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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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)

3805 EDWARDS RD NO 500

Room/suite

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

CINCINNATI, OH 45209

F Name and address of principal officer

O'DELL MORENO OWENS MD

3805 EDWARDS RD NO 500

CINCINNATI, OH 45209

D Employer identification number

31-0932681

E Telephone number

(513) 458-6600

G Gross receipts \$ 50,416,713

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 ALL PEOPLE IN OUR REGION BY PROMOTING HEALTH EQUITY THROUGH GRANTS, EDUCATION, RESEARCH, POLICY AND ENGAGEMENT WE ARE AN INDEPENDENT FOUNDATION THAT SERVES TWENTY COUNTIES IN OHIO, KENTUCKY AND INDIANA

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

15

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

14

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5

36

6 Total number of volunteers (estimate if necessary)

6

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

-57,858

b Net unrelated business taxable income from Form 990-T, line 34

7b

-291,221

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

0

0

14,361,584

0

14,361,584

6,626,067

0

2,123,859

0

1,237,448

9,987,374

4,374,210

Beginning of Current Year

223,065,694

3,038,379

220,027,315

Current Year

0

0

11,097,651

0

11,097,651

4,471,037

0

3,286,189

0

2,306,956

10,064,182

1,033,469

End of Year

204,977,817

2,815,936

202,161,881

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

2019-09-24

Date

O'DELL MORENO OWENS MD MPH PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-09-24

Check ☐ if self-employed

PTIN P01225377

Firm's name CLARK SCHAEFER HACKETT & CO

Firm's EIN 31-0800053

Firm's address 1 EAST 4TH STREET

CINCINNATI, OH 45202

Phone no (513) 241-3111

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 (2018)

**Part III Statement of Program Service Accomplishments**Check 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 IS A FOUNDATION THAT SERVES AS A CATALYST TO IMPROVE HEALTH BY PROMOTING HEALTH EQUITY IN OUR REGION THROUGH COMMUNITY ENGAGEMENT, GRANTS, RESEARCH, EDUCATION AND POLICY. MORE INFORMATION IS AVAILABLE ON OUR WEBSITE [WWW.INTERACTFORHEALTH.ORG](http://WWW.INTERACTFORHEALTH.ORG)

**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.

<b>4a</b>	(Code ) (Expenses \$ 4,471,037 including grants of \$ 4,471,037 ) (Revenue \$ )
	See Additional Data



















<b>4b</b>	(Code ) (Expenses \$ 2,292,976 including grants of \$ ) (Revenue \$ )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ 2,185,084 including grants of \$ ) (Revenue \$ )
	See Additional Data

<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b> ▶ 8,949,097
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> 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 . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	
<b>5</b> 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 . . . . .	<b>5</b>	No
<b>6</b> 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  . . . . .	<b>6</b>	No
<b>7</b> 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  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	<b>8</b>	No
<b>9</b> 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  . . . . .	<b>9</b>	No
<b>10</b> 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  . . . . .	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  . . . . .	<b>11a</b> Yes	
<b>b</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  . . . . .	<b>11b</b> Yes	
<b>c</b> 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  . . . . .	<b>11c</b>	No
<b>d</b> 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  . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	<b>11e</b> Yes	
<b>f</b> 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  . . . . .	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .	<b>12a</b>	No
<b>b</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  . . . . .	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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  . . . . .	<b>14b</b> Yes	
<b>15</b> 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  . . . . .	<b>15</b>	No
<b>16</b> 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  . . . . .	<b>16</b>	No
<b>17</b> 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) . . . . .	<b>17</b>	No
<b>18</b> 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 . . . . .	<b>18</b>	No
<b>19</b> 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 . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  . . . . .	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	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> . . . . .	24a	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	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 "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	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> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	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> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	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> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</b>	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> . . . . .	35b	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	28
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> 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 . . . . .		<b>2a</b>	36			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>b</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?		

