efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491175005012

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

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 07-01-2020 , and ending 06-30-2021

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)
CO CBM 7910 WOODMONT AVENUE NO

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)* ▶$ 43,791,979

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)	0			
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	26	26		
	4	Dividends and interest from securities	704,504	704,504		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	1,053,243			
	b	Gross sales price for all assets on line 6a 3,279,615				
	7	Capital gain net income (from Part IV, line 2)		1,053,243		
	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)	4,500	0	0	
	12	**Total.** Add lines 1 through 11	1,762,273	1,757,773	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	196,127	2,037	0	201,406
	14	Other employee salaries and wages	150,101	0	0	152,675
	15	Pension plans, employee benefits	69,237	409	0	70,448
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	89,034	4,400	0	89,034
	c	Other professional fees (attach schedule)	5,300	0	0	2,650
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	129,500	0	0	0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	29,449	0	0	28,020
	21	Travel, conferences, and meetings	6,079	150	0	6,275
	22	Printing and publications				
	23	Other expenses (attach schedule)	57,277	55	0	56,736
	24	**Total operating and administrative expenses.** Add lines 13 through 23	732,104	7,051	0	607,244
	25	Contributions, gifts, grants paid	379,925			1,729,916
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,112,029	7,051	0	2,337,160
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	650,244			
	b	**Net investment income** (if negative, enter -0-)		1,750,722		
	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	536,304	186,344	186,344
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 1,187			
	Less: allowance for doubtful accounts ▶	30,486	1,187	1,187
	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	747,484	2,119,397	2,119,397
	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)	29,373,603	29,141,351	41,290,927
	14 Land, buildings, and equipment: basis ▶ 4,115			
	Less: accumulated depreciation (attach schedule) ▶ 4,115			
	15 Other assets (describe ▶)	76,579	76,579	194,124
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	30,764,456	31,524,858	43,791,979
Liabilities	17 Accounts payable and accrued expenses	57,500	37,657	
	18 Grants payable		25,000	
	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 ▶)	64,307	169,308	
	23 **Total liabilities**(add lines 17 through 22)	121,807	231,965	
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	30,642,649	31,292,893	
	25 Net assets with donor restrictions			
	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)	30,642,649	31,292,893	
	30 **Total liabilities and net assets/fund balances** (see instructions)	30,764,456	31,524,858	

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	30,642,649
2	Enter amount from Part I, line 27a	2	650,244
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	31,292,893
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	31,292,893

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	SALE OF PUBLICLY TRADED SECURITIES		2020-07-01	2021-06-30
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	3,279,615		2,226,372	1,053,243
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				1,053,243
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	1,053,243
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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

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	Reserved	1	24,335
c	All other domestic foundations enter 1.39% 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	24,335
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	24,335
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 25,687		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 7,000		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	32,687
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	8,352
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ 8,352 **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 2020 or the taxable year beginning in 2020? 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 2020, 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 2020?	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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020?	☐ 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 2020 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 2020.)*	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 2020?	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	DIRECTOR, GRANTS & C 40.00	89,594	8,838	0
FAYE GREENE 12410 MILESTONE CENTER DRIVE SUITE 600 GERMANTOWN, MD 20876	EXECUTIVE ASSISTANT 40.00	63,268	9,332	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	61,149
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	38,398,878
b	Average of monthly cash balances	1b	238,958
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	38,637,836
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	38,637,836
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	579,568
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	38,058,268
6	**Minimum investment return.** Enter 5% of line 5	6	1,902,913

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	1,902,913
2a	Tax on investment income for 2020 from Part VI, line 5	2a	24,335		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	24,335
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,878,578
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,878,578
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	1,878,578

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,337,160
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,337,160
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,337,160

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,878,578
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 150,928				
b From 2016. 276,344				
c From 2017. 157,491				
d From 2018. 658,773				
e From 2019.				
f **Total** of lines 3a through e.	1,243,536			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 2,337,160				
a Applied to 2019, 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 2020 distributable amount.				1,878,578
e Remaining amount distributed out of corpus	458,582			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,702,118			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions) . . .	150,928			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	1,551,190			
10 Analysis of line 9:				
a Excess from 2016. . . . 276,344				
b Excess from 2017. . . . 157,491				
c Excess from 2018. . . . 658,773				
d Excess from 2019. . . .				
e Excess from 2020. . . . 458,582				

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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
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:

GRANT DEADLINES ARE POSTED ON THE ORGANIZATION'S WEBSITE AND BASED ON VARIOUS CRITERIA.

