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Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization INTERACT FOR CHANGE		D Employer identification number 30-0065901
		Doing Business As		E Telephone number (513) 458-6600
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3805 EDWARDS ROAD 500		
		City or town, state or country, and ZIP + 4 CINCINNATI, OH 45209-1948		
F Name and address of principal officer DONALD HOFFMAN 3805 EDWARDS ROAD CINCINNATI, OH 45209		G Gross receipts \$ 1,924,315.		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website WWW.INTERACTFORCHANGE.ORG		H(c) Group exemption number		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2002		M State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>INTERACT FOR CHANGE'S MISSION IS TO INSPIRE, LEAD AND SUPPORT ACTIVE PHILANTHROPY. EXAMPLES OF INTERACT FOR CHANGE PROGRAMS INCLUDE THE OHIO CENTER FOR ASSERTIVE COMMUNITY TREATMENT, THE OHIO COORDINATING CENTER FOR INTEGRATING CARE, SOCIAL VENTURE PARTNERS CINCINNATI, DONOR ADVISED FUNDS AND SCHOLARSHIP FUNDS</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	758,227.	1,654,948.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239,777.	187,811.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,726.	11,377.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,017,730.	1,854,136.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	416,346.	912,043.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	476,858.	542,437.
	b Total fundraising expenses, Part IX, column (D), line 25	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	366,484.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	597,556.	708,405.
	19 Revenue less expenses Subtract line 18 from line 12	1,490,760.	2,162,885.
		526,970.	-308,749.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,876,888.	1,123,232.
	22 Net assets or fund balances Subtract line 21 from line 20	537,436.	81,530.
		1,339,452.	1,041,702.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Donald Hoffman</i> DONALD W. GEDDLOG CFO	Date 6/24/10	
Paid Preparer's Use Only	Preparer's signature <i>Kevin P. Hammer</i> KEVIN P. HAMMER CPA	Date 6/23/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP 4000 SMITH ROAD, SUITE 500 CINCINNATI, OH 45209	Preparer's identifying number (see instructions) 00227061	EIN 36-6055558
		Phone no 513-762-5000	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 912,043 including grants of \$ 912,043) (Revenue \$ _____)

GRANTS:

DONOR ADVISED FUNDS	839,120
SOCIAL VENTURE PARTNERS	51,000
SCHOLARSHIP FUNDS	8,000
BRIGHT FUTURES ADOPTION FUND	6,000
KY PHILANTHROPY SUMMIT FUND	16,000
GRANTS AWARDED (REFUNDS)	(8,077)
TOTAL:	912,043

4b (Code _____) (Expenses \$ 331,946 including grants of \$ _____) (Revenue \$ _____)

PROGRAM SERVICES & DIRECT CHARITABLE PROGRAMS:

THE OHIO COORDINATING CENTER FOR ASSERTIVE COMMUNITY TREATMENT ("ACT CENTER") - SEE STATEMENT 1

97,262

THE OHIO COORDINATING CENTER FOR INTEGRATING CARE ("OCCIC") - SEE STATEMENT 1

204,334

CAPACITY BUILDING WORKSHOPS

30,350

TOTAL:

331,946

4c (Code _____) (Expenses \$ 275,664 including grants of \$ _____) (Revenue \$ _____)