**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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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, address, and telephone number of the person who possesses the organization's books and records:  
 ▶ O'DELL MORENO OWENS MD MPH 3805 EDWARDS RD STE 500 CINCINNATI, OH 45209 (513) 458-6600

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check 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, or 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) O'DELL MORENO OWENS MD MPH ..... DIRECTOR, PRESIDENT & CEO	45 00 ..... 1 00	X		X				342,747	0	39,960
(2) JEANETTE ALTENAU ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(3) JAGDISH BHATI ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(4) SARAH GIOLANDO-MATLIN ..... DIRECTOR	2 00 ..... 0 50	X						0	0	0
(5) MARY ANN GRIFFIN-TERM ENDED 618 ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(6) DIANE JORDAN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(7) CHRIS MAKAROFF ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(8) W STANLEY MORTON ..... DIRECTOR	2 00 ..... 0 50	X						0	0	0
(9) DENISHA PORTER ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(10) BREWSTER RHOADS ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(11) MARY RONAN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(12) JEFFREY SPANBAUER ..... DIRECTOR	2 00 ..... 0 50	X						0	0	0
(13) JEANNE-MARIE TAPKE ..... DIRECTOR, CHAIR	2 00 ..... 1 00	X		X				0	0	0
(14) ALLISON TEPPER ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
(15) BARBARA TOBIAS-TERM ENDED 618 ..... DIRECTOR	2 00 ..... 0 50	X						0	0	0
(16) WOODROW UIBLE ..... DIRECTOR, VICE CHAIR	2 00 ..... 1 00	X		X				0	0	0
(17) RACHEL VOTRUBA-TERM ENDED 618 ..... DIRECTOR	2 00 ..... 0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) RICK WILLIAMS DIRECTOR	1 00 0 00	X						0	0	0
(19) JENNIFER CHUBINSKI VP, RESEARCH & EVALUATION	45 00 0 50			X				137,133	0	33,458
(20) KATHRYN KELLER VP, STRATEGY, POLICY & SECRETARY	45 00 1 00			X				175,343	0	38,048
(21) PATRICIA RUWE VP, FINANCE & INVESTMENTS & TREASURER	45 00 2 00			X				149,071	0	33,879
(22) CHRISTINE BENNETT SENIOR DIRECTOR OF PAYROLL, BENEFITS & HR	45 00 2 00					X		119,291	0	31,471
(23) CLIFF HASTINGS DIRECTOR OF INFORMATION TECHNOLOGY	45 00 0 50					X		108,363	0	30,120
(24) FRANCIE WOLGIN SENIOR PROGRAM OFFICER	45 00 1 00					X		146,228	0	24,335
(25) JAMES SCHWAB FORMER PRESIDENT & CEO-ENDED 11/16	0 00 0 00						X	62,483	0	0

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	1,240,659	0	231,271

**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 **▶ 7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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
FUND EVALUATION GROUP LLC PO BOX 78000 DETROIT, MI 48278	INVESTMENT CONSULTANT	160,032

**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 **▶ 1**



Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>								
			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	9	Total. Add lines 2a-2f . . . . . ▶						
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,327,050		-57,858	3,384,908	
4		Income from investment of tax-exempt bond proceeds ▶						
5		Royalties . . . . . ▶						
6a		Gross rents	(i) Real	(ii) Personal				
			208,823					
		b	Less rental expenses	208,823				
		c	Rental income or (loss)	0				
d		Net rental income or (loss) . . . . . ▶						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			40,848,739	6,032,101				
		b	Less cost or other basis and sales expenses	33,078,138	6,032,101			
		c	Gain or (loss)	7,770,601	0			
d		Net gain or (loss) . . . . . ▶	7,770,601			7,770,601		
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 . . . . . ▶	11,097,651	0	-57,858	11,155,509			

