

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 2014, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Interact for Health
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) 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 \$ 62,860,221

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)

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2014 (Part V, line 2a)	5	28
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(250,461)
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	(260,053)
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,000	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,847,391	3,550,878
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,852,583	3,954,922
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,142,767	6,757,371
	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)	2,243,614	2,535,106
	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)	1,828,283	1,517,042
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,214,664	10,809,519
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	17,637,919	(6,854,597)
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	227,464,117	223,098,703
	22	Net assets or fund balances. Subtract line 21 from line 20	5,058,146	4,655,351
		222,405,971	218,443,352	

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: James E Schwab Date: 10/22/15
 Type or print name and title: James E. Schwab President + CEO

Paid Preparer Use Only

Print/Type preparer's name: Rebecca Zecha Preparer's signature: Rebecca Zecha Date: 10/22/15 Check if self-employed PTIN: P00648970

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 well-being, 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 \$ 5,011,225 including grants of \$ 5,011,225) (Revenue \$)

Grants awarded to community-see Schedule I. Competitive grants are awarded to the community primarily to address health promotion in Cincinnati and the 20 surrounding counties in our service area.

4b (Code:) (Expenses \$ 1,746,146 including grants of \$ 1,746,146) (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 \$ 2,591,065 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 **▶** 9,348,436

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>	✓	
12a 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>		✓
14a 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>		✓
20a 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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	58		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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?		✓
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?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	✓	
8b	Each committee with authority to act on behalf of the governing body?	✓	
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		✓

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?		✓
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?	✓	
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	✓	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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	✓	
15b	Other officers or key employees of the organization	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		✓
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 ► Ohio
- 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, address, and telephone number of the person who possesses the organization's books and records: ►
James E. Schwab, President & CEO Interact for Health 3805 Edwards Road, Suite 500 Cincinnati, OH 45209-1948 (513)458-6600

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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"/>				304,217	0	46,964
(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 0	<input checked="" type="checkbox"/>						0	0	0
(5) Thomas DeWitt Director	2 .5	<input checked="" type="checkbox"/>						0	0	0
(6) Sarah Giolando Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(7) Robert Graham Director	1 .5	<input checked="" type="checkbox"/>						0	0	0
(8) Diane Jordan-Grizzard Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(9) John Kennedy Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(10) Thomas Klinedinst, Jr. Director, Chair	2 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(11) W. Stanley Morton Director, Vice Chair	2 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(12) J. Patrick Rogers Director	2 .5	<input checked="" type="checkbox"/>						0	0	0
(13) Tony Shipley Director-term ended June 2014	1 0	<input checked="" type="checkbox"/>						0	0	0
(14) Jeffrey Spanbauer Director	1 0	<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) Jeanne-Marie Tapke Director	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) Barbara Tobias Director	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) Woodrow Uible Director	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) Rachel Votruba Director	2 .5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) Rick Williams Director	1 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) Daniel Geeding Executive Vice President, CFO & Treasurer	45 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	229,766	0	44,159
(21) Patricia O'Connor Executive Vice President & COO	45 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	231,941	0	35,152
(22) Kathryn Keller Vice President, Policy & External Relations	45 .5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	149,328	0	23,249
(23) Patricia Ruwe Director of Acctng, Secretary & Asst Treasurer	35 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87,118	0	25,535
(24) Ann Barnum Senior Program Officer	40 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	127,233	0	23,875
(25) Edward Carl President, HealthLandscape	40 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	127,437	0	3,018
1b Sub-total								1,257,040	0	201,952
c Total from continuation sheets to Part VII, Section A								132,267	0	23,934
d Total (add lines 1b and 1c)								1,389,307	0	225,886

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 7**

	Yes	No
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
Fund Evaluation Group, LLC; PO Box 78000; Detroit, MI 48278-1565	investment consultant	162,454
Rick Miller Communications, Inc.; 7091 Ravens Run; Cincinnati, OH 45244	consultant-Public Relations	109,467
Chef Andrea Martin LLC; 881 Washington Ave #5k; Brooklyn, NY 11225	consultant-operating prog	108,700

