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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20	
B Check if applicable: ☐ Address change ☒ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Interact for Health
	Doing Business As
	Number and street (or P O box if mail is not delivered to street address) Room/suite Rookwood Tower, 3805 Edwards Road 500
	City or town, state or province, country, and ZIP or foreign postal code Cincinnati, Ohio 45209-1948
	F Name and address of principal officer James Schwab - address same as "C" above
D Employer identification number 31-0932681	
E Telephone number 513-458-6600	
G Gross receipts \$ 142,868,335	
H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ www.interactforhealth.org	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation 1978	
M State of legal domicile OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Interact for Health's mission is to improve the health of the people of the Cincinnati region, which is accomplished through grants, education and policy. Interact for Health's strategic areas are Health Promotion and Protecting the Health Care Safety Net.
	2 Check this box ☐ 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 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 35
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 192
b Net unrelated business taxable income from Form 990-T, line 34 7b (181,000)	
Revenue	8 Contributions and grants (Part VIII, line 1h) 50,000 0
	9 Program service revenue (Part VIII, line 2g) 816,010 5,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,695,633 28,847,391
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 192
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,561,643 28,852,583
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 8,133,956 7,142,767
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,062,019 2,243,614
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) 0 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,743,562 1,828,283
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 11,939,537 11,214,664
19 Revenue less expenses. Subtract line 18 from line 12 (6,377,894) 17,637,919	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 213,211,883 227,464,177
	21 Total liabilities (Part X, line 26) 5,549,022 5,058,146
	22 Net assets or fund balances. Subtract line 21 from line 20 207,662,861 222,405,971

Part II Signature Block

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.

Sign Here	Signature of officer <i>[Signature]</i>	Date 10-01-2014
	Type or print name and title Daniel W. Geeding CFO	
Paid Preparer Use Only	Print/Type preparer's name Kevin L. Holmes	Preparer's signature <i>[Signature]</i>
	Firm's name ▶ Grant Thornton	Date 10/1/14
	Firm's address ▶ 4000 Smith Road, Suite 500 Cincinnati, OH 45209	Check ☐ if self-employed PTIN P00227061
Firm's EIN ▶ 36-6055558		Phone no 513-762-5000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013) 15

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Interact for Health's mission is to improve the health of the people of the Cincinnati region. Our vision is to be the healthiest region in the country. We engage people to live healthier lives by supporting four health promotion priorities-Healthy Eating, Active Living, Mental and Emotional Wellbeing, and Healthy Choices about Substance Use- and by supporting the health care safety net.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 4,518,437 including grants of \$ 4,518,437) (Revenue \$)
Grants awarded to community-see Schedule I

4b (Code:) (Expenses \$ 2,624,330 including grants of \$ 2,624,330) (Revenue \$)

Direct Charitable Programs (see Schedule I): Interact for Health programs that benefit the community, including the Empowering Communities Initiative; Conference Center for non-profit meeting space; project-related technical assistance for grantees; convening community and grantee learning groups; non-profit capacity building educational programs for grantees and other non-profits; public communications regarding community health status and health policy; data acquisition and analysis services designed to help or inform grantees, health care planners, program evaluators, policy makers and the public; and staff participation in community health planning efforts, particularly in improving health and promoting health in our region.

4c (Code:) (Expenses \$ 2,082,931 including grants of \$) (Revenue \$)

Program Administrative Expenses-establishing grantmaking programs and goals; obtaining community input and participation; soliciting and coaching proposals; investigating, evaluating, and summarizing proposals for the proposal review process; establishing grant agreements with grantees; establishing grant evaluation, site visits, financial reviews, and reporting; problem-solving with grantees; providing individual and group technical assistance to grantees; and analyzing and reporting grant performance.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 9,225,698

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	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓
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	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6	✓
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	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b 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	11b	✓
c 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	11c	✓
d 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	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	✓
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 (see instructions)	17	✓
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	18	✓
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	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	☒	☐
22 Did the organization report more than \$5,000 of grants or 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>	☐	☒
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>	☒	☐
24a 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 line 25a</i>	☐	☒
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	☐	☐
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	☐	☐
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	☐	☐
25a 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>	☐	☒
25b 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>	☐	☒
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	☐	☒
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	☐	☒
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):	☐	☐
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☒
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☒
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☒
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	☐	☒
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>	☐	☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	☐	☒
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>	☐	☒
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>	☒	☐
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	☒	☐
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	☒	☐
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☒	☐
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>	☐	☐
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>	☐	☒
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	☒	☐

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 66		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
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	2a 35		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
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)?	4a		✓
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 17		
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		☒
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		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		☒
6 Did the organization have members or stockholders? 6		☒
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		☒
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	☒	
b Each committee with authority to act on behalf of the governing body? 8b	☒	
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 9		☒

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		☒
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	☒	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	☒	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	☒	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	☒	
13 Did the organization have a written whistleblower policy? 13	☒	
14 Did the organization have a written document retention and destruction policy? 14	☒	
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	☒	
b Other officers or key employees of the organization 15b	☒	
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		☒
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ►

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Daniel W. Geeding, Executive VP, CFO 3805 Edwards Road, Suite 500 Cincinnati, OH 45209-1948 (513) 458-6602

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) James Schwab Director, President & CEO	45 1	✓		✓				283,568	0	42,244
(2) Karen Bankston Director	2 .5	✓						0	0	0
(3) Dawn Bertsche Director	2 .5	✓						0	0	0
(4) Susan Cook Director	1 .5	✓						0	0	0
(5) Constance Cooper Director during year	1 .5	✓						0	0	0
(6) Eileen Cooper Reed Director during year	1 .5	✓						0	0	0
(7) Ardith Davis Director during year	1 0	✓						0	0	0
(8) Thomas DeWitt Director	2 .5	✓						0	0	0
(9) Sarah Giolando Director	1 0	✓						0	0	0
(10) Robert Graham Director	1 .5	✓						0	0	0
(11) Diane Jordan-Grizzard Director	1 0	✓						0	0	0
(12) John Kennedy Director	1 0	✓						0	0	0
(13) Thomas Klinedinst, Jr. Director, Chair	2 1	✓		✓				0	0	0
(14) W. Stanley Morton Director, Vice Chair	2 1	✓		✓				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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) J. Patrick Rogers Director	2 .5	✓						0	0	0
(16) Tony Shipley Director	1 0	✓						0	0	0
(17) Jeanne-Marie Tapke Director	1 0	✓						0	0	0
(18) Barbara Tobias Director	1 0	✓						0	0	0
(19) Woodrow Uible Director	1 0	✓						0	0	0
(20) Rachel Votruba Director	2 .5	✓						0	0	0
(21) Rick Williams Director	1 0	✓						0	0	0
(22) Daniel Geeding Executive Vice President, CFO & Treasurer	45 1			✓				223,419	0	55,586
(23) Patricia O'Connor Executive Vice President & COO	45 1			✓				225,657	0	42,167
(24) Kathryn Keller Vice President Policy & External Relations	45 0			✓				117,669	0	27,437
(25) Patricia Ruwe Director of Acctng, Secretary & Asstnt Treasurer	35 3			✓				83,279	0	22,911
1b Sub-total								933,592	0	190,345
c Total from continuation sheets to Part VII, Section A								613,756	0	126,761
d Total (add lines 1b and 1c)								1,547,348	0	317,106