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,471,037	4,471,037		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	971,524	654,279	317,245	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	1,756,546	1,508,086	248,460	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	188,077	158,950	29,127	
<b>9</b> Other employee benefits.	194,254	160,656	33,598	
<b>10</b> Payroll taxes.	175,788	142,995	32,793	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	21,188	15,853	5,335	
<b>b</b> Legal.	70,862	30,246	40,616	
<b>c</b> Accounting.	37,140	18,570	18,570	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	177,567		177,567	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	40,486	32,028	8,458	
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	58,008	45,831	12,177	
<b>14</b> Information technology.	103,596	84,783	18,813	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	471,133	386,329	84,804	
<b>17</b> Travel.	39,825	33,377	6,448	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	134,203	84,637	49,566	
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	109,097	89,460	19,637	
<b>23</b> Insurance.	12,054	6,027	6,027	
<b>24</b> 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):				
<b>a</b> OPER PROGS& TECH ASSIST	938,189	938,189		
<b>b</b> RESEARCH AND EVALUATION	67,615	67,615		
<b>c</b> CONFERENCE & EDUC CTR	12,615	12,615		
<b>d</b> DUES AND SUBSCRIPTIONS	10,039	5,588	4,451	
<b>e</b> All other expenses	3,339	1,946	1,393	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,064,182	8,949,097	1,115,085	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>	
	<b>2</b>	Savings and temporary cash investments . . . . .		34,558	<b>2</b>	230,961
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		41,094	<b>4</b>	46,979
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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 . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		500,000	<b>7</b>	500,000
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		27,218	<b>9</b>	64,309
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	1,665,607		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	1,377,531		
	<b>11</b>	Investments—publicly traded securities . . . . .		141,259,953	<b>11</b>	120,097,528
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		80,641,376	<b>12</b>	83,646,083
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		169,171	<b>15</b>	103,881
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		223,065,694	<b>16</b>	204,977,817	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		185,409	<b>17</b>	116,680
	<b>18</b>	Grants payable . . . . .		2,316,090	<b>18</b>	2,300,568
	<b>19</b>	Deferred revenue . . . . .		174,937	<b>19</b>	124,955
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		361,943	<b>25</b>	273,733
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		3,038,379	<b>26</b>	2,815,936
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		220,027,315	<b>27</b>	202,161,881
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		220,027,315	<b>33</b>	202,161,881	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		223,065,694	<b>34</b>	204,977,817	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,097,651
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,064,182
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,033,469
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	220,027,315
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-18,898,903
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	202,161,881

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> 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?		No
<b>b</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		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 31-0932681  
**Name:** INTERACT FOR HEALTH

Form 990 (2018)

**Form 990, Part III, Line 4a:**

COMMUNITY GRANTS ARE AWARDED IN A COMPETITIVE GRANT PROCESS TO THE COMMUNITY PRIMARILY TO IMPROVE HEALTH BY PROMOTING HEALTH EQUITY IN OUR REGION INTERACT FOCUSES ON THREE STRATEGIC PRIORITIES REDUCING TOBACCO USE, ADDRESSING THE OPIOID EPIDEMIC AND ENSURING THAT CHILDREN HAVE ACCESS TO HEALTH CARE THROUGH SCHOOL-BASED HEALTH CENTERS NON-COMPETITIVE GRANTS AWARDED INCLUDE GRANTS TO 501(C)(3) ORGANIZATIONS ADMINISTERED THROUGH INTERACT FOR HEALTH'S BOARD AND STAFF ADVISED GRANT PROGRAM

**Form 990, Part III, Line 4b:**

DIRECT CHARITABLE PROGRAMS INTERACT FOR HEALTH PROGRAMS THAT BENEFIT THE COMMUNITY, INCLUDING THE CONFERENCE CENTER FOR NON-PROFIT MEETING SPACE, PROJECT-RELATED TECHNICAL ASSISTANCE FOR GRANTEE LEARNING GROUPS, NON-PROFIT CAPACITY BUILDING EDUCATIONAL PROGRAMS FOR GRANTEE LEARNING GROUPS, PUBLIC COMMUNICATIONS REGARDING COMMUNITY HEALTH STATUS AND HEALTH POLICY, DATA ACQUISITION AND ANALYSIS SERVICES DESIGNED TO HELP OR INFORM GRANTEE LEARNING GROUPS, 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

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**Form 990, Part III, Line 4c:**

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 GRANTEEES, ESTABLISHING GRANT EVALUATION, SITE VISITS, FINANCIAL REVIEWS AND REPORTING, PROBLEM-SOLVING WITH GRANTEEES, PROVIDING INDIVIDUAL AND GROUP TECHNICAL ASSISTANCE TO GRANTEEES, ANALYZING AND REPORTING GRANT PERFORMANCE

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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>								
Name of the organization INTERACT FOR HEALTH				Employer identification number 31-0932681									
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.													
		(a) Donor advised funds		(b) Funds and other accounts									
1		Total number at end of year											
2		Aggregate value of contributions to (during year)											
3		Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.													
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>													
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													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a		Total number of conservation easements											
b		Total acreage restricted by conservation easements											
c		Number of conservation easements on a certified historic structure included in (a)											
d		Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶													
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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" on 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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>(ii) Assets included in Form 990, Part X ▶ \$</div></div>													
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>b Assets included in Form 990, Part X ▶ \$</div></div>													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
		Cat No 52283D		Schedule D (Form 990) 2018									



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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, for escrow or custodial account liability?