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 **▶ 3**

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			Business Code				
	2a	-----					
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	2,851,606			2,851,606	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
			Gross rents 189,381				
			Less: rental expenses 188,581				
	c	Rental income or (loss) 800					
	d	Net rental income or (loss) ▶ 800			800		
	7a		(i) Securities				
			(ii) Other				
			Gross amount from sales of assets other than inventory 55,988,417	3,427,572			
			Less: cost or other basis and sales expenses 55,289,146	3,427,572			
	c	Gain or (loss) 699,272	0				
	d	Net gain or (loss) ▶ 699,272				699,272	
	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					
		Less: direct expenses b					
		Net income or (loss) from gaming activities ▶					
10a		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code					
11a	Proceeds-sale of discontinued ops	900099	403,244	403,244			
b	Partnership Investments	523000		(251,261)	251,261		
c	-----						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		403,244				
12	Total revenue. See instructions. ▶		3,954,922	403,244	(250,461)	3,802,139	

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 domestic organizations and domestic governments. See Part IV, line 21	6,757,371	6,757,371		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,027,257	477,976	549,281	
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	1,083,513	887,736	195,777	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	123,842	100,658	23,184	
9 Other employee benefits	175,688	134,836	40,852	
10 Payroll taxes	124,806	87,190	37,616	
11 Fees for services (non-employees):				
a Management	95,475	68,954	26,521	
b Legal	27,691	15,361	12,330	
c Accounting	29,902	14,951	14,951	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	263,198		263,198	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	82,826	64,584	18,242	
12 Advertising and promotion				
13 Office expenses	73,180	49,710	23,470	
14 Information technology	117,585	85,773	31,812	
15 Royalties				
16 Occupancy	363,319	251,728	111,591	
17 Travel	38,944	33,368	5,576	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	154,916	91,361	63,555	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,357	89,810	32,547	
23 Insurance	11,905	5,952	5,953	
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 Loss on Discontinued Operations	124,157	124,157		
b				
c				
d				
e All other expenses	11,587	6,960	4,627	
25 Total functional expenses. Add lines 1 through 24e	10,809,519	9,348,436	1,461,083	
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,820,220	2	1,032,710
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	276,701	4	114,904
	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	12,500
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,502	9	85,079
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,641,184		
	b Less: accumulated depreciation	1,176,132	10c	465,052
	11 Investments—publicly traded securities	124,596,907	11	98,836,783
	12 Investments—other securities. See Part IV, line 11	98,733,264	12	122,073,648
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	505,714	15	478,027
16 Total assets. Add lines 1 through 15 (must equal line 34)	227,464,117	16	223,098,703	
Liabilities	17 Accounts payable and accrued expenses	430,177	17	228,142
	18 Grants payable	3,452,598	18	3,374,797
	19 Deferred revenue	60,680	19	
	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	1,114,691	25	1,052,412
	26 Total liabilities. Add lines 17 through 25	5,058,146	26	4,655,351
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	222,405,971	27	218,443,352
	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	222,405,971	33	218,443,352
34 Total liabilities and net assets/fund balances	227,464,117	34	223,098,703	

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	3,954,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,809,519
3	Revenue less expenses. Subtract line 2 from line 1	3	(6,854,597)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222,405,971
5	Net unrealized gains (losses) on investments	5	2,891,978
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	218,443,352

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
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.		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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 value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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: Question, 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, 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: Question, Amount. 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue 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 Revenue 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		380,691	142,777	237,914
d Equipment		691,999	576,887	115,112
e Other		568,494	456,468	112,026
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				465,052

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 and other limited partnership funds	84,302,146	Fair Value
(B) Private Equity, LLPs, LLCs	25,670,740	Fair Value
(C) Corporate bonds & notes	9,113,430	Fair Value
(D) Municipal bonds	425,126	Fair Value
(E) Treasury bonds	1,313,804	Fair Value
(F) Government agency bonds	1,248,402	Fair Value
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	122,073,648	

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	478,027
(3) Deferred Rent Credit	324,882
(4) Straight Line Rent Liability	120,459
(5) Accrued PTO Liability	106,489
(6) Security Deposit Payable	14,625
(7) Flexible Spending Account Liability	5,227
(8) Post-retirement Healthcare Benefit	2,703
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,052,412

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	6,771,483
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,891,978
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	188,581
e	Add lines 2a through 2d	2e	3,080,559
3	Subtract line 2e from line 1	3	3,690,924
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	263,198
b	Other (Describe in Part XIII.)	4b	800
c	Add lines 4a and 4b	4c	263,998
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,954,922

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	10,734,102
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	10,734,102
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	263,198
b	Other (Describe in Part XIII.)	4b	(187,781)
c	Add lines 4a and 4b	4c	75,417
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,809,519

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, 2014 and 2013, 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 2013, 2012, and 2011.

