

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **Interact for Health**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
Rookwood Tower, 3805 Edwards Road 500
 City or town, state or province, country, and ZIP or foreign postal code
Cincinnati, Ohio 45209-1948

D Employer identification number
31-0932681

E Telephone number
513-458-6600

G Gross receipts \$ **142,868,335**

F Name and address of principal officer:
James Schwab - address same as "C" above

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.interactforhealth.org**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1978** **M** State of legal domicile: **OH**

Part I Summary

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

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *[Signature]* Date: **10-01-2014**

Type or print name and title: **Daniel W. Geeding CFO**

Paid Preparer Use Only

Print/Type preparer's name: **Kevin L. Holmes** Preparer's signature: *[Signature]* Date: **10/1/14** Check if self-employed PTIN: **P00227061**

Firm's name ▶ **Grant Thornton** Firm's EIN ▶ **36-6055558**

Firm's address ▶ **4000 Smith Road, Suite 500 Cincinnati, OH 45209** Phone no. **513-762-5000**

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,518,437 including grants of \$ 4,518,437) (Revenue \$)

Grants awarded to community-see Schedule I

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

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

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

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

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		✓
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
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? <i>If "Yes," complete Schedule D, Part VII</i>	✓	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for Form 1096, Form W-2G, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Daniel W. Geeding, Executive VP, CFO 3805 Edwards Road, Suite 500 Cincinnati, OH 45209-1948 (513) 458-6602**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Schwab Director, President & CEO	45 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				283,568	0	42,244
(2) Karen Bankston Director	2 .5	<input checked="" type="checkbox"/>						0	0	0
(3) Dawn Bertsche Director	2 .5	<input checked="" type="checkbox"/>						0	0	0
(4) Susan Cook Director	1 .5	<input checked="" type="checkbox"/>						0	0	0
(5) Constance Cooper Director during year	1 .5	<input checked="" type="checkbox"/>						0	0	0
(6) Eileen Cooper Reed Director during year	1 .5	<input checked="" type="checkbox"/>						0	0	0
(7) Ardith Davis Director during year	1 0	<input checked="" type="checkbox"/>						0	0	0
(8) Thomas DeWitt Director	2 .5	<input checked="" type="checkbox"/>						0	0	0
(9) Sarah Giolando Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(10) Robert Graham Director	1 .5	<input checked="" type="checkbox"/>						0	0	0
(11) Diane Jordan-Grizzard Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(12) John Kennedy Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(13) Thomas Klinedinst, Jr. Director, Chair	2 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(14) W. Stanley Morton Director, Vice Chair	2 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) J. Patrick Rogers Director	2 .5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) Tony Shipley Director	1 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) Jeanne-Marie Tapke Director	1 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) Barbara Tobias Director	1 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) Woodrow Uible Director	1 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) Rachel Votruba Director	2 .5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) Rick Williams Director	1 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) Daniel Geeding Executive Vice President, CFO & Treasurer	45 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	223,419	0	55,586
(23) Patricia O'Connor Executive Vice President & COO	45 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225,657	0	42,167
(24) Kathryn Keller Vice President Policy & External Relations	45 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117,669	0	27,437
(25) Patricia Ruwe Director of Acctng, Secretary & Asssnt Treasurer	35 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83,279	0	22,911
1b Sub-total								933,592	0	190,345
c Total from continuation sheets to Part VII, Section A								613,756	0	126,761
d Total (add lines 1b and 1c)								1,547,348	0	317,106

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a Consulting Revenue		Business Code				
				5,000	5,000		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue .						
g Total. Add lines 2a-2f ▶			5,000				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			3,109,629		3,109,629	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
			172,809				
		b Less: rental expenses		172,617			
		c Rental income or (loss)		192			
	d Net rental income or (loss) ▶			192		192	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			139,580,897				
		b Less: cost or other basis and sales expenses		113,843,135			
		c Gain or (loss)		25,737,762			
	d Net gain or (loss) ▶			25,737,762		25,737,762	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events . . ▶							
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions. ▶			28,852,583	5,000	192	28,847,391	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,062,613	1	2,820,220
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	516,826	4	276,701
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,252	9	27,502
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,585,085		
	b Less: accumulated depreciation	10b 1,081,276	10c	503,809
	11 Investments—publicly traded securities	129,675,284	11	124,596,907
	12 Investments—other securities. See Part IV, line 11	76,824,430	12	98,733,264
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	394,175	15	505,714
16 Total assets. Add lines 1 through 15 (must equal line 34)	213,211,883	16	227,464,117	
Liabilities	17 Accounts payable and accrued expenses	539,645	17	430,177
	18 Grants payable	3,887,038	18	3,452,598
	19 Deferred revenue		19	60,680
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,122,339	25	1,114,691
	26 Total liabilities. Add lines 17 through 25	5,549,022	26	5,058,146
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	207,662,861	27	222,405,971
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	207,662,861	33	222,405,971
	34 Total liabilities and net assets/fund balances	213,211,883	34	227,464,117