☐ 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" on 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 on 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

b

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

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

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" on 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	458,488	335,864	122,624
d	Equipment	620,104	501,863	118,241
e	Other	587,015	539,804	47,211
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			288,076

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on 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 AND OTHER LIMITED PARTNERSHIP FUNDS	37,771,898	F
(B) PRIVATE EQUITY, LLPS, LLCs	39,955,613	F
(C) INVESTMENT REDEMPTION RECEIVABLES	5,918,572	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	83,646,083	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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' on 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' on 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	
DEFERRED COMPENSATION PAYABLE	103,881
STRAIGHT LINE RENT LIABILITY	67,249
ACCRUED PTO LIABILITY	87,661
SECURITY DEPOSIT PAYABLE	14,625
FLEXIBLE SPENDING ACCOUNT LIABILITY	317
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	273,733

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' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	-7,769,996
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-18,898,903
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	208,823
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-18,690,080
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,920,084
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	177,567
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	177,567
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	11,097,651

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	10,095,438
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	208,823
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	208,823
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,886,615
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	177,567
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	177,567
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	10,064,182

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-0932681  
**Name:** INTERACT FOR HEALTH

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENTS. THIS GUIDANCE THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. ON DECEMBER 22, 2017, THE UNITED STATES ENACTED TAX REFORM LEGISLATION COMMONLY REFERRED TO AS THE TAX CUTS AND JOBS ACTS (THE "ACT"), RESULTING IN SIGNIFICANT MODIFICATIONS TO EXISTING LAW. THE ORGANIZATION HAS DETERMINED THAT ADOPTION OF THE ACT HAS NO MATERIAL IMPACT TO THE 2018 CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SUBTENANT RENTAL INCOME 208,823

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SUBTENANT RENTAL EXPENSE 208,823

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERACT FOR HEALTH

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

31-0932681

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			172,000
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			172,000



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>									
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

- 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 . . . . .  \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . .  \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to 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 separately 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, don't file with Form 990)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ 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).

ReturnReference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-0932681  
**Name:** INTERACT FOR HEALTH

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
EAST ASIA AND THE PACIFIC			INVESTMENT		22,000
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENT		105,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
NORTH AMERICA			INVESTMENT		17,000
MIDDLE EAST AND NORTH AFRICA			INVESTMENT		3,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		24,000
SOUTH AMERICA			INVESTMENT		1,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
INTERACT FOR HEALTH

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . 61

3 Enter total number of other organizations listed in the line 1 table . . . . . 0



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
PART I, LINE 2	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, 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