Part XI, lines 2d and 4b; and Part XII, line 4b: Subtenant rental income = \$188,581 and unrelated business conference facility rental income = \$800

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

▶ 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

Employer identification number

[Interact for Health](#)

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)					

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

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

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

3 Enter total number of other organizations or entities **None**

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

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

Part IV Foreign Forms

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

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

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

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

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

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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 Domestic Organizations and Domestic Governments. 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) <i>see attachment</i>							
(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 ▶ 135
 3 Enter total number of other organizations listed in the line 1 table ▶ 1

Part III Grants and Other Assistance to Domestic Individuals. 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.

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Future developments. For the latest information about developments related to Schedule I (Form 990), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Note. Terms in bold are defined in the *Glossary* of the Instructions for Form 990.

Purpose of Schedule

Schedule I (Form 990) is used by an organization that files Form 990 to provide information on **grants and other assistance** made by the filing organization during the **tax year to domestic organizations, domestic governments and domestic individuals**. Report activities conducted by the organization directly. Also, report activities conducted by the organization indirectly through a **disregarded entity** or a **joint venture** treated as a partnership.

Grants and other assistance include awards, prizes, **contributions**, non-cash assistance, cash allocations, stipends, scholarships, fellowships, research grants, and similar payments and distributions made by the organization during the tax year. For purposes of Schedule I, grants and other assistance do not include:

- Salaries or other **compensation** to employees, or payments to independent contractors if the primary purpose of such payments is to serve the direct and immediate needs of the organization (such as legal, accounting, or fundraising services).

- The payment of any benefit by a 501(c)(9) voluntary employees' beneficiary association (VEBA) to employees of a sponsoring organization or contributing employer, if such payment is made under the terms of the VEBA trust and in compliance with section 505.

- Grants to affiliates that are not organized as legal entities separate from the filing organization, or payments made to branch offices, accounts, or employees of the organization located in the **United States**.

A **domestic organization** includes a corporation or partnership created or organized in the United States or under the law of the United States or of any state or possession. A trust is a domestic organization if a court within the United States or a **U.S. possession** is able to exercise primary supervision over the administration of the trust, and one or more U.S. persons (or persons in **U.S. possessions**) have the authority to control all substantial decisions of the trust.

A **domestic government** is a state, a U.S. possession, a political subdivision of a state or U.S. possession, the United States, or the District of Columbia. A grant to a U.S. government agency must be included on this schedule regardless of where the agency is located or operated.

A **domestic individual** is a person, including a foreign citizen, who lives or resides in the United States (or a U.S. possession) and not outside of the United States (or a U.S. possession).

Parts II and III of this schedule may be duplicated to list additional grantees (Part II) or types of grants/assistance (Part III) that do not fit on the first page of these parts. Number each page of each part.

Do not report on this schedule foreign grants or assistance, including grants or assistance provided to **domestic organizations, domestic governments, or domestic individuals** for the purpose of providing grants or other assistance to a designated **foreign organization, foreign government, or foreign individual**. Instead, report them on Schedule F (Form 990), Statement of Activities Outside the United States.

Who Must File

An organization that answered "Yes" to Form 990, Part IV, *Checklist of Required Schedules*, line 21 or 22, must complete Part I and either Part II or Part III of this schedule and attach it to Form 990.

If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Part I. General Information on Grants and Assistance

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Lines 1 and 2. On line 1, indicate "Yes" or "No" regarding whether the organization maintains records to substantiate amounts, eligibility, and selection criteria used for grants. In general terms, describe how the organization monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. For example, the organization can describe the periodic reports required or field investigations conducted. Use Part IV for the organization's narrative response to line 2.

Part II. Grants and Other Organizations and Domestic Governments

Line 1. Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 1, column (A). Enter information only for each recipient **domestic organization** or **domestic government** that received more than \$5,000 aggregate of grants or assistance from the organization during the tax year.

Enter the details of each organization or entity on a separate line of Part II. If there are more organizations or entities to report in Part II than space available, report the additional organizations or entities on duplicate copies of Part II. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

Column (a). Enter the full legal name and mailing address of each recipient organization or government entity.

Column (b). Enter the employer identification number (EIN) of the grant recipient.