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 10**

- 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4	✓	
5		✓

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Summer Hill Capital Partners, LLC; 6847 Cintas Blvd, Ste 120; Mason, OH	investment manager	756,723
CLP-SPF Rookwood Towers, LLC; PO Box 951035; Cleveland, OH 44193	rent expense	428,119
Blue Raster, LLC; 2200 Wilson Blvd., Suite 210; Arlington, VA 22201	consultant-HealthLandscap	265,620
Rick Miller Communications, Inc.; 7091 Ravens Run; Cincinnati, OH 45244	consultant-PR	144,498

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 4**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a Consulting Revenue			Business Code			
	b			5,000	5,000		
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶		5,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		3,109,629			3,109,629
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses	172,809				
	c	Rental income or (loss)	172,617				
	d	Net rental income or (loss) ▶	192			192	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	139,580,897				
	c	Gain or (loss)	113,843,135				
	d	Net gain or (loss) ▶	25,737,762			25,737,762	
	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 ▶					
	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 . . ▶					
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 . . ▶						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶		28,852,583	5,000	192	28,847,391	

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**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 United States. See Part IV, line 21	7,142,767	7,142,767		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,025,068	520,674	504,394	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	882,635	691,741	190,894	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,599	81,255	22,344	
9 Other employee benefits	122,753	90,185	32,568	
10 Payroll taxes	109,559	74,299	35,260	
11 Fees for services (non-employees):				
a Management	236,574	32,365	204,209	
b Legal	29,057	18,378	10,679	
c Accounting	27,848	16,709	11,139	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	763,302		763,302	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	61,875	49,171	12,704	
12 Advertising and promotion				
13 Office expenses	59,375	41,094	18,281	
14 Information technology	81,379	58,274	23,105	
15 Royalties				
16 Occupancy	288,036	196,086	91,950	
17 Travel	26,087	23,874	2,213	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105,459	72,582	32,877	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,192	95,292	22,900	
23 Insurance	11,592	6,955	4,637	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Net loss-discontinued HealthLandscape op	8,318	8,318		
b				
c				
d				
e All other expenses	11,189	5,679	5,510	
25 Total functional expenses. Add lines 1 through 24e	11,214,664	9,225,698	1,988,966	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,062,613	1	2,820,220
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	516,826	4	276,701
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	40,252	9	27,502
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,585,085		
	b Less: accumulated depreciation	10b 1,081,276	698,303	10c 503,809
	11 Investments—publicly traded securities	129,675,284	11	124,596,907
	12 Investments—other securities. See Part IV, line 11	76,824,430	12	98,733,264
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	394,175	15	505,714
16 Total assets. Add lines 1 through 15 (must equal line 34)	213,211,883	16	227,464,117	
Liabilities	17 Accounts payable and accrued expenses	539,645	17	430,177
	18 Grants payable	3,887,038	18	3,452,598
	19 Deferred revenue		19	60,680
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,122,339	25	1,114,691
	26 Total liabilities. Add lines 17 through 25	5,549,022	26	5,058,146
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	207,662,861	27	222,405,971
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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	207,662,861	33	222,405,971
	34 Total liabilities and net assets/fund balances	213,211,883	34	227,464,117

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,852,583
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,214,664
3	Revenue less expenses. Subtract line 2 from line 1	3	17,637,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,662,861
5	Net unrealized gains (losses) on investments	5	(2,894,809)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	222,405,971

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

- c** 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.

- 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? . . .

- b** 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.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Interact for Health

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

31-0932681

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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ 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.	
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, and not on a historic structure listed in the National Register	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 section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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

- d** ☐ Loan or exchange programs
e ☐ Other

c ☐ Preservation for future generations

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

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 XIII and complete the following table:

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the 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 current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		380,691	106,175	274,516
d Equipment		644,355	545,240	99,115
e Other		560,039	429,861	130,178
	Furniture---->			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				503,809

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Hedge funds	59,186,083	Fair Value
(B) Private Equity, LLPs, LLCs	22,370,691	Fair Value
(C) Investment Redemption Receivables	17,176,490	Fair Value
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	98,733,264	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Compensation Payable	436,073
(3) Deferred Rent Credit	374,863
(4) Straight Line Rent Liability	137,878
(5) Accrued PTO Liability	111,158
(6) Employee Salary & Benefits	30,725
(7) Security Deposit Payable	14,625
(8) Post-retirement Healthcare Benefit	6,866
(9) Flexible Spending Account Liability	2,503
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,114,691

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	25,366,897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	(2,894,809)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	172,617
e	Add lines 2a through 2d	2e	(2,722,192)
3	Subtract line 2e from line 1	3	28,089,089
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	763,302
b	Other (Describe in Part XIII.)	4b	192
c	Add lines 4a and 4b	4c	763,494
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,852,583

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,623,787
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,623,787
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	763,302
b	Other (Describe in Part XIII.)	4b	(172,425)
c	Add lines 4a and 4b	4c	590,877
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,214,664

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, line 2:

The Organization recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more-likely-than-not sustain the position following an audit. For tax positions meeting the more-likely-than-not threshold, the amount recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant taxing authority. As of December 31, 2013 and 2012, the Organization has no tax positions for which the statute of limitations remains open which do not meet the more-likely-than-not threshold. Open tax years include 2012, 2011, and 2010.

Part XI, lines 2d and 4b; and Part XII, line 4b: Subtenant rental income = \$172,617 and unrelated business conference facility rental income = \$192

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▲** **NONE**

3 Enter total number of other organizations or entities **▲** **NONE**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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.

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990.

Employer identification number

Interact for Health

31-0932681

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. Part II can be duplicated 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
(1) see attachment							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

132

3 Enter total number of other organizations listed in the line 1 table

1

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

Schedule I, Part I, Line 2: Procedures for Monitoring Grant Funds Use

Proposals are judged on their ability to meet Interact for Health's eligibility requirements and selection criteria. For most grants, once awarded, a meeting is scheduled with the grantee to review Interact for Health's grant monitoring process. Grantees are required to review and sign-off on a Grant Agreement prepared by Interact for Health, agree to a grant disbursement schedule, and finalize a project evaluation plan. Grantees are required to submit an annual report to Interact for Health, and participate in an annual site visit with a Senior Program Officer or grants management support consultant. Annual progress reports include a financial report that must be signed by the grantee organization's Chief Financial Officer. If for any reason, a grant is not achieving its objectives, Interact for Health may invoke the "revocation clause" of the grant agreement and modify or terminate a grant.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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2013

**Open to Public
Inspection**

Employer identification number

31-0932681

Interact for Health

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.

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

Yes No

--	--	--

b If any of the boxes on line 1a are 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

1b

--	--	--

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

2

--	--	--

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ 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?