Additional Data

Software ID:  
Software Version:  
EIN: 31-0932681  
Name: INTERACT FOR HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
4C FOR CHILDREN 2100 SHERMAN AVE 300 CINCINNATI, OH 45212	31-0823634	501(C)3	7,800				NON-COMPETITIVE GRANT
ADAMS COUNTY MEDICAL FOUNDATION INC 230 MEDICAL CENTER DR SEAMAN, OH 45679	76-0801729	501(C)3	100,000				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ADVENTURE CREW 2692 MADISON RD SUITE N1-414 CINCINNATI, OH 45208	47-4230979	501(C)3	25,500				NON-COMPETITIVE GRANT
AMERICAN CANCER SOCIETY SOUTHWEST REGIONAL OFFICER 2808 READING RD CINCINNATI, OH 45206	45-2412695	501(C)3	15,000				NON-COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN HEART ASSOCIATION 5211 MADISON RD CINCINNATI, OH 45227	13-5613797	501(C)3	200,000				COMPETITIVE GRANT
AVONDALE COMPREHENSIVE DEVELOPMENT CORPORATION 3635 READING RD SUITE 200 CINCINNATI, OH 45229	45-2412695	501(C)3	7,625				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BLACK NURSES ASSOCIATION OF GREATER CINCINNATI PO BOX 17245 CINCINNATI, OH 45217	31-1087325	501(C)3	10,000				NON-COMPETITIVE GRANT
BRACKEN COUNTY HEALTH DEPT PO BOX 117 429 FRANKFORT ST BROOKSVILLE, KY 41004	61-1283819	115(1)	101,450				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRIGHTON CENTER INC PO BOX 325 NEWPORT, KY 41071	61-0673886	501(C)3	6,000				NON-COMPETITIVE GRANT
BROWN COUNTY EDUCATIONAL SERVICE CENTER 9231 B HAMER RD GEORGETOWN, OH 45121	31-1081006	115(1)	51,000				COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BROWN COUNTY HEALTH DEPT 826 MT ORAB PIKE GEORGETOWN, OH 45121	31-6000066	115(1)	10,000				COMPETITIVE GRANTS
BUTLER COUNTY GENERAL HEALTH DISTRICT 301 S THIRD ST HAMILTON, OH 45011	31-6000061	115(1)	10,000				COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CENTER FOR RESPITE CARE PO BOX 141301 CINCINNATI, OH 45324	20-2544994	501(C)3	7,000				NON-COMPETITIVE GRANT
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE - MLC 7009 CINCINNATI, OH 45229	31-0833936	501(C)3	325,000				NON-COMPETITIVE & COMPETITIVE GRANTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CINCINNATI HEALTH DEPT 3101 BURNET AVE CINCINNATI, OH 45229	31-6000064	501(C)3	500,000				COMPETITIVE GRANTS
CINTRIFUSE 1311 VINE ST CINCINNATI, OH 45202	45-5423994	501(C)3	150,000				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY LEARNING CENTER INSTITUTE 8450 ARBORCREST DR CINCINNATI, OH 45236	27-0741982	501(C)3	101,500				NON-COMPETITIVE & COMPETITIVE GRANTS
CORPORATION FOR FINDLAY MARKET OF CINCINNATI PO BOX 14727 CINCINNATI, OH 45250	31-1740317	501(C)3	5,500				NON-COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DAYTON CHILDREN'S HOSPITAL 1 CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)3	10,000				NON-COMPETITIVE GRANT
EDUCATION MATTERS 2104 ST MICHAEL ST CINCINNATI, OH 45204	23-7121512	501(C)3	7,750				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ENVISION PARTNERSHIPS 2935 HAMILTON MASON RD HAMILTON, OH 45011	31-0784671	501(C)3	45,000				COMPETITIVE GRANTS
EVANSTON COMMUNITY COUNCIL PO BOX 12128 NORWOOD, OH 45212	31-0965135	501(C)3	5,678				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRIENDS OF THE ROSE GARDEN MISSION INC PO BOX 122089 COVINGTON, KY 41012	27-2084021	501(C)3	5,500				NON-COMPETITIVE GRANT
GIRLS ON THE RUN OF GREATER CINCINNATI 4760 REDBANK RD SUITE 218 CINCINNATI, OH 45227	27-0119795	501(C)3	14,500				NON-COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW 12TH FLOOR WASHINGTON, DC 20036	01-0669150	501(C)3	28,000				COMPETITIVE GRANTS
GREEN UMBRELLA 5030 OAKLAWN DR CINCINNATI, OH 45227	31-1770299	501(C)3	22,500				NON-COMPETITIVE & COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HAMILTON COUNTY PUBLIC HEALTH 250 WILLIAM HOWARD TAFT 2ND FLOOR CINCINNATI, OH 45219	31-6000063	115(1)	100,000				COMPETITIVE GRANT
HEALTH POLICY INSTITUTE OF OHIO 10 W BROAD ST SUITE 1150 COLUMBUS, OH 43215	30-0186863	501(C)3	225,000				COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEALTHPATH FOUNDATION OF OHIO 200 W 4TH ST CINCINNATI, OH 45202	31-1645836	501(C)3	7,500				NON-COMPETITIVE GRANT
HEALTHSOURCE OF OHIO 5400 DUPONT CIRCLE SUITE A MILFORD, OH 45150	31-0884250	501(C)3	110,000				COMPETITIVE GRANTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HENRY THE HAND FOUNDATION 175 E FOUNTAIN AVE CINCINNATI, OH 45246	31-1706835	501(C)3	10,000				NON-COMPETITIVE GRANT