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

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

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization

Employer identification number

Interact for Health

31-0932681

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$. Rows include: 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		380,691	106,175	274,516
d Equipment		644,355	545,240	99,115
e Other		Furniture----> 560,039	429,861	130,178
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				503,809

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	25,366,897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	(2,894,809)	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	172,617	
e	Add lines 2a through 2d	2e	(2,722,192)	
3	Subtract line 2e from line 1	3	28,089,089	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	763,302	
b	Other (Describe in Part XIII.)	4b	192	
c	Add lines 4a and 4b	4c	763,494	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,852,583	

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

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

1	Total expenses and losses per audited financial statements		1	10,623,787
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	10,623,787	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	763,302	
b	Other (Describe in Part XIII.)	4b	(172,425)	
c	Add lines 4a and 4b	4c	590,877	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,214,664	

Part XIII Supplemental Information.

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

Part X, line 2:

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

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

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

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

Schedule F (Form 990) 2013

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

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

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

3 Enter total number of other organizations or entities NONE

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

31-0932681

Interact for Health

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) see attachment							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	132
3	Enter total number of other organizations listed in the line 1 table	1

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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

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

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

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

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

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

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

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

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

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

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

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

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

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

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

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

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

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

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

Total Grants Awarded to Community (pages 1-9) 3,949,263

Total Non-Competitive Grants (see pages 10-18) 666,500

Less Prior Year Grant Reversals (see page 19) (97,326)

Total Grants (reference Part III line 4a) \$4,518,437

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

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

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

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

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

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

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

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

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

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

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

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

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

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

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

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

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

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

\$666,500

Subtotal Non-Competitive Grants Program (to page 9)

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

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

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

\$0

(Total Prior Year Grant Reversals (to page 9))

(\$97,326)

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

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

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

31-0932681

Interact for Health

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | ✓ |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | ✓ |

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b		✓
4c		✓
5a	✓	
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

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

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

Part III Supplemental Information

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

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

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

Interact for Health

31-0932681

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

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

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

Part VI:Section B:Question 12c: On an annual basis, legal counsel submits a copy of the conflict of interest policy to each Director and Officer of the organization, along with a conflict of interest questionnaire. The questionnaire is completed and signed by each Director and Officer. Legal counsel then compiles a summary, which is distributed to the Board on an annual basis. A similar process is also conducted at the staff level on an annual basis. Conflicts of interest are disclosed in the processing of all grants and transactions. Directors, Officers and associates with conflicts of interest are excluded from the decision making process.

Part VI: Section B: Question 15a: The 2013 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2012 by the independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of the President's total compensation. The independent compensation consultant met with the Executive Committee when it established the President's compensation. The President was not present when the Executive Committee discussed and established his compensation.

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

Name of the organization Interact for Health	Employer identification number 31-0932681
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the organization's best interest and for its benefit. At the next meeting of the organization's full Board, Executive Committee reported, in an executive session that did not include the President, the compensation of the President and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the President's compensation.

Part VI: Section B: Question 15b: The 2013 compensation for the organization's 'Executive Vice President and Chief Operating Officer', 'Executive Vice President, Chief Financial Officer and Treasurer', and 'Secretary and Assistant Treasurer' (the "Officers") was established in late 2012 by the independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of each Officer's total compensation. The independent compensation consultant met with the Executive Committee when it established the Officers' compensation. The Officers were not present when the Executive Committee discussed and established their compensation.