4a

		✓
--	--	---

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

		✓
--	--	---

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

		✓
--	--	---

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?

5a

	✓	
--	---	--

b Any related organization?

5b

		✓
--	--	---

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?

6a

		✓
--	--	---

b Any related organization?

6b

		✓
--	--	---

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

7

		✓
--	--	---

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

		✓
--	--	---

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

9

--	--	--

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 James Schwab	(i) 277,536	0	6,032		0	44,144	327,712	0
	(ii)							
2 Daniel Geeding	(i) 218,895	0	4,524		0	56,992	280,411	0
	(ii)							
3 Patricia O'Connor	(i) 220,933	0	4,724		0	43,804	269,461	0
	(ii)							
4 Ed Carl	(i) 102,838	20,143	1,966		0	27,632	152,579	0
	(ii)							
5 * See Schedule O:	(i)							
	(ii)							
6 Part VI: Section B: 15a and 15b*	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Edward Carl received bonuses in 2013 based on the revenues of HealthLandscape (disregarded entity of Interact for Health).

See Schedule O-Part VI: Section B. Question 15a and 15b

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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31-0932681

Part III: Question 3: HealthLandscape operations were discontinued/sold in January 2014, therefore \$8,318 is shown on Part IX, Line 24a as a net loss from discontinued HealthLandscape operations.

Part VI: Section B: Question 11b: Prior to filing, the Form 990 was approved by the Audit Committee, then received by the full Board of Directors.

Part VI: Section B: Policies also apply to the Organization's disregarded entity.

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: The 2013 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2012 by the independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of the President's total compensation. The independent compensation consultant met with the Executive Committee when it established the President's compensation. The President was not present when the Executive Committee discussed and established his compensation.

In establishing the President's compensation, factors reviewed by the Executive Committee included: (i) a Board evaluation of the President's individual performance; (ii) the performance of the organization; (iii) the President's length of service, credentials and experience; (iv) the elements of the President's total compensation and his salary history; (v) the organization's compensation targets and raise pool; and (vi) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant. After considering these factors, the Committee established the President's 2013 compensation. In acting to establish the President's compensation, the Executive Committee determined the President's total compensation to be reasonable and in

Name of the organization

Employer identification number

Interact for Health**31-0932681**

the organization's best interest and for its benefit. At the next meeting of the organization's full Board, Executive Committee reported, in an executive session that did not include the President, the compensation of the President and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the President's compensation.

Part VI: Section B: Question 15b: The 2013 compensation for the organization's 'Executive Vice President and Chief Operating Officer', 'Executive Vice President, Chief Financial Officer and Treasurer', and 'Secretary and Assistant Treasurer' (the "Officers") was established in late 2012 by the independent members of the organization's Executive Committee. The 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 the organization; (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. (The organization's President and Chief Executive Officer is independent of the Officers.) After considering these factors, the Committee established each Officer's 2013 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.

At the May 29, 2013 Governance Committee of the Board of Directors, and subsequently at the June 14, 2013 Interact for Health Board of Director's annual meeting, resolutions were passed approving the election of Kathryn Keller to the newly created 'Vice President, Policy and External Relations' Officer position. Ms. Keller's future compensation will be determined using the Officer procedures described above.

Part VI: Section C: Question 19: The form 990, conflict of interest policy, document retention policy and whistle blower protection policy are available on the website.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Interact for Health

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31-0932681

Part VII: Section A: line 1c: Part VII: Section A: line 1c: (A) Ann Barnum, Senior Program Officer; (B) 40/0 (C) Highest compensated employee

(D) \$122,128; (E) \$0; (F) \$23,083; (A) Janice Bogner, Senior Program Officer; (B) 40/0; (C) Highest compensated employee; (D) 120,907; (E) 0;

(F) \$26,954; (A) Edward Carl, President, HealthLandscape; (B) 40/0; (C) Highest compensated employee; (D) 124,947; (E) 0; (F) 26,818

(A) Mark Carrozza, Health Informatics Developer; (B) 40/0; (C) Highest compensated employee; (D) \$119,827; (E) \$0; (F) \$26,818

Francie Wolgin, Senior Program Officer; (B) 40/2; (C) Highest compensated employee; (D) \$125,947; (E) \$0; (F) \$23,088

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Interact for Health

Employer identification number

31-0932681

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HealthLandscape, LLC; 3805 Edwards Road, Suite 500, Cincinnati, OH 45209	Health data	OH	0	292,487	N/A
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Interact for Change; 3805 Edwards Road, Suite 500; Cincinnati, OH 45209; EIN: 30-0065901	Philanthropy	OH	501(c)(3)	170(b)(1)(A)(vi)	IA4H*		✓
(2) _____							
(3) *IA4H is abbreviation for Interact for Health							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Cat. No. 50135Y

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
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?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓
c	Gift, grant, or capital contribution from related organization(s)	1c	✓
d	Loans or loan guarantees to or for related organization(s)	1d	✓
e	Loans or loan guarantees by related organization(s)	1e	✓
f	Dividends from related organization(s)	1f	✓
g	Sale of assets to related organization(s)	1g	✓
h	Purchase of assets from related organization(s)	1h	✓
i	Exchange of assets with related organization(s)	1i	✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o	Sharing of paid employees with related organization(s)	1o	✓
p	Reimbursement paid to related organization(s) for expenses	1p	✓
q	Reimbursement paid by related organization(s) for expenses	1q	✓
r	Other transfer of cash or property to related organization(s)	1r	✓
s	Other transfer of cash or property from related organization(s)	1s	✓

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) InterAct for Change		b	9,207	cash
(2) InterAct for Change		o	44,310	estimate
(3) InterAct for Change		p	123,530	cash
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1).....													
(2).....													
(3).....													
(4).....													
(5).....													
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(16).....													

Part VII Supplemental Information

Supplemental information
Provide additional information for responses to questions on Schedule R (see instructions).

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Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Academy of Medicine of Cincinnati Project Access 2300 Wall St., Suite F Cincinnati, OH 45212	45-3029855	501(c)3	4,750	Project Access Individual Donor Challenge to build an individual donor campaign
Adams County Medical Foundation, Inc 230 Medical Center Drive Seaman, OH 45679	76-0801729	501(c)3	75,000	Manchester School-Based Health Center to provide school based health services
Alcohol and Chemical Abuse Council of Southwestern Ohio 2935 Hamilton-Mason Road Hamilton, OH 45011	31-0784671	501(c)3	40,000	Minimize Risk-Maximize Life Social Marketing Strategic Plan to develop a plan for promotion of low-risk drinking in Butler County
Avondale Comprehensive Development Corporation 3494 Reading Rd Cincinnati, OH 45229	45-2412695	501(c)3	6,000	Avondale Moves! Safe Play Days to increase physical activity access among 600 Avondale youth through implementing safe play day events
BLOC Ministries 3952 North Bend Road Cincinnati, OH 45211	31-1613471	501(c)3	10,750	Lower Price Hill Family Fun Walk & Rock to improve access to physical activity in Lower Price Hill through planning and implementing the Lower Price Hill Family Fun Walk & Rock event
Boone County Public Library 1786 Burlington Pike Burlington, KY 41005	61-0864903	115 (1)	30,000	Check it Out Active Lifestyles to improve access to physical activity in Boone County through planning and implementing Check it Out Active Lifestyles events
Catholic Charities of Southwestern Ohio 100 East Eighth Street Cincinnati, OH 45202	31-0536968	501(c)3	18,000	Health Care for Hispanic/Latino Immigrants to develop a plan to reduce gaps in health education and services in the Hispanic/Latino immigrant community
Center for Chemical Addictions Treatment, Inc. 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)3	11,000	Implementing NIAATx to improve addiction treatment
Center for Closing the Health Gap in Greater Cincinnati 3120 Burnet Avenue, Suite 201 Cincinnati, OH 45229	20-0902286	501(c)3	100,000	General Operating Support, 2014 to provide general operating support

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Childhood Food Solutions 2573 St. Leo Place Cincinnati, OH 45225	26-0489068	501(c)3	5,000	General Operating Support 2013 to provide general operating support for 2013
Children's Hunger Alliance 370 S. Fifth Street Columbus, OH 43215	23-7303509	501(c)3	20,000	Healthy Kids, Healthy Schools to increase participation in free breakfast and Fuel Up to Play 60 programs
Cincinnati Children's Hospital Medical Center Department of Psychiatry 3333 Burnet Avenue MLC 9002 Cincinnati, OH 45229	31-0833936	501(c)3	45,000	Trauma Detection and Treatment in School-Aged Children to plan a program to screen school-aged children for trauma
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	City of Cinti	25,000	Riverview East School-Based Health Center - Planning Grant to plan school-based health services
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	City of Cinti	200,000	Mt. Airy School-Based Health Center to provide school based health services
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	City of Cinti	75,000	Expansion in Primary Care Capacity to add primary care for 1100 new patients in Cincinnati
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	City of Cinti	40,000	John P. Parker and Pleasant Ridge Academy School Based Health Center to provide school based health services (transfer of grant from Neighborhood Health Care)
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	City of Cinti	25,000	Oyler School Based Health Center Challenge Grant to match funds raised to support the school-based health center
Cincinnati Public Schools 3651 Burnet Ave Cincinnati, OH 45219	31-6000758	501(c)3	75,000	Dental Facility Expansion to expand the planned school-based health center at Western Hills/Dater High School campus to provide dental services
Cincinnati Recreation Commission Foundation 805 Central Avenue, 2 Centennial Plaza Cincinnati, OH 45202	31-1574475	501(c)3	50,000	LeBlond RecPlex "A Model for Inclusion" to improve access to physical activities for 4,000 people by expanding the facilities at LeBlond RecPlex center

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Cincinnati Union Cooperative Initiative 4122 Langland St. Cincinnati, OH 45223	45-3914880	501(c)3	30,000	Worker Owned Grocery Stores to complete a feasibility study and business plan for developing a small chain of worker-owned grocery stores
Clermont County General Health District 2275 Bauer Road Batavia, OH 45103	31-1334337	115 (1)	5,000	2014 Family Fun 1 Walk to improve access to physical activity in Clermont County through implementation of the 2014 Family Fun 1 Walk events
Coalition for a Drug Free Greater Cincinnati 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)3	50,000	2014 Student Drug Use Survey to collect youth drug use data from over 60,000 youth in the Greater Cincinnati area
Coalition for a Drug Free Greater Cincinnati 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)3	33,000	Building Regional Capacity to Implement SBIRT to plan for the implementation of screening, brief intervention and referral to treatment in the tri-state region
Coalition for a Drug Free Greater Cincinnati 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)3	35,000	Step Forward to form a community-based anti-drug coalition in Lower Price Hill
Community Mental Health Center, Inc. 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	75,000	Achieving Integrated Healthcare to write a business plan and submit applications to become an FQHC Look-Alike or a Rural Health Center or both
Community Mental Health Center, Inc. 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	50,000	One Community One Family's Trauma-Informed System Transformation to promote recovery and resilience for children and their families by helping child-serving organizations in SE Indiana become trauma-informed
Community Mental Health Center, Inc. 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	17,000	Implementing NIATx to improve addiction treatment
Comprehend, Inc 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)3	8,000	Implementing NIATx to improve addiction treatment
Comprehend, Inc 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)3	(15,750)	Implementing Integrated Care in Rural Kentucky to implement integrated mental health and primary care services (cancellation of grant)
Crossroad Health Center 5 East Liberty Street Cincinnati, OH 45202	31-1321054	501(c)3	160,000	Rothenberg School-Based Health Center Implementation to provide school based health services

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Crossroad Health Center 5 East Liberty Street Cincinnati, OH 45202	31-1321054	501(c)3	27,500	Rothenberg-Crossroad School Based Health Center Planning to plan school-based health services
Crossroads Center 311 Martin Luther King Drive Cincinnati, OH 45219	31-1327938	501(c)3	15,000	Implementing NIA Tx to improve addiction treatment
Envision 3030 West Fork Road Cincinnati, OH 45211	31-6050398	501(c)3	50,000	Sanctuary Collaborative to obtain Sanctuary Certification for five organizations
First Step Home 2203 Fulton Avenue Cincinnati, OH 45206	31-1328492	501(c)3	6,000	Implementing NIA Tx to improve addiction treatment
FRS Counseling, Inc 313 Chillicothe Ave Hillsboro, OH 45133	31-1129448	501(c)3	9,000	Implementing NIA Tx to improve addiction treatment
go Vibrant 3410 Cornell Place Cincinnati, OH 45220	27-4894861	501(c)3	30,000	Summer Streets 2014 to improve access to physical activity through the Summer Streets 2014 events
Grantmakers In Health 1100 Connecticut Avenue, N.W. 12th Floor Washington, DC 20036	13-3206571	501(c)3	25,000	General Support 2014 to provide general operating support
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	16,400	Recovery Center of Hamilton County Summer Fun Wellness Expo/Art Walk to improve access to physical activity
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	35,000	Mental Health in Primary Care to integrate mental health and physical healthcare services
Greater Cincinnati Foundation 200 West Fourth Street Cincinnati, OH 45202-2603	31-0669700	501(c)3	150,000	Cincy B-Cycle Development to create a bike share program in downtown Cincinnati

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	17,300	Paddlefest Kids Outdoor Adventure Expo to improve access to physical activity for youth through the Paddlefest Kids Outdoor Adventure Expo event
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	70,000	Regional Trails Master Plan to develop and secure support for a master plan for trails in Hamilton, Butler, Warren, Clermont, Boone, Campbell, Kenton, Dearborn and Franklin Counties
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	39,600	Local Food Action Plan Project to assess existing local food systems and develop a plan to increase local food production and consumption
Groundwork Cincinnati/Mill Creek 1617 Elmore Court Cincinnati, OH 45223	31-1388594	501(c)3	80,000	Mill Creek Greenway Trail, Phase 4 to match state funds to build 1/2 mile of paved trail and sidewalks serving the South Cumminsville and Millvale neighborhoods
Health Care Access Now 7162 Reading Road, Suite 1120 Cincinnati, OH 45237	26-4042151	501(c)3	420,000	Pathway Programs for High Risk Populations to expand multi-disciplinary community care coordination services
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)3	295,000	Core Support (2015) to provide general operating support for 2015
HealthSource of Ohio 5400 DuPont Circle, Suite A Milford, OH 45150	31-0884250	501(c)3	75,000	Mt Washington Health Center to add a new primary care site
InterAct for Change 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)3	9,207	ACT General Support 2013 to provide general support for the ACT Center
James W Miller Memorial Fund 6715 Hammerstone Way Cincinnati, OH 45227	27-3346632	501(c)3	10,010	Warrior Run to increase physical activity access among 1,800 residents through participation in the Warrior Run Events
Karma Points, Inc. PO Box 486 122 Bruemmer Road Manchester, OH 45144	20-1891545	501(c)3	46,900	Manchester Community Gardens to plan and implement four working community gardens

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Kentucky Equal Justice Center 201 W. Short Street, Suite 310 Lexington, KY 40507	61-0909545	501(c)3	45,000	Kentucky Health Law Fellow 2014 to support the health law fellow
Legal Action Center 225 Varick Street 4th Floor New York, NY 10014	13-2756320	501(c)3	10,000	Informing Essential Health Benefit Policies in Kentucky to provide general operating support
Legal Aid Society of Greater Cincinnati 215 East Ninth Street, Suite 200 Cincinnati, OH 45202	31-0536673	501(c)3	70,000	Affordable Care Act Enrollment, Training, and Support to enroll uninsured adults through Insurance Marketplace
Legal Aid Society of Greater Cincinnati 215 East Ninth Street, Suite 200 Cincinnati, OH 45202	31-0536673	501(c)3	50,000	Child Help Challenge Grant to provide matching funds that support the Child Help program
Mercy Health - St. John 1800 Logan Street Cincinnati, OH 45202	31-1222942	501(c)3	34,800	Mercy Health - St. John Health Care Safety Net Clinic to increase the primary care capacity by 700 additional visits
Neighborhood Health Care, Inc 2415 Auburn Avenue Cincinnati, OH 45219	23-7160408	501(c)3	(15,000)	Oral Health Workforce Development to increase community access to oral health services (cancellation of grant)
New Perceptions 1 Sperti Drive Edgewood, OH 41017	61-0705047	501(c)3	3,000	2nd Annual Healthy Living Camp to increase physical activity access among autistic children and their families
Northern Kentucky Area Development District 22 Spiral Drive Florence, KY 41042	61-0719369	501(c)3	75,000	Northern Kentucky Heroin Response to reduce harm, death and disability from heroin use
Northern Kentucky Area Development District 22 Spiral Drive Florence, KY 41042	61-0719369	501(c)3	22,126	Northern Kentucky Heroin Impact Response Challenge Grant to match fundraising to implement the Northern Kentucky Heroin Impact Response
Nutrition Council 424 E. 4th Street #2A Cincinnati, OH 45202	23-7429745	501(c)3	17,000	Family Food on the Run Obstacle Course to improve access to physical activity in the Greater Cincinnati area through implementation of the Family Food on the Run Obstacle Course event

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Nutrition Council 424 E. 4th Street #2A Cincinnati, OH 45202	23-7429745	501(c)3	20,000	CPS-Integrated Nutrition Services to develop a model for the integration of comprehensive nutrition services into the school curriculum and school based health centers
Oxford Free Clinic P.O. Box 390 Oxford, OH 45056	20-4253386	501(c)3	9,550	Challenge Grant to expand the donor base of the free Oxford Free Clinic
Philanthropy Ohio 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)3	15,000	Affordable Care Act Funders Coalition 2013 to support the management of the ACA Funders Coalition
Pones PO Box 122353 Covington, KY 41012	77-0710862	501(c)3	8,000	Pones in Public to improve access to physical activity through public dancing
Public Interest Projects, Inc. 45 West 36th Street, 6th Floor New York, NY 10018	13-3191113	501(c)3	50,000	Ohio's Juvenile Justice Reform Campaign to divert young people with mental illnesses and substance use disorders from the juvenile justice system into treatment
Santa Maria Community Services 617 Steiner Avenue Cincinnati, OH 45204-1327	31-0537141	501(c)3	20,000	Conquer the Hill to improve access to physical activity through training for and producing a 5k event
Scioto Paint Valley Mental Health Center 4449 St. Rt 159 P.O. Box 6179 Chillicothe, OH 45601	31-0720849	501(c)3	275,000	Primary and Behavioral Health Integration to establish primary care at the Scioto Paint Valley Mental Health Center
Society of St. Vincent de Paul 1125 Bank Street Cincinnati, OH 45214	31-0537510	501(c)3	15,000	St. Vincent de Paul Charitable Pharmacy to provide pharmaceutical care to people who have no other way to afford their medication
St. Aloysius Orphanage 4721 Reading Rd. Cincinnati, OH 45237	31-0537048	501(c)3	25,000	Regional Trauma Institute to plan a regional trauma network
Strategies to End Homelessness 2368 Victory Parkway Suite 600 Cincinnati, OH 45206	20-8286347	501(c)3	30,000	Homeless Shelter Development to provide general operating support for homeless shelters in Hamilton County

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	10,000	Mental Health Advocacy Coalition of Southwest Ohio 2014 to educate about and advocate for mental health issues
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	75,000	Implementing Primary Care Access to the Underserved in Warren County to create an integrated health center in Warren County
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	12,000	Implementing NIAATx to improve addiction treatment
Tender Mercies, Inc. 27 W. 12th Street Cincinnati, OH 45202	31-1137270	501(c)3	40,000	Healthy Choices Planning Project to develop a wellness program for people with severe mental illnesses
The Children's Home of Cincinnati 5050 Madison Road Cincinnati, OH 45227	31-0536969	501(c)3	25,000	Challenge Grant to match funds raised to implement a new treatment program
The HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)3	75,000	Primary Care Capacity Expansion to expand primary care capacity
Three Rivers District Health Department 510 South Main Street Owenton, KY 40359	61-1030734	115 (1)	20,000	Racing to Health! to improve physical activity access
ULI Cincinnati 136 South Keowee Street Dayton, OH 45402	53-0159845	501(c)3	3,000	Building Healthy Places TAP Community Competition to support the Building Healthy Places TAP Community Competition
Universal Health Care Action Network of Ohio (UHCAN) 370 S. 5th Street, Suite 3 Columbus, OH 43215	31-1542417	501(c)3	60,000	General Support 2014 to provide general operating support
University of Cincinnati - College of Medicine Internal Medicine - Infectious Diseases PO Box 670560 Cincinnati, OH 45237	31-6000989	501(c)3	48,000	Cincinnati Exchange Project to support syringe exchange and Naloxone distribution to 1,000 injection drug users in one year