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**				1,729,416
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	26	
4 Dividends and interest from securities			14	704,504	
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	1,053,243	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a ADMINISTRATIVE FEE INCOME					4,500
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		1,757,773	4,500
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	1,762,273

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.

******	2022-06-21	******
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 ADVISORS LLC				Firm's EIN ▶87-2525370
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 4.60	0	0	0
DAVID KRESSLER 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	VICE CHAIR 2.60	0	0	0
GEORGE DINES 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TREASURER 1.60	0	0	0
DEBORAH FISHER 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	SECRETARY 1.50	0	0	0
MIKE KNAPP 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 0.70	0	0	0
MARTA BRITO PEREZ 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSTEE 1.50	0	0	0
KRISHA DAVIS 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	TRUSEE 0.10	0	0	0
CRYSTAL TOWNSEND 7910 WOODMONT AVENUE SUITE 500 BETHESDA, MD 20814	PRESIDENT & CEO 40.00	195,966	22,968	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*				
CARE FOR YOUR HEALTH INC 12140 FLOWING WATER TRAIL CLARKSVILLE, MD 21029	NONE	PC	EQUITABLE ADMINISTRATION OF COVID-19 VACCINES	184,800
CHINESE CULTURE AND COMMUNITY SERVICE CENTER INC 9318 GAITHER ROAD GAITHERSBURG, MD 20877	NONE	PC	COLLABORATION TO ADDRESS BARRIERS TO ACCESS COVID VACCINE IN THE ASIAN AMERICAN COMMUNITIES	75,264
MOBILE MEDICAL CARE 9309 OLD GEORGETOWN RD BETHESDA, MD 20814	NONE	PC	COVID VACCINATIONS THRU COMMUNITY COLLABORATIONS	109,500
Total . . . . . ▶ **3a**				1,729,416

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 20852	NONE	PC	NONPROFIT RACE EQUITY	50,000
IDENTITY INC 15800 CRABBS BRANCH WAY SUITE 300 C/O NONPROFIT VILLAGE ROCKVILLE, MD 20855	NONE	PC	NON-TRADITIONAL COMMUNITY MENTAL HEALTH INITIATIVE	25,000
GREATER WASHINGTON COMMUNITY FOUNDATION 8720 GEORGIA AVE SILVER SPRING, MD 20910	NONE	PC	EMERGENCY CASH ASSISTANCE FOR HEALTH	20,000
Total . . . . . ▶ **3a**				1,729,416

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*				
COMMUNITY REACH OF MONTGOMERY COUNTY 1010 GRANDIN AVENUE SUITE A1 ROCKVILLE, MD 20851	NONE	PC	COMMUNITY REACH OF MONTGOMERY COUNTY: REAP FINANCIAL CRISIS INTERVENTION FOR HEALTH SERVICES	40,000
GREATER WASHINGTON COMMUNITY FOUNDATION 8720 GEORGIA AVE SILVER SPRING, MD 20910	NONE	PC	FOOD FOR MONTGOMERY FUND	20,000
AMERICAN RED CROSS SERVING MONTGOMERY HOWARD AND FREDERICK COUNTIES 2020 EAST WEST HIGHWAY SILVER SPRING, MD 20910	NONE	PC	COVID-19 ANTIBODY TESTING IN MONTGOMERY COUNTY	10,000
Total . . . . . ▶ **3a**				1,729,416

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 UNIVERSITIES AT SHADY GROVE 9636 GUDELSKY DR ROCKVILLE, MD 20850	NONE	PC	BUILDING HEALTHCARE CAREER PATHWAYS FROM MONTGOMERY COLLEGE TO THE UNIVERSITIES AT SHADY GROVE	120,302
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	NONE	PC	GRANTMAKERS IN HEALTH FUNDING PARTNER CONTRIBUTION	3,250
LEADERSHIP MONTGOMERY 6010 EXECUTIVE BOULEVARD SUITE 200 ROCKVILLE, MD 20852	NONE	PC	CORE (CONNECTING OUR REGION'S EXECUTIVES) PROGRAM	5,000
Total . . . . . ▶ **3a**				1,729,416

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 THE GREATER WASHINGTON COMMUNITY FOUNDATION ATTENTION FINANCE DEPART BALTIMORE, MD 212974910	NONE	PC	REGIONAL PRIMARY CARE COALITION	12,000
CORNERSTONE MONTGOMERY2 TAFT ROCKVILLE, MD 20850	NONE	PC	SAFELY INCREASING MEDICATION ADHERENCE AND IMPROVING CLINICAL OUTCOMES DURING COVID-19	45,000
FAMILY SERVICES INC 610 E DIAMOND AVE GAITHERSBURG, MD 20877	NONE	PC	HEALTHY MOTHERS, HEALTHY BABIES (HMHB)	22,500
Total . . . . . ▶ **3a**				1,729,416

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*				
AYUDA1413 K STREET NW FIFTH FLOOR WASHINGTON, DC 20005	NONE	PC	TRAUMA INFORMED BEHAVIORAL HEALTH & WELLNESS PROGRAM	18,000
MARYLAND FOUNDATION OF DENTISTRY FOR THE HANDICAPPED 8901 HERRMANN DRIVE COLUMBIA, MD 21045	NONE	PC	THE MARYLAND FOUNDATION OF DENTISTRY/DONATED DENTAL SERVICES	9,000
MARY'S CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO ROAD NW WASHINGTON, DC 200092627	NONE	PC	MARYS CENTERS MONTGOMERY COUNTY TELEHEALTH PROGRAM	22,500
Total . . . . . ▶ **3a**				1,729,416

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 COLUMBIA, MD 210450000	NONE	PC	HEALTHY SMILE	45,000
OUR MINDS MATTER 1300 CARPERS FARM WAY VIENNA, VA 22182	NONE	PC	EXPANDING & DEEPENING THE IMPACT OF A STUDENT-LED MENTAL HEALTH PROGRAM IN MONTGOMERY COUNTY (MCPS)	20,000
MUSLIM COMMUNITY CENTER MEDICAL CLINIC 15200 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20905	NONE	PC	BUILDING SUSTAINABLE TELEHEALTH PROGRAM	22,500
Total . . . . . ▶ **3a**				1,729,416

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*				
MOBILE MEDICAL CARE 9309 OLD GEORGETOWN RD BETHESDA, MD 20814	NONE	PC	ENHANCING OUR COMMUNITY ENGAGEMENT WORK FOR HEALTHCARE ACCESS	2,500
CHINESE CULTURE AND COMMUNITY SERVICE CENTER INC 9318 GAITHER ROAD GAITHERSBURG, MD 20877	NONE	PC	HEALTH AND WELLNESS SERVICES	22,500
THE TREE HOUSE CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY MD INC 7300 CALHOUN PLACE ROCKVILLE, MD 20855	NONE	PC	PEDIATRIC HOLISTIC MEDICAL CARE FOR SUSPECTED ABUSED & NEGLECTED CHILDREN OF MONTGOMERY COUNTY, MD	22,500
Total . . . . . ▶ **3a**				1,729,416

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20841	NONE	PC	WARRIOR CANINE CONNECTION COHEN CENTER MBTR PROGRAM	20,000
FAMILY SERVICES INC 610 E DIAMOND AVE GAITHERSBURG, MD 20877	NONE	PC	THRIVING GERMANTOWN COMMUNITY HUB (TG) FOR RESOURCE NAVIGATION	22,500
AMERICAN MUSLIM SENIOR SOCIETY (AMSS) 15800 CRABBS BRANCH WAY SUITE 300 ROCKVILLE, MD 20855	NONE	PC	HALAL MEALS ON WHEELS A COMPREHENSIVE SOCIAL OUTREACH PROGRAM	12,500
Total . . . . . ▶ **3a**				1,729,416

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*				
JSSA (JEWISH SOCIAL SERVICE AGENCY) 200 WOOD HILL ROAD ROCKVILLE, MD 20850	NONE	PC	JSSA EXPANSION OF THE PARTNERS IN CARE (PIC) PROGRAM TO PREVENT HOSPITALIZATION AND PROMOTE AGING IN PLACE FOR SENIORS	22,000
VIETNAMESE AMERICANS SERVICES INC 11528 COLT TER SILVER SPRING, MD 20902	NONE	PC	ECONOMIC EMPOWERMENT FOR BETTER HEALTH IN VIETNAMESE COMMUNITY	22,500
KINDWORKS 15800 CRABBS BRANCH WAY SUITE 300 C/O NONPROFIT VILLAGE ROCKVILLE, MD 20855	NONE	PC	COVID HEALTH AND SAFETY AMBASSADOR PROGRAM	22,500
Total . . . . . ▶ **3a**				1,729,416

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*				
COMMUNITY BRIDGES 8757 GEORGIA AVENUE SUITE 540 SILVER SPRING, MD 20910	NONE	PC	COMMUNITY BRIDGES GIRLS PROGRAM	9,000
CASA8151 15TH AVENUE LANGLEY PARK, MD 20783	NONE	PC	CASA HEALTH AND SOCIAL SERVICES - IMMIGRANT ACCESS TO CARE AND TO PROMOTE MENTAL WELLNESS	22,500
REBUILDING TOGETHER MONTGOMERY COUNTY 18225-A FLOWER HILL WAY GAITHERSBURG, MD 20879	NONE	PC	IMPROVE HOME SAFETY AND SUCCESSFUL TRANSITIONS FROM HOSPITALIZATIONS	7,500
Total . . . . . ▶ **3a**				1,729,416

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 20910	NONE	PC	EXPANDING CAPACITY TO ADDRESS THE NEEDS OF GIRLS OF COLOR FROM LOW-INCOME FAMILIES	14,250
ISLAMIC CENTER OF MARYLAND 19411 WOODFIELD ROAD GAITHERSBURG, MD 20879	NONE	PC	PROMOTING FOOD SECURITY	12,500
NOURISH NOW1111 TAFT ST ROCKVILLE, MD 20850	NONE	PC	MULTI-CULTURAL MOBILE FOOD ASSISTANCE PROGRAM	25,000
Total . . . . . ▶ **3a**				1,729,416

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*				
CARINGMATTERS 518 SOUTH FREDERICK AVENUE GAITHERSBURG, MD 20877	NONE	PC	THE WHOLE YOU - SUPPORTING LIFE'S NEEDS DURING CANCER	15,000
CARE FOR YOUR HEALTH INC 12140 FLOWING WATER TRAIL CLARKSVILLE, MD 21029	NONE	PC	HOSPITAL AT HOME WITH REMOTE MONITORING: ENHANCING QOL FOR THE ELDERLY	22,500
MEALS ON WHEELS OF TAKOMA PARK AND SILVER SPRING 7410 NEW HAMPSHIRE AVENUE SUITE 100 TAKOMA PARK, MD 20912	NONE	PC	MEALS ON WHEELS OF TAKOMA PARK/SILVER SPRING	22,500
Total . . . . . ▶ **3a**				1,729,416

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 20874	NONE	PC	UPCOUNTY CONSOLIDATION HUB: TRANSITION TO A PERMANENT FULL SERVICE DISTRIBUTION MODEL	22,500
GREATER WASHINGTON JEWISH COALITION AGAINST DOMESTIC ABUSE PO BOX 2266 ROCKVILLE, MD 20847	NONE	PC	TO SCALE DOMESTIC VIOLENCE BY SERVICES AND RESOURCES	17,500
CROSS COMMUNITY 8300 HELGERMAN CT GAITHERSBURG, MD 20877	NONE	PC	TO PROVIDE HOUSEHOLD RESOURCE NAVIGATION AND ADDRESS FOOD INSECURITY	10,000
Total . . . . . ▶ **3a**				1,729,416

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 COUNTY FOOD COUNCIL 4825 CORDELL AVENUE BETHESDA, MD 20814	NONE	PC	FOOD SECURITY COMMUNITY ADVISORY BOARD OF THE MONTGOMERY COUNTY FOOD COUNCIL	13,500
BETHESDA CARES 7728 WOODMONT AVE BETHESDA, MD 20814	NONE	PC	HOUSING IS HEALTHCARE - ENHANCED DATA ANALYSIS TO SHOW HEALTH IMPROVEMENTS	10,000
GREATER DC DIAPER BANK 1532 A STREET NE WASHINGTON, DC 20002	NONE	PC	GREATER DC DIAPER BANK COVID-19 RESPONSE	7,500
Total . . . . . ▶ **3a**				1,729,416

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*				
BETHESDA CARES 7728 WOODMONT AVE BETHESDA, MD 20814	NONE	PC	HOUSING IS HEALTHCARE - ENHANCED DATA ANALYSIS FOR SERVICES TO INDIVIDUALS EXPERIENCING HOMELESSNESS	8,500
BOYS TOWN WASHINGTON DC 4801 SARGENT RD NE WASHINGTON, DC 20017	NONE	PC	BOYS TOWN WASHINGTON DC BEHAVIORAL HEALTH CLINIC	10,000
GLOBAL SUSTAINABLE PARTNERSHIPS (GSP) 9101 1ST AVENUE SILVER SPRING, MD 20910	NONE	PC	WE CARE FIRST COVID-19 MOBILE VACCINATION AND COMMUNITY OUTREACH	5,000
Total . . . . . ▶ **3a**				1,729,416