In establishing an Officer's compensation, factors reviewed by the Executive Committee included: (i) a review of the Officer's individual performance by the President and Chief Executive Officer; (ii) the performance of the organization; (iii) the Officer's length of service, credentials and experience; (iv) compensation recommendations by the President and Chief Executive Officer; (v) the elements of each Officer's total compensation and a salary history; (vi) the organization's compensation targets and raise pool; and (vii) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant. (The organization's President and Chief Executive Officer is independent of the Officers.) After considering these factors, the Committee established each Officer's 2013 compensation. In acting to establish each Officer's compensation, the Executive Committee determined the Officer's total compensation to be reasonable and in the organization's best interest and for its benefit. . At the next meeting of the organization's full Board, the Executive Committee reported, in an executive session that did not include the Officers, the compensation of each Officer and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the Officers' compensation.

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/forms990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Interact for Health

Name of the organization

Employer identification number

31-0932681

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

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

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

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

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information with horizontal dashed lines.

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
Interact for Health	31-0932681

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? N/A Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) FCOF III UB HOLDINGS LTD	4a Identifying number, if any
5 Address (including country) P.O. BOX 5098 NEW YORK, NY 10185-5098 UNITED STATES	4b Reference ID number (see instructions) FCOFIIIUB
6 Country code of country of incorporation or organization (see instructions)	

- 7** Foreign law characterization (see instructions)

CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		160,210		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .10727536 % (b) After .10736717 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) Yes No
- b Gain recognition under section 904(f)(5)(F) Yes No
- c Recapture under section 1503(d) Yes No
- d Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property Yes No
- b Depreciation recapture Yes No
- c Branch loss recapture Yes No
- d Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred? Yes No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**
 ► Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ► Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor: **INTERACT FOR HEALTH** Identifying number (see instructions): **31-0932681**

- 1** If the transferor was a corporation, complete questions 1a through 1d
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its entire interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation): **AACP TAX EXEMPT INVESTORS III, LP** **4a** Identifying number, if any: **45-4282761**

5 Address (including country): **ONE MARITIME PLAZA, SUITE 1000 SAN FRANCISCO, CA 94111 USA** **4b** Reference ID number (see instructions):

6 Country code of country of incorporation or organization (see instructions): **CJ**

7 Foreign law characterization (see instructions): **LIMITED PARTNERSHIP**

8 Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		244,507		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer

(a) Before 0.603% **(b)** After 0.602%

10 Type of nonrecognition transaction (see instructions) ▶ **SECTION 351**

11 Indicate whether any transfer reported in Part III is subject to any of the following

- a** Gain recognition under section 904(f)(3) Yes No
- b** Gain recognition under section 904(f)(5)(F) Yes No
- c** Recapture under section 1503(d) Yes No
- d** Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following

- a** Tainted property Yes No
- b** Depreciation recapture Yes No
- c** Branch loss recapture Yes No
- d** Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$

16 Was cash the only property transferred? Yes No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0020

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

Attachment
 Sequence No. **128**

► Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor INTERACT FOR HEALTH	Identifying number (see instructions) 31-0932681
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- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its entire interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) LIFE INVESTMENTS LTD	4a Identifying number, if any FOREIGNUS
5 Address (including country) 20F SEOUL FINANCE CTR, 136, EDJON-DAERO, JUNG-GU, SEOUL KOREA 100-768	4b Reference ID number (see instructions) AACP-LIFE INVESTMENTS
6 Country code of country of incorporation or organization (see instructions) KS	
7 Foreign law characterization (see instructions) CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		113,704		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(c))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer

(a) Before NOMINAL% **(b)** After NOMINAL%

10 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following

- a** Gain recognition under section 904(f)(3) Yes No
- b** Gain recognition under section 904(f)(5)(F) Yes No
- c** Recapture under section 1503(d) Yes No
- d** Exchange gain under section 987 Yes No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following

- a** Tainted property Yes No
- b** Depreciation recapture Yes No
- c** Branch loss recapture Yes No
- d** Any other income recognition provision contained in the above-referenced regulations Yes No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ _____

16 Was cash the only property transferred? Yes No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? Yes No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning _____, 2013, and ending _____, 20____
▶ See separate instructions.