HOME OWNERSHIP CENTER OF GREATER CINCINNATI 2820 VERNON PLACE CINCINNATI, OH 45219	31-0831240	501(C)3	52,000				NON-COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INTERACT FOR CHANGE 3805 EDWARDS RD ROOKWOOD TOWER SUITE 500 CINCINNATI, OH 45209	30-0065901	501(C)3	200,000				COMPETITIVE GRANT
KENTUCKY EQUAL JUSTICE 201 W SHORT ST SUITE 310 LEXINGTON, KY 40507	61-0909545	501(C)3	85,000				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM COURT SUITE 108 LOUISVILLE, KY 40223	27-4557052	501(C)3	100,000				COMPETITIVE GRANT
MATTHEW 25 MINISTRIES 11060 KENWOOD RD BLUE ASH, OH 45242	31-1348100	501(C)3	10,000				NON-COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MCCULLOUGH-HYDE MEMORIAL HOSPITAL ENDOWMENT FUND 110 N POPLAR ST OXFORD, OH 45056	23-7374256	501(C)3	47,750				COMPETITIVE GRANTS
MENTAL HEALTH & ADDICTION ADVOCACY COALITION 2600 VICTORY PKWY CINCINNATI, OH 45206	46-3402346	501(C)3	20,000				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MILL CREEK ALLIANCE 1662 BLUE ROCK ST CINCINNATI, OH 45223	31-1388594	501(C)3	6,000				NON-COMPETITIVE GRANT
NORTHERN KENTUCKY HEALTH DEPARTMENT 8001 VETERANS MEMORIAL DR FLORENCE, KY 41042	60-1008505	115(1)	323,036				COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHERN KENTUCKY REGIONAL ALLIANCE INC 50 E RIVERCENTER BLVD SUITE 250 COVINGTON, KY 41011	31-1489316	501(C)3	30,000				COMPETITIVE GRANT
NORTHWOOD CITY SCHOOL DISTRICT 2132 WILLIAMS AVE NORWOOD, OH 45212	31-6000908	115(1)	78,072				COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ONE COMMUNITY ONE FAMILY INC 920 COUNTY LINE RD SUITE C BATESVILLE, IN 47006	46-4339778	501(C)3	10,000				COMPETITIVE GRANT
PENDLETON COUNTY EXTENSION FOUNDATION 45 DAVID PRIBBLE DR FALMOUTH, KY 41040	61-1317970	501(C)3	6,298				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PHILANTHROPY OHIO 500 S FRONT ST SUITE 900 COLUMBUS, OH 43215	31-1111842	501(C)3	25,000				COMPETITIVE GRANTS
POLICY MATTERS OHIO 125 E BROAD ST 4TH FLOOR COLUMBUS, OH 43215	34-1921881	501(C)3	25,000				COMPETITIVE GRANT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PREVENTIONFIRST 2100 SHERMAN AVE SUITE 102 CINCINNATI, OH 45212	31-1474841	501(C)3	125,000				NON-COMPETITIVE & COMPETITIVE GRANTS
PRIMARY HEALTH SOLUTIONS 210 S 2ND ST 2ND FLOOR HAMILTON, OH 45011	31-1694200	501(C)3	525,000				COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REACH FOR TOMORROW INC 138 S WASHINGTON ST PO BOX 23 GREENFIELD, OH 45123	81-2388134	501(C)3	273,500				COMPETITIVE GRANT
SISTERS OF CHARITY FOUNDATION 2475 E 22ND ST 4TH FLOOR CLEVELAND, OH 44115	34-1832698	501(C)3	7,000				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUPER SEEDS 7812 HAMILTON AVE CINCINNATI, OH 45231	46-1952948	501(C)3	7,500				NON-COMPETITIVE GRANT
THE GREATER CINCINNATI TELEVISION EDUCATIONAL FOUNDATION 1223 CENTRAL PKWY CINCINNATI, OH 45214	31-0560051	501(C)3	10,000				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE HEALTHCARE CONNECTION INC 1404 STEFFEN AVE CINCINNATI, OH 45215	31-0822524	501(C)3	7,000				NON-COMPETITIVE GRANT
THE POINTARC OF NORTHERN KENTUCKY 104 PIKE ST COVINGTON, OH 41011	23-7259409	501(C)3	6,000				NON-COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TIKKUN FARM INC 7941 ELIZABETH ST CINCINNATI, OH 45231	47-3870788	501(C)3	7,500				COMPETITIVE GRANT
UNIVERSITY HEALTH CARE ACTION NETWORK OF OHIO (UHCAN) 360 S 3RD ST COLUMBUS, OH 43215	31-1542417	501(C)3	95,000				NON-COMPETITIVE & COMPETITIVE GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	31-0896555	501(C)3	10,000				NON-COMPETITIVE GRANT
WALNUT HILLS REDEVELOPMENT FOUNDATION PO BOX 6363 656 E MCMILLAN CINCINNATI, OH 45206	31-0921713	501(C)3	7,625				COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WHOLE AGAIN 4222 HAMILTON AVE CINCINNATI, OH 45223	04-3810137	501(C)3	9,500				NON-COMPETITIVE GRANT
WOMEN'S CRISIS CENTER INC 835 MADISON AVE COVINGTON, KY 41011	61-0908752	501(C)3	26,000				NON-COMPETITIVE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YWCA OF GREATER CINCINNATI 898 WALNUT ST CINCINNATI, OH 45202	31-0537518	501(C)3	17,000				NON-COMPETITIVE GRANTS