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*				
4MONTGOMERYS KIDSPOBOX 34864 BETHESDA MARYLAND, MD 20817	NONE	PC	MITIGATING THE TRAUMA OF CHILD ABUSE AND NEGLECT	40,000
REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN DBA THE LOURIE CENT 12301 ACADEMY WAY ROCKVILLE, MD 20852	NONE	PC	FOSTERING CHILDHOOD RESILIENCY AND LINGUISTICALLY RESPONSIVE EARLY CHILDHOOD MENTAL HEALTH CARE	10,000
KINDWORKS 7979 OLD GEORGETOWN ROAD-10TH FLOOR BETHESDA, MD 20814	NONE	PC	VOLUNTEER AND RESOURCES FOR DISTRIBUTION HUBS - HYGIENE, KIDS, COMPUTERS, ETC.	2,500
Total . . . . . ▶ **3a**				1,729,416

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 20009	NONE	PC	MONTGOMERY COUNTY HEALTHCARE WORKFORCE PATHWAY	10,000
EVERYMIND 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20851	NONE	PC	CRISIS PREVENTION & INTERVENTION SERVICES	2,500
RAINBOW YOUTH ALLIANCE 100 WELSH PARK DRIVE ROCKVILLE, MD 20850	NONE	PC	WELLNESS SUPPORT TO THE LBGTQ COMMUNITY	6,500
Total . . . . . ▶ **3a**				1,729,416

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARED HORIZONS INC 4301 CONNECTICUT AVENUE NW WASHINGTON, DC 20008	NONE	PC	SHARED HORIZONS, INC. CHARITABLE HEALTHCARE FUND TO COVER HEALTH COSTS	4,000
GERMANTOWN HELP INCPO BOX 608 GERMANTOWN, MD 20875	NONE	PC	FOOD PURCHASES	1,500
480 CARES10003 WEDGE WAY MONTGOMERY VILLAGE, MD 20886	NONE	PC	FOOD SECURITY	3,000
Total . . . . . ▶ **3a**				1,729,416

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*				
ASPIRE COUNSELING INC 16220 FREDERICK ROAD GAITHERSBURG, MD 20877	NONE	PC	HEALTHY MOTHER'S, HEALTHY BABIES (HMHB)	12,000
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1250 CONNECTICUT AVE NW WASHINGTON, DC 20036	NONE	PC	BUILDING HEALTHY SCHOOL COMMUNITIES THROUGH LOCAL SCHOOL WELLNESS COUNCILS	14,000
JSSA (JEWISH SOCIAL SERVICE AGENCY) 200 WOOD HILL ROAD ROCKVILLE, MD 20850	NONE	PC	JSSA EXPANSION OF PARTNERS IN CARE (PIC) PROGRAM FOR SENIORS TO PREVENT HOSPITALIZATION AND PROMOTE AGING IN PLACE	22,500
Total . . . . . ▶ **3a**				1,729,416

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*				
CARINGMATTERS 518 SOUTH FREDERICK AVENUE GAITHERSBURG, MD 20877	NONE	PC	THE WHOLE YOU: SUPPORTING LIFES NEEDS DURING CANCER	12,500
LEADERSHIP MONTGOMERY 6010 EXECUTIVE BOULEVARD SUITE 200 ROCKVILLE, MD 20852	NONE	PC	NONPROFIT RACIAL EQUITY	25,000
MANNA FOOD CENTER 9311 GAITHER ROAD GAITHERSBURG, MD 20877	NONE	PC	IMPROVE FOOD ACCESS FOR SENIORS VIA FEDERAL SNAP BENEFITS AND RIDES TO DIRECT FOOD ASSISTANCE	20,000
Total . . . . . ▶ **3a**				1,729,416

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*				
FAMILY SERVICES INC 610 E DIAMOND AVE GAITHERSBURG, MD 20877	NONE	PC	THRIVING GERMANTOWN (TG) COMMUNITY HUB	25,000
MARY'S CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO ROAD NW WASHINGTON, DC 200092627	NONE	PC	IMPROVING BEHAVIORAL HEALTH CARE COORDINATION IN PERINATAL CARE FOR UNDERSERVED WOMEN	25,000
NOURISH NOW1111 TAFT ST ROCKVILLE, MD 20850	NONE	PC	FOOD SECURITY	10,000
Total . . . . . ▶ **3a**				1,729,416