2013

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Interact for Health Number, street, and room or suite no. If a P.O. box, see instructions. Rookwood Tower, 3805 Edwards Road Suite 500 City or town, state or province, country, and ZIP or foreign postal code Cincinnati, OH 45209-1948	D Employer identification number (Employees' trust, see instructions.) 31-0932681
		E Unrelated business activity codes (See instructions.)
F Group exemption number (See instructions.) ▶		
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶ Partnership investments

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Daniel W. Geeding Executive VP/CFO Telephone number ▶ 513-458-6602

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Form 8949 and Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	(151,422 00)		(151,422 00)
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)	192 00		192 00
13	Total. Combine lines 3 through 12	(151,230 00)		(151,230 00)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		0 00
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			29,770 00
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			(181,000 00)
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			(181,000 00)
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			(181,000 00)

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1) \$ _____ (2) \$ _____ (3) \$ _____			
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____			
(2) Additional 3% tax (not more than \$100,000) \$ _____			
c Income tax on the amount on line 34 ▶	35c		
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	36		
37 Proxy tax. See instructions ▶	37		
38 Alternative minimum tax	38		
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0	00

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e	0	00
41 Subtract line 40e from line 39	41	0	00
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43	0	00
44a Payments: A 2012 overpayment credited to 2013	44a		
b 2013 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	44g	0	00
45 Total payments. Add lines 44a through 44g	45	0	00
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶	47	0	00
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶	48	0	00
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax ▶ Refunded ▶	49	0	00

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____	None	

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1			6 Inventory at end of year	6		
2 Purchases	2			7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0	00
3 Cost of labor	3			8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No	
4a Additional section 263A costs (attach schedule)	4a						
b Other costs (attach schedule)	4b						
5 Total. Add lines 1 through 4b	5						

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Kevin L. Holmes* Date: 10-01-2014 Title: CFO

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

Paid Preparer Use Only	Print/Type preparer's name Kevin L. Holmes	Preparer's signature <i>Kevin L. Holmes</i>	Date 10/1/14	Check <input type="checkbox"/> if self-employed	PTIN P00227061
	Firm's name ▶ Grant Thornton LLP	Firm's EIN ▶ 36-6055558	Firm's address ▶ 4000 Smith Road, Suite 500 Cincinnati, OH 45209	Phone no. 513-762-5000	

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) _____		
(2) _____		
(3) _____		
(4) _____		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		Exempt Controlled Organizations				6. Deductions directly connected with income in column 5
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5) ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form 990-T
Attachment for Lines 5, 12 and 28

Interact For Health
2013
31-0932681

Form 990-T: Line 5: Income (loss) from partnerships and S corporations:

Partnership	Amount
NGP Natural Resources	(154,000)
Riva Capital Partners III	1,757
Abrams Capital Partners II	253
Ft. Washington Private Equity VII	(920)
Asia Alternatives	(326)
Fortress Credit Opportunity II	8
Fortress Credit Opportunity III	1,806
Line 5-income/(loss) from Partnerships	<u><u>\$ (151,422)</u></u>

Form 990-T: Line 12: Other income:

Line 12-Conference Facility For Profit Room Rental	192
Line 12: Other income:	<u><u>\$ 192</u></u>

Form 990-T: Line 28: Other deductions:

Line 28-Investment fees	29,770
Line 28: Other deductions:	<u><u>\$ 29,770</u></u>



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2013
Notice date	June 16, 2014
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5670

129235.453549.95897.7906 1 AT 0.406 370



INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900



129235

Page 1 of 1

Important information about your December 31, 2013 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2013 Form 990.
Your new due date is August 15, 2014.

What you need to do

File your December 31, 2013 Form 990 by August 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2013
Notice date	June 16, 2014
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5670

129234.453549.95897.7906 1 AT 0.406 370



INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900



129234

Page 1 of 1

Important information about your December 31, 2013 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2013 Form 990T. Your new due date is November 15, 2014.

What you need to do

File your December 31, 2013 Form 990T by November 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

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

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

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

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

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

• The books are in the care of ▶ DANIEL GEEDING

Telephone No. ▶ 513-458-6600 Fax No. ▶

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

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

▶ calendar year 20 13 or

CLIENT'S COPY

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

Change in accounting period

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

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

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

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

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

- The books are in the care of DANIEL GEEDING
Telephone No. 513-458-6600 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/17, 20 14.
- 5 For calendar year 2013, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FOR FILING OF THE FEDERAL FORM 990.

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

Signature and Verification must be completed for Part II only.

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

Signature Kenneth H. Hines CPA Title PAID PREPARER Date 11/14/14