Column (c). Enter the section of the Internal Revenue Code under which the organization receiving the assistance is tax-exempt, if applicable (for example, a school described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave column (c) blank.

Column (d). Enter the total dollar amount of cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (e) and (f). Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value on the date the property is distributed to the grantee by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices. When fair market value cannot be readily determined, use an appraised or estimated value.

Column (g). For non-cash property or assistance, enter a description of the property or assistance. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

Column (h). Describe the purpose or ultimate use of the grant funds or other assistance. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions such as general support, payments for nursing services, or laboratory construction. Enter the type of assistance, such as medical, dental, or free care for indigent hospital patients. In the case of disaster assistance, include a description of the disaster and the assistance provided (for example, "Food, shelter, and clothing for Organization A's assistance to victims of Colorado wildfires"). Use Part IV if additional space is needed for descriptions.

If the organization checks "Accrual" on Form 990, Part XII, line 1, follows SFAS 116 (ASC 958) (see Instructions for Form



990, Part IX), and makes a grant during the tax year to be paid in future years to a domestic organization or domestic government, it should report the grant's present value in Part II, line 1, column (d) or (e), and report any accruals of present value increments in future years.

Line 2. Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that (a) have been recognized by the Internal Revenue Service as exempt from federal income tax as described in section 501(c)(3), (b) are **churches**, including synagogues, temples, and mosques, (c) are integrated auxiliaries of churches and conventions or association of churches and (d) are **domestic governments**. Enter the total.

Line 3. Add the number of recipient organizations listed on Schedule I (Form 990), Part II, line 1, that are not described on line 2. This number should include both organizations that are not tax-exempt and organizations that are tax-exempt under section 501(c) but not section 501(c)(3).

Part III. Grants and Other Assistance to Domestic Individuals

Complete Part III if the organization answered “Yes” on Form 990, Part IV, line 22. A “Yes” response means that the organization reported more than \$5,000 on Form 990, Part IX, line 2, column (A).

Enter information for **grants and other assistance** made to or for the benefit of individual recipients. Do not complete Part III for grants or assistance provided to individuals through another organization or entity, unless the grant or assistance is earmarked by the filing organization for the benefit of one or more specific **domestic individuals**. Instead, complete Part II, earlier. For example, report a payment to a **hospital** designated to cover the medical expenses of particular domestic individuals in Part III and report a contribution to a hospital designated to provide some service to the general public or to unspecified domestic charity patients in Part II.

Enter the details of each type of assistance to individuals on a separate line of Part III. If there are more types of assistance than space available, report the types of assistance on duplicate copies of Part III. Use as many page. Use Part IV if additional space is needed for descriptions of particular column entries.

Column (a). Specify type(s) of assistance provided, or describe the purpose or use of grant funds. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions, such as scholarships for students attending a particular school; provision of books or other educational supplies; food, clothing, and shelter for indigents, or direct cash assistance to indigents; etc. In the case of specific disaster assistance, include a description of the type of assistance provided and identify the disaster (for example, “Food, shelter, and clothing for immediate relief for victims of Colorado wildfires”).

Column (b). Enter the number of recipients for each type of assistance. If the organization is unable to determine the actual number, provide an estimate of the number. Explain in Part IV how the organization arrived at the estimate.

Column (c). Enter the aggregate dollar amount of cash grants for each type of grant or assistance. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (d) and (e). Enter the **fair market value** of non-cash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at

its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices, on the date the property is distributed to the grantee. When fair market value cannot be readily determined, use an appraised or estimated value.

Column (f). For non-cash grants or assistance, enter descriptions of property. List all that apply. Examples of non-cash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

TIP *If the organization checks “Accrual” on Form 990, Part XII, line 1, follows SFAS 116 (ASC 958) (see instructions for Form 990, Part IX), and makes a grant during the tax year to be paid in future years to a domestic individual, it should report the grant’s present value in Part III, column (c) or (d), and report any accruals of present value increments in future years.*

Part IV. Supplemental Information

Use Part IV to provide narrative information required in Part I, line 2 regarding monitoring of funds, and in Part III, column (b) regarding how the organization estimated the number of recipients for each type of grant or assistance. Also use Part IV to provide other narrative explanations and descriptions, as needed. Identify the specific part and line(s) that the response supports. Part IV can be duplicated if more space is needed.

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants					
1 (a) Name and address of organization or government Summary:	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance	
Total Grants Awarded to Community (pages 1-8)			4,757,400		
Total Non-Competitive Grants (pages 9-14)			401,700		
Less Prior Year Grant Reversals (page 15)			(147,875)		
Total Grants (reference Part III line 4a)			5,011,225		
Total Direct Charitable Programs (ref Part III, line 4b) (pages 16-17)			1,746,146		
Adams County Medical Foundation, Inc 230 Medical Center Drive Seaman, OH 45679	76-0801729	501(c)3	50,000	Physical Activity Infrastructure for Adams County Residents to pave the fitness trail at the North Adams Campus; install exercise equipment on the fitness trail at Peebles School Campus and install exercise equipment in the community athletic facility at the Manchester School Campus	
Adams County Medical Foundation, Inc 230 Medical Center Drive Seaman, OH 45679	76-0801729	501(c)3	44,000	School Based Health Center Challenge Grant to match funds raised to support the Manchester School Based Health Center	
Addiction Services Council 2828 Vernon Place Cincinnati, OH 45219	31-6059934	501(c)3	18,000	Implementing the NIA/Tx Approach to improve processes in treatment of substance use disorders	
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	14,000	Implementing the NIA/Tx Approach to improve processes in treatment of substance use disorders	
Brown County Educational Service Center 9231 B Hamer Road Georgetown, OH 45121	31-1081006	501(c)3	15,000	Thriving Brown County to promote community-led health promotion in Brown County	
Butler County Alcohol and Drug Addiction Services Board 6 South Second Street, Suite 420 Hamilton, OH 45011	31-6000061	501(c)3	54,085	Vivitrol for Butler County Offenders Being Released from Jail to reduce deaths of Butler County offenders through use of Vivitrol injections	
Center for Addiction Treatment 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)3	30,420	Expanding Nasal Naloxone to the Community to prevent opioid-related deaths by distributing 500 naloxone kits and prescriptions to family, friends, and service providers for opioid addicts	
Center for Addiction Treatment 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)3	43,000	Operation Nine Lives: Creating a Tobacco Free Campus at CCAT to develop a plan for and implement a tobacco-free campus	
Center for Addiction Treatment 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)3	8,000	Implementing the NIA/Tx Approach to improve treatment for substance use disorders	
Center for Closing the Health Gap in Greater Cincinnati 3120 Burnet Avenue, Suite 201 Cincinnati, OH 45229	20-0902286	501(c)3	30,000	Mt. Auburn Physical Activity Environment Improvement to develop an action plan for the Mount Auburn neighborhood to increase and maintain access to physical activity spaces for the residents	
Center for Community Solutions 1501 Euclid Avenue, Suite 310 Cleveland, OH 44115	34-0714723	501(c)3	7,500	By the Numbers 3: Developing a Common Understanding of Alcohol and Drug Treatment in Ohio	
Center for Great Neighborhoods of Covington 1650 Russell St. Covington, KY 41011	61-0733046	501(c)3	50,000	to analyze and publish a report on the public data available in Ohio related to the alcohol and other drug problems in the state	
Central Clinic/Court Clinic 909 Sycamore Street, 3rd Floor Cincinnati, OH 45202	31-0552288	501(c)3	9,000	to build the Latonia Cardinals Community Park	
				Implementing the NIA/Tx Approach to improve processes in treatment of substance use disorders	