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 TREE HOUSE CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY MD INC 7300 CALHOUN PLACE ROCKVILLE, MD 20855	NONE	PC	MEDICAL CARE FOR SUSPECTED ABUSED AND NEGLECTED CHILDREN OF MONTGOMERY COUNTY, MD	25,000
GREATER WASHINGTON JEWISH COALITION AGAINST DOMESTIC ABUSE PO BOX 2266 ROCKVILLE, MD 20847	NONE	PC	ERADICATING POWER-BASED VIOLENCE IN MONTGOMERY COUNTY THROUGH EDUCATIONAL RESOURCES AND TRAINING	5,550
WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20841	NONE	PC	WARRIOR CANINE CONNECTION COHEN CENTER MBTR PROGRAM	10,000
Total . . . . . ▶ **3a**				1,729,416

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*				
AYUDA1413 K STREET NW FIFTH FLOOR WASHINGTON, DC 20005	NONE	PC	TRAUMA INFORMED BEHAVIORAL HEALTH AND WELLNESS PROGRAM	9,500
MONTGOMERY COUNTY FOOD COUNCIL 4825 CORDELL AVENUE BETHESDA, MD 20814	NONE	PC	FOOD SECURITY COMMUNITY ADVISORY BOARD OF THE MONTGOMERY COUNTY FOOD COUNCIL	8,000
PREVENTION OF BLINDNESS SOCIETY OF METROPOLITAN WASHINGTON 415 2ND STREET NE 200 WASHINGTON, DC 20002	NONE	PC	FREE VISION SCREENINGS, EYE EXAMS, AND EYEGLASSES FOR CHILDREN IN MONTGOMERY COUNTY	20,000
Total . . . . . ▶ **3a**				1,729,416

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERYMIND (FORMERLY MHA OF MOCO) 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20851	NONE	PC	EXPANDING ACCESS TO BEHAVIORAL HEALTH SERVICES	63,000
CRITTENTON SERVICES OF GREATER WASHINGTON 815 SILVER SPRING AVENUE SILVER SPRING, MD 20910	NONE	PC	EXPANDING CAPACITY TO SERVE THE BEHAVIORAL AND HEALTH NEEDS OF UPCOUNTY IMMIGRANT TEEN GIRLS	10,000
THE AMERICAN HEART ASSOCIATION 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	PC	HEALING HEARTS: IMPROVING THE QUALITY OF CARE THROUGH EDUCATION AND EVIDENCE- BASED PROGRAMMING	25,000
Total . . . . . ▶ **3a**				1,729,416

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 COLUMBIA, MD 210450000	NONE	PC	HEALTHY SMILE PROGRAM	15,000
COLUMBIA LIGHTHOUSE FOR THE BLIND 8757 GEORGIA AVENUE SUITE 540 SILVER SPRING, MD 20877	NONE	PC	GRANT REFUND	-12,000
Total . . . . . ▶ **3a**				1,729,416

TY 2020 Accounting Fees Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	89,034	4,400	0	89,034

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491175005012

TY 2020 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	7,174,074	7,440,123
VANGUARD TOTAL INTERNATIONAL BOND INDEX	AT COST	3,135,208	3,250,482
VANGUARD TOTAL STOCK MKT INDEX	AT COST	7,460,948	15,448,202
VANGUARD TOTAL INTERNATIONAL STOCK INDEX	AT COST	11,170,459	14,951,458
VANGUARD MONEY MARKET	AT COST	200,662	200,662

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491175005012

TY 2020 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	194,124

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491175005012

TY 2020 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	12,004	0	0	11,119
MEMBERSHIP DUES	14,980	0	0	14,980
INSURANCE	20,903	0	0	20,903
PENSION ADMINISTRATION	1,375	8	0	1,373
PAYROLL ADMININSTRATION	8,015	47	0	8,361

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491175005012

TY 2020 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
ADMINISTRATIVE FEE INCOME	4,500		4,500

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491175005012

TY 2020 Other Liabilities Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED FEDERAL EXCISE TAX LIABILITY	64,307	169,308

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491175005012

TY 2020 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	5,300	0	0	2,650

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491175005012

TY 2020 Taxes Schedule

Name: HEALTHCARE INITIATIVE FOUNDATION

EIN: 23-7324576

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CURRENT YEAR EXCISE TAX ON NET INVESTMENT INCOME	129,500	0	0	0