PROGRAM ADMINISTRATIVE, RESTRICTED FUND AND DONOR ADVISED FUND EXPENSES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 1,519,653.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	25	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	8	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
a Enter the number of voting members of the governing body	1a 8	
1b Enter the number of voting members that are independent	1b 7	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **OH**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **DANIEL W. GEEDING, VP/CFO 3805 EDWARDS RD. STE 500, CINCINNATI, OH 45209 513-458-6602**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES R ADAMS*										
DIRECTOR & VICE CHAIR	2.00	X		X				0.	0.	0.
KAREN BANKSTON*										
DIRECTOR	1.00	X						0.	0.	0.
ANNE M CHAMBERS*										
DIRECTOR & SECRETARY	2.00	X		X				0.	0.	0.
JOHN R FARRENKOPF*										
DIRECTOR	1.00	X						0.	0.	0.
DONALD E HOFFMAN										
DIRECTOR, PRESIDENT & CEO	6.00	X		X				0.	306,551.	27,846.
THOMAS J KLINEDINST*										
DIRECTOR	1.00	X						0.	0.	0.
JOHN J KRON*										
DIRECTOR	1.00	X						0.	0.	0.
ROBERT MALTZ*										
DIRECTOR	1.00	X						0.	0.	0.
COLLINS OWENS										
DIRECTOR, CHAIR	2.00	X		X				0.	0.	0.
CARTER F RANDOLPH*										
DIRECTOR	1.00	X						0.	0.	0.
GAREN WISNER*										
DIRECTOR & CHAIR	2.00	X		X				0.	0.	0.
MARCY R WYDMAN*										
DIRECTOR	1.00	X						0.	0.	0.
EILEEN COOPER REED										
DIRECTOR, VICE CHAIR	2.00	X		X				0.	0.	0.
ARDITH DAVIS										
DIRECTOR	1.00	X						0.	0.	0.
THOMAS DEWITT										
DIRECTOR	1.00	X						0.	0.	0.
NEIL O'CONNOR										
DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
PETER WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
PENNY FRIEDMAN* VICE PRESIDENT & COO	40.00			X				324,125.	0.	22,474.
DANIEL W GEEDING V.P., CFO & TREASURER	1.00			X				0.	206,422.	33,535.
SUSAN INGMIRE* V.P., STRATEGIC GIVING	40.00			X				107,227.	0.	10,906.
PATRICIA O'CONNOR VICE PRESIDENT & COO	1.00			X				0.	207,643.	23,447.
PATRICIA RUWE SECRETARY	2.00			X				0.	77,622.	20,384.
LYN MARTIN* ASST. SECRETARY & PROGRAM OFFICER	28.00			X				24,598.	0.	3,355.
*SERVED THRU 6/30/09										
1b Total								455,950.	798,238.	141,947.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	946,039			
	e	Government grants (contributions)	1e	219,974			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	488,935			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,654,948.			
Program Service Revenue			Business Code				
	2a	FINANCIAL SERVICES	561000	7,500			7,500
	b	PHILANTHROPIC CONSULTING	541610	82,875			82,875
	c	ASSETS UNDER MGMT FEES	561000	11,633			11,633
	d	ACT CONSULTING	541610	85,803			85,803
	e					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		187,811.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,606			9,606
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real (ii) Personal				
	6a	Gross Rents.					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		71,950					
	b	Less: cost or other basis and sales expenses					
		70,179					
	c	Gain or (loss)		1,771			
	d	Net gain or (loss)		1,771			1,771
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a						
b						
c						
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total Revenue See instructions		1,854,136			199,188	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	912,043.	912,043.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	484,342.	122,583.	53,204.	308,555.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	25,319.		24,000.	1,319.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	2,959.		2,959.	
9 Other employee benefits	5,329.		5,242.	87.
10 Payroll taxes	24,488.	6,676.	4,722.	13,090.
11 Fees for services (non-employees)				
a Management	64,343.	7,489.	50,589.	6,265.
b Legal	62,203.		50,879.	11,324.
c Accounting	17,879.		17,879.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	3,636.	209.	352.	3,075.
12 Advertising and promotion	5,380.			5,380.
13 Office expenses	6,693.	1,143.	3,610.	1,940.
14 Information technology	2,559.	988.	988.	583.
15 Royalties	0.			
16 Occupancy	39,701.	15,581.	15,580.	8,540.
17 Travel	2,774.		116.	2,658.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,107.		1,632.	2,475.
20 Interest	18,428.		18,428.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	20,908.	908.	20,000.	
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a RE/DAF EXPENSE	110,949.	110,949.		
b RE/DAF ADMIN FEES	9,133.	9,133.		
c ACT CENTER PROGRAM-SEE STMT 1	97,262.	97,262.		
d OCCIC PROGRAM-SEE STMT 1	204,334.	204,334.		
e CAPACITY BUILDING WORKSHOPS	30,350.	30,350.		
f All other expenses	7,766.	5.	6,568.	1,193.
25 Total functional expenses Add lines 1 through 24f	2,162,885.	1,519,653.	276,748.	366,484.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,753,030.	2	420,332.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	60,044.	4	19,739.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,967.	9	9,749.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 33,322.		
	b Less accumulated depreciation	10b 28,928.	5,301.	10c 4,394.
	11 Investments - publicly traded securities	0.	11	637,169.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets	40,000.	14	0.
	15 Other assets See Part IV, line 11	15,546.	15	31,849.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,876,888.	16	1,123,232.	
Liabilities	17 Accounts payable and accrued expenses	30,848.	17	9,676.
	18 Grants payable	194,018.	18	34,280.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	312,570.	25	37,574.
	26 Total liabilities. Add lines 17 through 25	537,436.	26	81,530.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-219,342.	27	45,030.
	28 Temporarily restricted net assets	1,558,794.	28	996,672.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,339,452.	33	1,041,702.	
34 Total liabilities and net assets/fund balances	1,876,888.	34	1,123,232.	