Schedule J (Form 990)	Compensation Information	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization INTERACT FOR HEALTH		Employer identification number 31-0932681

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in 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, 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			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on 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	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III			
6 For persons listed on 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	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7	No
8 Were any amounts reported on 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	Yes
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	Yes

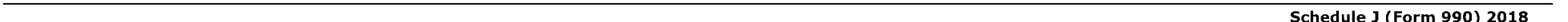
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Schedule J (Form 990) 2018

**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.

Return Reference	Explanation
PART I, LINE 8	O'DELL MORENO OWENS' EMPLOYMENT AGREEMENT MAY QUALIFY FOR THE INITIAL CONTRACT EXCEPTION UNDER IRC REGULATION 53.4958-4(A)(3). IF SO QUALIFIED, THE REBUTTABLE PRESUMPTION PROCEDURES DESCRIBED IN IRC REGULATION 53.4958-(6)(C) WERE FOLLOWED.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
INTERACT FOR HEALTH

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

31-0932681

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, VICE CHAIR, IMMEDIATE PAST CHAIR, IF ANY, PRESIDENT & CEO, THE CHAIRS OF EACH OF THE BOARD'S OTHER STANDING COMMITTEES AND SUCH OTHER DIRECTOR(S) AS THE BOARD MAY, FROM TIME TO TIME, DETERMINE THE PRESIDENT AND CEO SHALL BE A VOTING MEMBER ONLY IF HE OR SHE IS A DIRECTOR THE PRESIDENT & CEO MAY BE EXCLUDED FROM MEETINGS DURING DISCUSSIONS RELATED TO HIS OR HER EMPLOYEMENT THE EXECUTIVE COMMITTEE SHALL SET THE COMPENSATION OF THE PRESIDENT & CEO AND SUCH OTHER OFFICERS AS IT DEEMS APPROPRIATE DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND SUBJECT TO SUCH DIRECTION AS THE BOARD OF DIRECTORS MAY, FROM TIME TO TIME, PROVIDE, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE THE POWERS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE AFFAIRS OF THE CORPORATION, PROVIDED, HOWEVER, THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO FILL VACANCIES AMONG THE DIRECTORS THE ACTS OF THE EXECUTIVE COMMITTEE SHALL BE EFFECTIVE FOR ALL PURPOSES AS THE ACT OR AUTHORIZATION OF THE BOARD OF DIRECTORS, AND AT EACH MEETING OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL REPORT UPON ANY ACTIONS TAKEN ON BEHALF OF THE BOARD OF DIRECTORS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY MANAGEMENT AND REVIEWED BY AN EXTERNAL ACCOUNTING FIRM, CLARK SCHAEFER HACKETT PRIOR TO FILING, THE FORM 990 WAS APPROVED BY THE OPERATIONS AND AUDIT COMMITTEE, THEN RECEIVED BY THE FULL BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED 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 A SUMMARY IS THEN COMPILED AND DISTRIBUTED TO THE BOARD ON AN ANNUAL BASIS A SIMILAR PROCESS IS ALSO CONDUCTED AT THE ASSOCIATE 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 BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AT THE BEGINNING OF ALL BOARD AND COMMITTEE MEETINGS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>LINE 15A THE 2018 COMPENSATION FOR THE ORGANIZATION'S PRESIDENT &amp; CHIEF EXECUTIVE OFFICER ("PRESIDENT") WAS ESTABLISHED IN LATE 2017 BY THE INDEPENDENT MEMBERS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE RETAINED AN INDEPENDENT