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219	31-0896555	501(c)3	15,120	Clermont Community Garden A Healthy Eating Initiative to expand Clermont College's community garden
VITALITY Cincinnati, Inc 3925 Montgomery Road Cincinnati, OH 45212	27-3494265	501(c)3	20,000	Yoga/Healing Touch Internship expansion to increase physical activity access
Wasson Way 2692 Madison Road Box 115 Cincinnati, OH 45208	45-3772587	501(c)3	37,000	Wasson Way Bike and Pedestrian Trail Project to gather information and cost estimates for the Wasson Way walking and bike path

Total Grants Awarded to Community (pages 1-9)

3,949,263

Total Non-Competitive Grants (see pages 10-18)

666,500

Less Prior Year Grant Reversals (see page 19)

(97,326)

Total Grants (reference Part III line 4a)

\$4,518,437

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Abilities First Foundation 4710 Timber Trail Drive Middletown, OH 45044	31-0620685	501(c)3	2,000	Disabilities Programs to provide general support for health related programs
Arthritis Foundation 7124 Miami Road Cincinnati, OH 45243	27-4014550	501(c)3	5,000	Health Related Programs to support health related programs
Beechwood Home 2140 Pogue Ave Cincinnati, OH 45208	31-0537069	501(c)3	500	Health Related Programs to support health related programs
BLOC Ministries 3952 North Bend Road Cincinnati, OH 45211	31-1613471	501(c)3	2,000	Health Related Programs to support health related programs
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	7,500	Youth Leadership Development Expansion to support youth leadership development expansion
Catholic Charities of Southwestern Ohio 100 East Eighth Street Cincinnati, OH 45202	31-0536968	501(c)3	12,500	Health Related Programs to support health related programs
Center for Great Neighborhoods 1650 Russell Street Covington, KY 41011	61-0733046	501(c)3	2,000	Latonia Elementary Community Park to renovate and expand the Latonia Elementary Community Park
Center for Respite Care 3550 Washington Ave Cincinnati, OH 45229	20-2544994	501(c)3	36,750	Health Related Programs to support health related programs
Childhood Food Solutions 2573 St. Leo Place Cincinnati, OH 45225	26-0489068	501(c)3	11,000	Price Hill Food Distribution Expansion to expand food distribution to elementary-age children in Price Hill
Children, Inc. 333 Madison Avenue Covington, KY 41011	31-0910787	501(c)3	4,500	Children's Health Programs to provide general support for health related programs
Children's Home of Northern Kentucky 200 Home Road Covington, KY 41011	23-7068704	501(c)3	500	Children's Health Programs to provide general support for health related programs

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Cincinnati Eye Institute Foundation 1945 CEI Drive Cincinnati, OH 45242	20-4418334	501(c)3	3,000	Health Related Programs to support health related programs
Cincinnati Recreation Commission Foundation 805 Central Avenue, 2 Centennial Plaza Cincinnati, OH 45202	31-1574475	501(c)3	20,000	Youth Commission of Cincinnati's Youth Study to support the Youth Commission of Cincinnati's Youth Study
Cincinnati Union Bethel 300 Lytle Street Cincinnati, OH 45202	31-053655	501(c)3	1,000	Health Related Programs to support health related programs
Cincinnati USA Regional Chamber Foundation 441 Vine St Ste 300 Cincinnati, OH 45202	23-7089617	501(c)3	16,500	cincytech Operating Support 2013 to support cincytech, which supports health-related startups
Circle Tail, Inc. 8834 Carey Lane Pleasant Plain, OH 45162	31-1516490	501(c)3	7,500	Therapeutic Assist Dogs to provide general support for health related programs
CityLink Center 3500 Madison Road Cincinnati, OH 45209	04-3828387	501(c)3	10,000	Health Related Programs to support health related programs
College of Mount St. Joseph 5701 Delhi Road Cincinnati, OH 45233-1670	23-7179567	501(c)3	500	Department of Psychology to provide general support for health related programs
College of Nursing, University of Cincinnati PO Box 210038 Cincinnati, OH 45221-0038	31-6000989	501(c)3	10,000	Nursing Workforce Diversity to support Leadership 2.0 Nursing's Next Generation program
Communications Network 1717 North Naper Blvd, Suite 102 Naperville, IL 60563	52-2114179	501(c)3	500	General Support 2014 to provide general operating support
Community Learning Center Institute 8450 Arborcrest Drive Cincinnati, OH 45236	27-0741982	501(c)3	4,500	Children's Oral Health Project to support the Children's Oral Health Project

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Comprehensive Community Child Care 1924 Dana Avenue Cincinnati, OH 45207	31-0823634	501(c)3	2,000	Children's Health Programs to provide general support for health related programs
Corporation for Findlay Market of Cincinnati PO Box 14727 Cincinnati, OH 45250	31-1740317	501(c)3	3,000	General Support to support healthy eating
Covington Ladies Home 702 Garrard St. Covington, KY 41011	61-0461759	501(c)3	5,000	Elderly Women's Health Programs to provide general support for health related programs
Crossroad Health Center 5 East Liberty Street Cincinnati, OH 45202	31-1321054	501(c)3	2,750	Crossroad CityLink Center to support the Crossroad CityLink Center
Dayton Independent Public Schools 200 Clay Street Dayton, KY 41074	61-6001401	501(c)3	2,250	Community Mobilization to Combat Drug Abuse to provide general support for health related programs
Drop Inn Center Shelterhouse 217 West 12th Street Cincinnati, OH 45210	31-0920479	501(c)3	19,000	Healthy Meals for Residents to support healthy meals for residents
Everybody Rides Metro Foundation 602 Main Street Suite 1100 Cincinnati, OH 45202	20-5182686	501(c)3	15,000	Healthcare Destinations 2013 to subsidize Metro Fares for low-income individuals traveling to health-related destinations
Faces Without Places PO Box 23300 Cincinnati, OH 45223	31-1628027	501(c)3	8,000	Educational and Enrichment Programming to provide general support for health related programs
Faith Community Pharmacy 7033 Burlington Pike, Suite 4 Florence, KY 41042	61-1378914	501(c)3	12,000	Health Related Programs to support health related programs
Finance Fund 17 South High Street, Suite 900 Columbus, OH 43215-3441	31-1229532	501(c)3	8,500	Community Health Loan Fund to contribute to the Community Health Loan Fund

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
FreeStore/FoodBank Health & Hygiene Program 1250 Tennessee Ave Cincinnati, OH 45229	23-7122205	501(c)3	16,000	Health and Hygiene Program to provide general support for health related programs
Friends of Little Miami State Park 69 Maple Street Waynesville, OH 45068	26-3777533	501(c)3	8,750	Protecting the Trail to repair and maintain the exercise trail
Gabriel's Place 3618 Reading Road Cincinnati, OH 45229	45-5333845	501(c)3	7,000	Health Related Programs to support health related programs
Girls on the Run of Greater Cincinnati 3330 Erie Avenue, Suite 8 Cincinnati, OH 45208	21-0119795	501(c)3	2,000	Health Related Programs to support health related programs
GLAD House, Inc. 1994 Madison Road Cincinnati, OH 45208	31-139987	501(c)3	2,000	Health Related Programs to support health related programs
Greater Cincinnati Foundation 200 West Fourth Street Cincinnati, OH 45202-2603	31-0669700	501(c)3	50,000	Cincy B-Cycle to create a bike share program in downtown Cincinnati
HealthPoint Family Care 1401 Madison Avenue Covington, KY 41011	61-0729915	501(c)3	2,000	Health Related Programs to support health related programs
Healthy Visions 9990 Zig Zag Road Cincinnati, OH 45242	31-1182425	501(c)3	2,000	Marijuana and Prescription Drug Abuse Module for School-based Prevention Program to provide general support for health related programs
Hearing Speech & Deaf Center of Greater Cincinnati 2825 Burnet Avenue Cincinnati, OH 45219	31-0536654	501(c)3	2,000	Health Related Programs to support health related programs
Holly Hill Childrens Services 9599 Summer Hill Road California, KY 41007	61-0461729	501(c)3	1,000	Children's Health Programs to provide general support for health related programs

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Hospice of Cincinnati 4360 Cooper Road, Ste. 300 Cincinnati, OH 45242	31-0917155	501(c)3	1,000	Supportive Services Programs to provide general support for health related programs
Ida Spence United Methodist Mission PO Box 121319 Covington, KY 41012	61-1246214	501(c)3	1,500	Health Related Programs to support health related programs
Kennedy Heights Community Council PO Box 36318 Cincinnati, OH 45236	31-6060018	501(c)3	4,000	Community Garden Project to support a community garden project
Living Arrangements for the Developmentally Disabled (LADD), INC. 3603 Victory Parkway Cincinnati, OH 44229	31-0894923	501(c)3	15,000	ReelAbilities Cincinnati film festival to support the ReelAbilities Cincinnati film festival
Melanoma Know More 10945 Reed Hartman Highway, Suite 323 Cincinnati, OH 45242	26-0505222	501(c)3	1,000	Health Related Programs to support health related programs
Mercy Health Partners of Southwest Ohio Foundation 4600 McAuley Pl. Cincinnati, OH 45242	31-1217563	501(c)3	3,000	Health Related Programs to support health related programs
MindPeace 5642 Hamilton Avenue Cincinnati, OH 45224	26-1085828	501(c)3	14,000	Health Related Programs to support health related programs
NAMI Clermont County 4030 Mt. Carmel-Tobasco Road Suite 201 Cincinnati, OH 45255	31-1778745	501(c)3	3,000	Creating Awareness of Mental Illness in the General Population to provide general support for health related programs
NAMI Northern Kentucky 303 Court St, Ste 707 Covington, KY 41011	26-4491224	501(c)3	1,000	Health Programs for the Severe Mentally Ill to provide general support for health related programs
NAMI of Hamilton County 4790 Red Bank Expressway Suite 218 Cincinnati, OH 45227	31-0998076	501(c)3	5,250	Health Programs for the Severe Mentally Ill to provide general support for health related programs

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
New Life Covenant Cincinnati 220 William Howard Taft Cincinnati, OH 45219	46-1570268	501(c)3	3,500	Consider the Poor to support the HopeFest Health and Education event
Northern Kentucky University Wellness Center - FH 111 Nunn Drive Highland Heights, KY 41099	61-1010545	501(c)3	3,000	Healthy Food Support Service to support the Healthy Food Support Service
Northern Kentucky University Wellness Center - FH 111 Nunn Drive Highland Heights, KY 41099	61-1010545	501(c)3	15,000	Smoke-Free/Tobacco-Free Campus meeting to support an event announcing NKU's Smoke-Free/Tobacco-Free Campus
Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment 6797 N. High St., Suite 238 Columbus, OH 43085	31-1102079	501(c)3	500	Substance Use Disorder Programs to provide general support for health related programs
People Advocating Recovery 1425 Story Avenue Louisville, KY 40206	20-1664735	501(c)3	1,500	Substance Use Disorder Programs to provide general support for health related programs
People Working Cooperatively 4612 Paddock Rd. Cincinnati, OH 45229	31-0859104	501(c)3	1,000	Housing Support to provide home repair, weatherization, and mobility modification services for low-income, elderly and disabled homeowners
Philanthropy Ohio 37 West Broad Street, Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)3	12,500	General Support 2014 to provide general operating support
Philanthropy Ohio 37 West Broad Street, Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)3	5,000	Philanthropy forward '13 to support the Philanthropy Ohio annual conference
PLAN of Southwest Ohio 4300 Rossplain Road Cincinnati, OH 45236	31-1486601	501(c)3	3,000	Health Related Programs to provide general support for health related programs
Planned Parenthood Southwest Ohio Region 2314 Auburn Ave. Cincinnati, OH 45219	31-0536688	501(c)3	25,000	Health Related Programs to provide general support for health related programs

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Pregnancy Center East 3944 Edwards Road Cincinnati, OH 45209	31-1049716	501(c)3	2,000	Health Related Programs to support health related programs
Professional Pastoral - Counseling Institute 8035 Hosbrook Road, Suite 300 Cincinnati, OH 45236	31-1130153	501(c)3	10,000	Health Related Programs to provide general support for health related programs
Saint Francis Seraph Ministries 1615 Vine Street Cincinnati, OH 45202-6400	31-0624999	501(c)3	8,000	Meals & Emergency Assistance for the Poor to provide general support for health related programs
St. Xavier High School 600 W. North Bend Road Cincinnati, OH 45224	31-0537511	501(c)3	2,000	Substance Use Disorder Prevention to provide general support for health related programs
Strategies to End Homelessness 2368 Victory Parkway, Suite 600 Cincinnati, OH 45206	20-8286347	501(c)3	4,000	Health Related Programs to support health related programs
Surviving Our Losses (And Continuing Everyday) 1603 11th St. Portsmouth, OH 45662	45-2910648	501(c)3	1,250	Ohio Statewide Expansion Initiative to provide general support for health related programs
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	20,000	Nonprofit Leadership Institute to support the nonprofit leadership development programs
The Cincinnati Woman's Club 330 Lafayette Avenue Cincinnati, OH 45220-1199	31-0537139	501(c)3	1,500	Scholarship Fund to support the Scholarship Fund
The Health Collaborative 2649 Erie Avenue Cincinnati, OH 45208	31-1449807	501(c)3	100,000	General Support 2013 to provide general operating support for the Health Collaborative
The Union Foundation 3334 Evanston Avenue Cincinnati, OH 45207	20-8465276	501(c)3	1,000	Health Related Programs to support health related programs
The United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	15,000	2013 United Way Campaign to support health related programs

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
The United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	10,000	Hearing Speech & Deaf Center of Greater Cincinnati to support health related programs
Universal Health Care Action Network of Ohio (UHCAN) 370 S. 5th Street, Suite 3 Columbus, OH 43215	31-1542417	501(c)3	2,000	Health Related Programs to support health related programs
University of Cincinnati Foundation College of Medicine PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	4,500	Physicians & Society Service Learning Program to support the Physicians & Society Service Learning Program
University of Cincinnati Foundation College of Medicine PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	6,000	Urban Health Project to support the Urban Health Project
University of Cincinnati Foundation College of Pharmacy PO Box 19970 Cincinnati, OH 45219	31-0896555	501(c)3	8,000	Aging in Place Program to support the Aging in Place Program
University of Cincinnati Foundation Division of Internal Medicine and Ohio Valley Sickle Cell Network PO Box 19970 Cincinnati, OH 45219	31-0896555	501(c)3	2,000	General Support to support the Ohio Valley Sickle Cell Network
Village of Lincoln Heights 120 Steffen Avenue Cincinnati, OH 45215	31-6001066	115(1)	8,500	Planning for Healthy Eating Program to support planning for healthy eating
Welcome House 205 Pike Street Covington, KY 41011	61-1020382	501(c)3	2,000	Substance Use Disorder Program to provide general support for health related programs
Wesley Community Services 2091 Radcliff Dr Cincinnati, OH 45204	31-1709022	501(c)3	2,500	Meals4You Outreach Program to provide general support for health related programs

Grants Awarded to Community (reference Part III, line 4a): Non-Competitive Grants				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Women's Crisis Center, Inc. 835 Madison Ave. Covington, KY 41011	61-0908752	501(c)3	5,500	Health Related Programs to support health related programs
Xavier University School of Nursing 3800 Victory Parkway Cincinnati, OH 45207	31-0537516	501(c)3	4,000	School of Nursing to provide general support for health related programs
Subtotal Non-Competitive Grants Program (to page 9)			\$666,500	

Prior Year Grant Reversals (reference Part III, line 4a)

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Academy of Medicine of Cincinnati Project Access			(36,700)	Project Access
Community Mental Health Center, Inc.			(25,849)	Smoking Cessation Project
Comprehend, Inc.			(15,750)	Implementing Integrated Care in Rural Kentucky
Foundation of the Cincinnati Academy of Medicine			(2,863)	Project Access
Health Policy Institute of Ohio			(3,500)	Medicaid Expansion Study
Miami University			(12,664)	Building a sustainable prevention support system model

All other prior year grants reversals (individual amounts < \$5,000)

\$0

Total Prior Year Grant Reversals (to page 9)

(\$97,326)

Schedule I Form 990	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.		2013
Interact for Health			EIN. 31-0932681
Direct Charitable Programs (reference Part III, line 4b)			
1 (a) Name and Address of Organization	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant
NOTE: the following direct charitable programs are administered through: Interact for Health 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-1948	31-0932681	501(c)(4)	
ACA Impact on Health Outcomes			9,300
ACA Readiness-Mental Health and Substance Use Disorder Providers			380,006
Access Health 100			66,786
Capacity Building Services			135,822
Community Health Status Survey			242,622
Community Research			165,080
Conference Center			72,340
Cook for America-Technical Assistance			8,501
Data Operations			44,517
Direct Charitable Services			268,233
			to study the effects of the ACA on access to healthcare and health outcomes of the homeless
			to provide intensive technical assistance to mental health and substance disorder providers in preparation for healthcare reform
			to restructure our regional health care system so that every resident has access to quality healthcare
			to build grantees' skills and resources for sustaining their programs after Interact for Health's grants end and to provide technical assistance to nonprofits
			to collect health status data for the 20 counties served by Interact for Health
			to improve the quality, accessibility and usefulness of health data in Interact for Health's service area, to oversee Interact for Health's survey work, and to assist grantees and nonprofits in finding and using appropriate data sources
			to provide meeting space and support to grantees and other eligible nonprofits in Interact for Health's service area
			to help school districts improve the nutritional quality of the food provided on campus
			to operate an online analysis and statistical information system that allows users to access public data and perform sophisticated data analysis without statistical software
			to provide technical assistance for grantees and the community for various health efforts

Schedule I	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.			2013
Form 990				EIN. 31-0932681
Interact for Health				
Direct Charitable Programs (reference Part III, line 4b)				
1 (a) Name and Address of Organization	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Empowering Communities Initiative (formerly known as Assistance for Substance Abuse Prevention Center) 2013			475,933	to provide resources and expert technical assistance to engage selected communities in health promotion at a grassroots level
Enhanced Evaluation of Integrated Care			95,480	to conduct a comprehensive evaluation of Interact for Health's Treating the Whole Person grantmaking strategy
Health Landscape			147,042	to provide a public internet-based decision-support utility containing many user-ready health and related databases, and to present data in maps and tables
Health Status Measurement in Primary Care			15,000	to understand how adults rate their health and what would need to change to improve their health rating
Healthcare Reform Public Education Program			153,555	to educate the public and nonprofit community about how the Patient Protection and Affordable Care Act of 2010 affects them
Interns			41,962	to support two part-time internships
Kentucky Health Issues Poll			62,822	to conduct an annual statewide health policy survey in Kentucky, use the data to inform Interact for Health's policy-related grantmaking and disseminate the results to the community
Loan Repayment Bonus Awards for New Nurse Practitioners			37,500	to increase the number of nurse practitioners in the regional safety net
Neighborhood Health Care Consultants			35,000	to engage consultants to advise and inform an FQHC about issues regarding their closure
NIATX Technical Assistance			68,955	to provide technical assistance and expert monitoring of the Getting and Keeping People in Substance Use Disorder Treatment: Using the NIATx Approach grantees
Ohio Health Issues Poll			50,889	to conduct an annual statewide health policy survey in Ohio, use the data to inform Interact for Health's policy-related grantmaking, and disseminate the results to the community
Scientific Review of Student Drug Use Survey			6,453	to provide a scientific review of the student drug use survey
Administrative Support for Opioid Response			1,406	to facilitate opioid response activities in Greater Cincinnati

Schedule I		Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.		2013
Form 990				EIN 31-0932681
Interact for Health				
Direct Charitable Programs (reference Part III, line 4b)				
1 (a) Name and Address of Organization	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Technical Assistance-RFP			39,125	to provide technical assistance for grantees receiving funding in the 2012-2013 RFP
Total Direct Charitable Programs (ref Part III, line 4b)			2,624,330	

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

- 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions
	INTERACT FOR HEALTH	Employer identification number (EIN) or 31-0932681
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. 3805 EDWARDS ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OHIO 45209-1948	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► DANIEL GEEDING

Telephone No ► 513-458-6600

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 is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 14 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 13 or

CLIENT'S COPY

- ☐ tax year beginning, 20, and ending, 20

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 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 Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions

Form **8868** (Rev. 1-2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	INTERACT FOR HEALTH	31-0932681
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	3805 EDWARDS ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	CINCINNATI, OHIO 45209-1948	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of DANIEL GEEDING
Telephone No 513-458-6600 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 is for

- 4 I request an additional 3-month extension of time until 11/1/, 20 14.
- 5 For calendar year 2013, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FOR FILING OF THE FEDERAL FORM 990

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Kevin S. Homan CPA Title PAID PREPARER Date 11/1/14