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047



Open to Public
Inspection

Name of the organization

INTERACT FOR CHANGE

Employer identification number

30-0065901

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,159,702	1,905,035	1,495,385	1,758,227	1,654,948	8,973,297.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,159,702	1,905,035	1,495,385	1,758,227	1,654,948	8,973,297
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						4,168,005.
6 Public support. Subtract line 5 from line 4						4,805,292

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,159,702	1,905,035	1,495,385	1,758,227	1,654,948	8,973,297.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,948	47,589	69,364	22,631	9,606	162,138.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					742	742.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						9,136,177.
12 Gross receipts from related activities, etc. (see instructions)					12	982,778
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	52.60 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	58.60 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public
Inspection

INTERACT FOR CHANGE

Employer identification number

30-0065901

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	6	9
2 Aggregate contributions to (during year)	346,709.	110,376.
3 Aggregate grants from (during year)	839,120.	81,000.
4 Aggregate value at end of year	709,411.	287,512.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		24,246.	24,246	
e Other . . . FURNITURE		9,076.	4,682	4,394.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶				4,394.

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total (Column (b) must equal Form 990, Part X, col (B) line 12.) ►		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

[illegible]

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	DEFERRED COMPENSATION PAYABLE	31,848.
	FLEXIBLE SPENDING ACCOUNT LIABILITY	933.
	ACCRUED PTO LIABILITY	4,793.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	37,574.

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Schedule D (Form 990) 2009

54461E 648W CINCINN -30-0065901 PAGE 2

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,854,136.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,162,885.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-308,749.
4	Net unrealized gains (losses) on investments	4	10,999.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	10,999.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-297,750.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,989,083.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	10,999.
b	Donated services and use of facilities	2b	123,948.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	134,947.
3	Subtract line 2e from line 1	3	1,854,136.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,854,136.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,286,833.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	123,948.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	123,948.
3	Subtract line 2e from line 1	3	2,162,885.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,162,885.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS
CODIFICATION ("ASC") 740, INCOME TAXES, ON JANUARY 1, 2009, PERTAINING TO
UNCERTAIN TAX POSITIONS. THIS ADOPTION HAD NO EFFECT ON THE ACCOMPANYING
FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
InterAct for Change

Employer identification number
30 : 0065901

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Adam, Inc., 10001 Loveland-Madeira Rd, Loveland, OH 45140	31-0993285	501(c)(3)	11,250				DAF distributions
Doctors With Borders, PO Box 5030, Hgrstwn, MD 21741-5030	13-3433452	501(c)(3)	25,000				DAF distribution
East Surry High School, 162 Stone Dr, Plt Mntn, NC 27041	56-6001117	501(c)(3)	10,000				DAF distribution
Fine Arts Fund, 20 E Central Prkwy, Ste 200, Cinti, OH 45202	31-0537138	501(c)(3)	22,000				DAF distributions
Forward Quest, 50 E. River Cntr Blvd #434, Covington, KY 41011	31-1489316	501(c)(3)	10,000				RF distribution
Imago for the Earth, 700 Enright Ave, Cinti, OH 45202	31-1077150	501(c)(3)	12,500				RF distribution
Jewish Federation of Cincinnati, 8499 Ridge Rd, Cinti, OH 45236	31-0537174	501(c)(3)	63,000				DAF distributions
KnowledgeWorks Fndtn, 1 W 4th St, Ste 200, Cinti, OH 45202	31-1321973	501(c)(3)	25,000				DAF distribution
Kripalu Center for Yoga & Health, PO Box 309 Stckbrdg, MA 01262	23-1718197	501(c)(3)	19,000				DAF distributions
Mayerson JCC, 8485 Ridge Rd, Cinti, OH 45236	31-0536986	501(c)(3)	10,000				DAF distribution
Mercy Professional Svcs, 2330 Victory Prkwy, Cinti, OH 45206	31-0830955	501(c)(3)	50,000				DAF distributions
Ohio Justice and Policy Center, 215 E 9th St, Cinti, OH 45202	31-1319172	501(c)(3)	6,000				DAF distribution