COMPENSATION CONSULTANT TO ADVISE IT CONCERNING THE REASONABLENESS AND EFFECTIVENESS 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 RECOMMENDATIONS PREPARED BY AND REVIEWED WITH THE EXECUTIVE COMMITTEE BY THE INDEPENDENT COMPENSATION CONSULTANT AFTER CONSIDERING THESE FACTORS, THE COMMITTEE ESTABLISHED THE PRESIDENT'S 2018 COMPENSATION IN ACTING TO ESTABLISH THE PRESIDENT'S COMPENSATION, THE EXECUTIVE COMMITTEE DETERMINED THE PRESIDENT'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 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 LINE 15B THE 2018 COMPENSATION FOR THE ORGANIZATION'S VP, STRATEGY &amp; POLICY &amp; SECRETARY, VP, RESEARCH &amp; EVALUATION, VP, FINANCE &amp; INVESTMENTS &amp; TREASURER WAS ESTABLISHED IN LATE 2017 BY THE PRESIDENT &amp; CEO WITH APPROVAL OF INDEPENDENT MEMBERS OF THE PARENT ORGANIZATION'S EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE RETAINED AN INDEPENDENT COMPENSATION CONSULTANT TO ADVISE IT CONCERNING THE REASONABLENESS AND EFFECTIVENESS OF EACH OFFICER'S TOTAL COMPENSATION THE INDEPENDENT COMPENSATION CONSULTANT MET WITH THE EXECUTIVE COMMITTEE WHEN IT ESTABLISHED THE OFFICER'S 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 &amp; CEO, (II) THE PERFORMANCE OF THE PARENT ORGANIZATION, (III) THE OFFICER'S LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE, (IV) COMPENSATION RECOMMENDATIONS BY THE PRESIDENT &amp; CEO, (V) THE ELEMENTS OF EACH OFFICER'S TOTAL COMPENSATION AND A SALARY HISTORY, (VI) THE PARENT ORGANIZATION'S COMPENSATION TA</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>RGETS AND RAISE POOL, (VII) COMPARABILITY DATA, INCLUDING RECOMMENDATIONS PREPARED BY AND REVIEWED WITH THE EXECUTIVE COMMITTEE BY THE INDEPENDENT COMPENSATION CONSULTANT (THE PAR ENT ORGANIZATION'S PRESIDENT &amp; CEO IS INDEPENDENT OF THE OFFICERS ) AFTER CONSIDERING THES E FACTORS, THE COMMITTEE ESTABLISHED EACH OFFICER'S 2018 COMPENSATION IN ACTING TO ESTABL ISH EACH OFFICER'S COMPENSATION, THE EXECUTIVE COMMITTEE DETERMINED THE OFFICER'S TOTAL CO MPENSATION 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 A ND THE BASIS FOR THE EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS THE EXECUTIVE COMMITTEE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES ITS DELIBERATIONS CONCERNING THE OFFICERS' COMPEN SATION</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 IS AVAILABLE ON THE ORGANIZATIONS'S WEBSITE (WWW INTERACTFORHEALTH ORG) THE GOVERNANCE POLICIES OF INTERACT FOR HEALTH AND ITS SUBSIDIARY INTERACT FOR CHANGE, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, THE POLICY FOR THE SUBMISSION OF CONCERNS AND THE CODE OF ETHICS, ARE AVAILABLE ON INTERACT FOR HEALTH'S WEBSITE (WWW INTERACTFORHEALTH ORG) FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

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

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 RD SUITE 500  CINCINNATI, OH 45209 30-0065901	PHILANTHROPY	OH	501(C)(3)	LINE 7	INTACT FOR HEALTH		No

**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	

**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

**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

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

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

No

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s

No

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	206,000	FMV
(2)INTERACT FOR CHANGE	O	73,236	FMV

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.

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation