AVENUE BETHESDA, MD 20850	NONE	PC	FOOD SECURITY COMMUNITY ADVISORY BOARD OF THE MONTGOMERY COUNTY FOOD COUNCIL	5,000
NAMI MONTGOMERY COUNTY 9210 CORPORATE BLVD SUITE 170 ROCKVILLE, MD 20910	NONE	PC	COVID-19 DIRECT RESPONSE SUPPORT	2,500
Total . . . . . ▶ **3a**				1,001,259

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*				
NONPROFIT MONTGOMERY 6010 EXECUTIVE BOULEVARD SUITE 200 ROCKVILLE, MD 20902	NONE	PC	NONPROFIT MONTGOMERY AND MONTGOMERY MOVING FORWARD	5,000
NOURISH NOW1111 TAFT ST ROCKVILLE, MD 20009	NONE	PC	NOURISH NEIGHBORHOODS	10,000
PREVENTION OF BLINDNESS SOCIETY OF METROPOLITAN WASHINGTON 415 2ND STREET NE 200 WASHINGTON, DC 20878	NONE	PC	FREE VISION SCREENINGS, EYE EXAMS, AND EYEGLASSES FOR CHILDREN IN MONTGOMERY COUNTY	20,000
Total . . . . . ▶ **3a**				1,001,259

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*				
REGIONAL PRIMARY CARE COALITION 9311 GAITHER ROAD BALTIMORE, MD 20852	NONE	PC	REGIONAL PRIMARY CARE COALITION	12,000
SHARED HORIZONS INC 4301 CONNECTICUT AVENUE NW WASHINGTON, DC 20851	NONE	PC	SHARED HORIZONS, INC. CHARITABLE FUND	2,500
SPIRIT CLUB FOUNDATION 10410 KENSINGTON PARKWAY 207 KENSINGTON, MD 20902	NONE	PC	KIDS ENJOY EXERCISE NOW (KEEN) PARTNERSHIP	5,000
Total . . . . . ▶ **3a**				1,001,259

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*				
THE AMERICAN HEART ASSOCIATION 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 20910	NONE	PC	HEALING HEARTS: IMPROVING THE QUALITY OF CARE THROUGH EDUCATION AND EVIDENCE-BASED PROGRAMMING	25,000
THE TREE HOUSE CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY MD INC 7300 CALHOUN PLACE ROCKVILLE, MD 20851	NONE	PC	MEDICAL CARE FOR SUSPECTED ABUSED AND NEGLECTED CHILDREN OF MONTGOMERY COUNTY, MD	50,000
THE UNIVERSITIES AT SHADY GROVE 9636 GUDELSKY DR ROCKVILLE, MD 21045	NONE	PC	EARN BACHELOR OF SCIENCE NURSING (BSN) WORKFORCE PIPELINE	152,280
Total . . . . . ▶ **3a**				1,001,259

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*				
URBAN ALLIANCE2030 Q ST NW WASHINGTON, DC 20855	NONE	PC	MONTGOMERY COUNTY HIGH SCHOOL INTERNSHIP PROGRAM	5,000
VIETNAMESE AMERICANS SERVICES INC 11528 COLT TER SILVER SPRING, MD 20841	NONE	PC	SEWING MASKS BY VIETNAMESE VOLUNTEERS FOR COVID 19 EMERGENCY PROGRAM	25,000
VIKARA VILLAGE 15800 CRABBS BRANCH WAY ROCKVILLE, MD 20878	NONE	PC	GENERAL OPERATING SUPPORT FOR VIKARA VILLAGE	10,000
Total . . . . . ▶ **3a**				1,001,259

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20850	NONE	PC	WARRIOR CANINE CONNECTION COHEN CENTER MBTR PROGRAM	10,000
Total . . . . . ▶ **3a**				1,001,259

TY 2019 Accounting Fees Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	82,847	4,053	0	88,194

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491082007121

TY 2019 Investments - Other Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD TOTAL BOND MKT INDEX FUND	AT COST	5,909,108	6,375,114
VANGUARD TOTAL INTERNATIONAL BOND INDEX	AT COST	2,511,801	2,661,201
VANGUARD TOTAL STOCK MKT INDEX	AT COST	8,627,994	12,558,410
VANGUARD TOTAL INTERNATIONAL STOCK INDEX	AT COST	12,191,368	12,272,025
VANGUARD MONEY MARKET	AT COST	133,332	133,332

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491082007121

TY 2019 Other Assets Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ASSETS HELD IN CHARITABLE REMAINDER TRUST	76,579	76,579	146,291

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TY 2019 Other Expenses Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSES	30,913	0	0	30,819
MEMBERSHIP DUES	15,179	0	0	15,179
INSURANCE	13,263	0	0	13,263
PAYROLL ADMINISTRATION	9,386	55	0	9,272
PENSION ADMINISTRATION EXPENSE	1,337	7	0	1,330

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TY 2019 Other Income Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
	0	0	
	0	0	
ADMINISTRATIVE FEE INCOME	4,800		4,800

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TY 2019 Other Increases Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Description	Amount
CHANGE IN ACCRUAL FOR DEFERRED INCOME TAXES	26,457

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TY 2019 Other Liabilities Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL EXCISE TAX PAYABLE	19,998	0
DEFERRED FEDERAL EXCISE TAX LIABILITY	90,765	64,308

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TY 2019 Other Professional Fees Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	5,000	0	0	5,000

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TY 2019 Taxes Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CURRENT YEAR EXCISE TAX ON NET INVESTMENT INCOME	22,313	0	0	0

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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

2019

Name of the organization
HEALTHCARE INITIATIVE FOUNDATION

Employer identification number
23-7324576

Organization type (check one):

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

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

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or 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
HEALTHCARE INITIATIVE FOUNDATION

Employer identification number
23-7324576

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORKSOURCE MONTGOMERY 1801 ROCKVILLE PIKE SUITE 320 ROCKVILLE, MD 20852	$ 10,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
HEALTHCARE INITIATIVE FOUNDATION

Employer identification number
23-7324576

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization
HEALTHCARE INITIATIVE FOUNDATION

Employer identification number
23-7324576

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