- 2 Enter total number of section 501(c)(3) and government organizations **19**
- 3 Enter total number of other organizations **19**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Department of the Treasury
Internal Revenue Service

Name of the organization

InterAct for Change

30 : 0065901

0065901

Part I Continuat

[illegible]

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS IN US

SCHEDULE I, PART 1, LINE 2

FOR DONOR ADVISED FUNDS AND RESTRICTED FUNDS, WE CONFIRM THE NONPROFIT

STATUS OF EACH GRANTEE BEFORE A GRANT IS APPROVED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047



**Open to Public
Inspection**

Name of the organization

INTERACT FOR CHANGE

Employer identification number

30-0065901

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, QUESTION 4 (A)

PENNY FRIEDMAN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$175,500.

SUSAN INGMIRE RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$48,500.

SEE ATTACHMENT-SCHEDULE O-PART VI SECTION B: QUESTIONS 15A AND 15B

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047



**Open to Public
Inspection**

Name of the organization

INTERACT FOR CHANGE

Employer identification number

30-0065901

ATTACHMENT 1

PART VI:SECTION B:QUESTION 11

PRIOR TO FILING, THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE,
RECEIVED AND REVIEWED BY THE BOARD OF DIRECTORS AND RETURNED TO THE AUDIT
COMMITTEE FOR FINAL APPROVAL.

PART VI:SECTION B:QUESTION 12C

ON AN ANNUAL BASIS, LEGAL COUNSEL SUBMITS A COPY OF THE CONFLICT OF
INTEREST POLICY TO EACH DIRECTOR AND OFFICER OF THE ORGANIZATION, ALONG
WITH A CONFLICT OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRE IS COMPLETED
AND SIGNED BY EACH DIRECTOR AND OFFICER. LEGAL COUNSEL THEN COMPILES A
SUMMARY, WHICH IS DISTRIBUTED TO THE BOARD ON AN ANNUAL BASIS. A SIMILAR
PROCESS IS ALSO CONDUCTED AT THE STAFF LEVEL ON AN ANNUAL BASIS.
CONFLICTS OF INTEREST ARE DISCLOSED IN THE PROCESSING OF ALL GRANTS AND
TRANSACTIONS. DIRECTORS, OFFICERS AND ASSOCIATES WITH CONFLICTS OF
INTEREST ARE EXCLUDED FROM THE DECISION MAKING PROCESS.

PART VI:SECTION B:QUESTION 15A

SEE ATTACHMENT

PART VI:SECTION B:QUESTION 15B

SEE ATTACHMENT.

PART VI:SECTION C:QUESTION 19

THE FORM 990, CONFLICT OF INTEREST POLICY, DOCUMENT RETENTION POLICY AND

Name of the organization

INTERACT FOR CHANGE

Employer identification number

30-0065901

ATTACHMENT 1 (CONT'D)

WHISTLEBLOWER PROTECTION POLICY ARE AVAILABLE ON THE ORGANIZATION'S
WEBSITE.

PART VII: SECTION A:

ESTIMATED NUMBER OF HOURS PER WEEK EACH PERSON IN COLUMN (A) DEVOTED TO
RELATED ORGANIZATION:

DONALD HOFFMAN	40
DANIEL GEEDING	40
PATRICIA O'CONNOR	40
PATRICIA RUWE	30

PART VI: SECTION A: QUESTIONS 6, 7A & 7B

INTERACT FOR CHANGE IS A WHOLLY OWNED SUBSIDIARY OF THE HEALTH FOUNDATION
OF GREATER CINCINNATI ("THE FOUNDATION"). THE FOUNDATION IS THE SOLE
MEMBER OF INTERACT FOR CHANGE. DONALD E HOFFMAN, THE PRESIDENT AND CEO OF
THE FOUNDATION, WAS ELECTED BY THE BOARD OF DIRECTORS OF THE FOUNDATION
TO SERVE AS THE REPRESENTATIVE OF THE SOLE MEMBER (THE FOUNDATION).

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INTERACT FOR CHANGE'S MISSION IS TO INSPIRE, LEAD AND SUPPORT ACTIVE
PHILANTHROPY. INTERACT COLLABORATES WITH THE HEALTH FOUNDATION OF
GREATER CINCINNATI AND OTHER NON-PROFIT PARTNERS TO ACCOMPLISH ITS
CHARITABLE GOALS; MAKES GRANTS TO 501(C)(3) ORGANIZATIONS OR
GOVERNMENTAL UNITS; OFFERS SCHOLARSHIPS FOR HEALTH PROFESSIONALS; AND

Name of the organization

INTERACT FOR CHANGE

Employer identification number

30-0065901

ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CONDUCTS PROGRAMS THAT IMPROVE THE HEALTH AND SOCIAL WELFARE OF THE
COMMUNITY.

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
STOCK	0.	637,169.	FMV
TOTALS	<u>0.</u>	<u>637,169.</u>	

InterAct for Change

EIN: 30-0065901

Part VI: Section B: Question 15a:

President and Chief Executive Officer

InterAct for Change did not compensate its President and Chief Executive Officer ("President"). Rather, the President's compensation was established and paid by InterAct's parent the Health Foundation of Greater Cincinnati ("Foundation"). For a discussion of the process by which the Foundation established the President's 2009 compensation, please see the Foundation's Form 990.

Part VI: Section B: Question 15b:

Vice President, CFO and Treasurer and Vice President, Programs (January 1, 2009 through June 30, 2009) / Vice President, Chief Operating Officer (July 1, 2009 through December 31, 2009)

InterAct for Change did not compensate its Vice President, CFO and Treasurer or its Vice President, Programs (January 1, 2009 through June 30, 2009) / Vice President, Chief Operating Officer (July 1, 2009 through December 31, 2009) (each a "VP"). Rather, each VP's compensation was established and paid by InterAct's parent the Foundation. For a discussion of the process by which the Foundation established each VP's 2009 compensation, please see the Foundation's Form 990.

Secretary (July 1, 2009 through December 31, 2009):

InterAct for Change did not compensate its Secretary. Rather, the Secretary's compensation was established and paid by InterAct's parent the Foundation. For a discussion of the process by which the Foundation established the Secretary's 2009 compensation, please see the Foundation's Form 990.

InterAct for Change

EIN: 30-0065901

Part VI: Section B: Question 15b continued:

Vice President, Chief Operating Officer (January 1, 2009 through June 30, 2009) and Vice President – Strategic Giving (January 1, 2009 through June 30, 2009)

The 2009 compensation for each of the organization's Vice President and Chief Operating Officer and Vice President – Strategic Giving (the "Officers") was established in December 2008 by the independent members of InterAct's Executive Committee. The 2009 salary of the Vice President and Chief Operating Officer was not increased from its 2008 level – a decision that reflected the request of the Vice President and Chief Operating Officer as well as the determination of InterAct's Executive Committee.

The InterAct Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of each Officer's total compensation. The independent compensation consultant met with the Executive Committee when it established the Officers' compensation. The Officers were not present when the Executive Committee discussed and established their compensation.

In establishing an Officer's compensation, factors reviewed by the Executive Committee included: (i) a review of the Officer's individual performance by the President and Chief Executive Officer; (ii) the performance of InterAct; (iii) the Officer's length of service, credentials and experience; (iv) compensation recommendations by the President and Chief Executive Officer; (v) the elements of each Officer's total compensation and a salary history; (vi) the organization's compensation targets and raise pool; and (vii) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant. (InterAct's President and Chief Executive Officer is independent of the Officers.) After considering these factors, the Committee established each Officer's 2009 compensation. In acting to establish each Officer's compensation, the Executive Committee determined the Officer's total compensation to be reasonable and in the organization's best interest and for its benefit. At the next meeting of the organization's full Board, the Executive Committee reported, in an executive session that did not include the Officers, the compensation of each Officer and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the Officers' compensation.

Secretary and Assistant Secretary (January 1, 2009 through June 30, 2009)

InterAct for Change did not compensate its Secretary. Because the 2009 compensation for the Assistant Secretary was below \$100,000, she was not considered a key employee. The President and Chief Executive Officer established the 2009 compensation for the Assistant Secretary in late 2008 based on the following factors: (i) recommendations from InterAct's other officers; (ii) individual performance, length of service, credentials and experience; (iii) compensation surveys for comparable positions; and (iv) recommendations by InterAct's independent compensation consultant about an organization-wide raise pool. InterAct's other officers are independent of the Secretary and the Assistant Secretary.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

[illegible]

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	HEALTH FOUNDATION OF GREATER CINCINNATI	C	20,000.
(2)	HEALTH FOUNDATION OF GREATER CINCINNATI	E	650,000.
(3)	HEALTH FOUNDATION OF GREATER CINCINNATI	N	123,948.
(4)	HEALTH FOUNDATION OF GREATER CINCINNATI	P	161,560.
(5)			
(6)			

Schedule R (Form 990) 2009

Application for Extension of Time To File an Exempt Organization Return

CMB No. 1515-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **►**
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization INTERACT FOR CHANGE	Employer identification number 30-0065901
	Number, street, and room or suite no. If a P.O. box, see instructions ROOKWOOD TOWER, 3805 EDWARDS ROAD, SUITE 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CINCINNATI, OH 45209-1948	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of **► DR. DANIEL GEEDING, VP, CFO**

Telephone No. **► 513 458-6602**

FAX No. **►**

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐ **►**. If it is for part of the group, check this box ☐ **►** and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **03/16**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20**09** or
- ☐ tax year beginning **_____** 20**_____** and ending **_____** 20**_____**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

COPY

The Ohio Coordinating Center for ACT

The Ohio Coordinating Center for ACT has three areas of responsibility: statewide training and technical assistance; quality improvement through data analysis; and advocacy for the dissemination of Assertive Community Treatment.

- **Training and Technical Assistance** The Ohio Coordinating Center for ACT (OCCA) promotes Assertive Community Treatment (ACT) through statewide training and technical assistance to providers, funders, consumers, family members, and other stakeholders.
- **Quality Improvement** The Ohio Coordinating Center for ACT (OCCA) engages in quality improvement efforts through data collection and evaluation design.
- **Advocacy** The Ohio Coordinating Center for ACT (OCCA) works with all interested stakeholders in advocating for the dissemination and practice of the evidence-based practice of ACT.

The Ohio Coordinating Center for Integrating Care

The Ohio Department of Mental Health created the Ohio Coordinating Center for Integrating Care (OCCIC) to share information and resources about integrating and coordinating physical and mental health care in Ohio. OCCIC helps providers and communities identify needs, plan integrated care solutions, and share successes and obstacles. The Health Foundation of Greater Cincinnati hosts the OCCIC.

OCCIC is a resource for Ohio's mental health providers and communities who are interested in learning more about how to create and run programs that bring physical health care into a mental health treatment setting. OCCIC has five areas of responsibility:

- **Share information:** OCCIC will provide networking opportunities, training, and technical assistance to providers, funders, consumers, family members, and other stakeholders.
- **Determine need and solutions:** OCCIC will help providers and communities determine what their individual needs are and what options exist to help them meet those needs.
- **Connect providers and other stakeholders:** OCCIC will help providers, funders, decisionmakers, and other interested people come together to discuss the issues around integrated care and share ideas and information.
- **Advocate for integrated care:** OCCIC will work with all interested stakeholders in advocating for integrated physical and behavioral health.
- **Evaluate efficacy:** OCCIC will help providers and communities collect, analyze, and share quality improvement, program evaluation, and consumer outcomes data.