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
Children's Hospital Medical Center - Division of General and Community Pediatrics 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501(c)3	45,000	Interim Support for SBHC's; Rockdale, S. Avondale & Hughes High School to stabilize primary healthcare services in three schools
Children's Hospital Medical Center - Perinatal Institute 3333 Burnet Avenue MLC 7009 Cincinnati, OH 45229	31-0833936	501(c)3	100,000	Cradle Cincinnati to support Cradle Cincinnati's efforts to reduce infant mortality
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	75,000	Withdraw Dental Center to open a dental center at Withrow High School
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	75,000	Withdraw High School & Academy of World Languages School-Based Health Center Challenge Grant to match funds raised to support the Withrow High School & Academy of World Languages School-Based Health Center
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	300,000	Riverview East School-Based Health Center to start a school-based health center serving the Riverview East community
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	50,000	Deaconess Health Check Dental Center to increase access to dental services for children and teens in Cincinnati
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	50,000	Screening in Primary Care to screen patients for depression, alcohol, drugs and tobacco at five health centers
Cincinnati Health Network 2825 Burnet Avenue Cincinnati, OH 45219	31-1182378	501(c)3	60,000	Screening in Primary Care to screen for alcohol misuse at two health centers that serve people in poverty
Cincinnati Health Network 2825 Burnet Avenue Cincinnati, OH 45219	31-1182378	501(c)3	9,100	McMicken Dental Center Residency Program (grant variance) to expand access to oral health services
Cincinnati Nature Center 4949 Tealtown Road Milford, OH 45150	31-6057978	501(c)3	19,200	Hike For Your Health to improve access to physical activity for 660 people in Greater Cincinnati through the implementation of the Hike for Your Health Challenge
Cincinnati Parks Foundation 950 Eden Park Drive Cincinnati, OH 45202	31-1429016	501(c)3	50,000	Mt. Airy Playground to construct a new playground in Mount Airy Forest
Cincinnati Recreation Commission Foundation 805 Central Avenue, 2 Centennial Plaza Cincinnati, OH 45202	31-1574475	501(c)3	25,000	Youth Commission of Cincinnati's Youth Study to support the Youth Commission of Cincinnati's Youth Study
Cincinnati Union Cooperative Initiative 4122 Langland St. Cincinnati, OH 45223	45-3914880	501(c)3	385,000	Creating a Distribution System to Improve Healthy Food Access to develop and pilot a plan for creating a food distribution system hub
Cincy Bike Share 14 W. 15th Street Cincinnati, OH 45202	46-4043546	501(c)3	150,000	Red Bike Expansion- Ludlow/Hamilton Ave. to install three Cincy Bike Share stations to connect Northside with the bike share network
City of Cheviot 3814 Harrison Avenue Cheviot, OH 45211	31-6000065	115 (1)	17,400	Recreational Fitness in the Cheviot Area to install 5 additional fitness stations along the pathway of Harvest Home Park and a lift at the pool in Harvest Home Park for people with disabilities
Clermont County General Health District 2275 Bauer Road Batavia, OH 45103	31-1334337	115 (1)	50,000	Williamsburg to Batavia Hike Bike Trail to expand the Williamsburg Batavia Hike Bike trail an additional 1.2 miles

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
Clermont County Mental Health & Recovery Board 2337 Clermont Center Drive Batavia, OH 45103	31-6000067	501(c)3	45,250	Clermont County Project D.A.W.N. (Deaths Avoided with Naloxone) to prevent opioid-related deaths by distributing 790 Naloxone kits to clients of Clermont Recovery Center and their families
Community First Solutions 520 Eaton Avenue Hamilton, OH 45011	31-1150845	501(c)3	100,000	Community First Solutions Tobacco-free Environment Project to develop and implement a tobacco-free environment plan for all the subsidiaries of Community First Solutions
Community Learning Center Institute 9200 Montgomery Road #22B Cincinnati, OH 45242	27-0741982	501(c)3	41,200	Screening for Depression in School-Based Health Centers to screen students in school-based health centers for depression
Community Mental Health Center, Inc. 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	8,250	Implementing the NIA Tx Approach to improve treatment for substance use disorders
Comprehend, Inc. 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)3	11,000	Implementing the NIA Tx Approach to improve processes in treatment of substance use disorders
Crossroad Health Center 5 East Liberty Street Cincinnati, OH 45202	31-1321054	501(c)3	15,000	General Operating Support to provide general operating support
Crossroad Health Center 5 East Liberty Street Cincinnati, OH 45202	31-1321054	501(c)3	7,000	Work Study Program to provide a work-study program at Crossroad Health Center
Crossroads Center 311 Martin Luther King Drive Cincinnati, OH 45219	31-1327938	501(c)3	11,000	Implementing the NIA Tx Approach to improve processes in treatment of substance use disorders
Education Matters 2104 St. Michael Street Cincinnati, OH 45204	23-7121512	501(c)3	15,000	Thriving Appalachians to promote community-led health promotion among Appalachians in the region
Emanuel Community Center, Inc. 1308 Race Street Cincinnati, OH 45202	31-0537060	501(c)3	1,000	General Operating Support to provide general operating support for the Cincinnati Squash Academy
Enroll America 1001 G Street NW, Floor 8 Washington, DC 20001	27-1661221	501(c)3	25,000	Get Covered Cincinnati 2015 to support outreach and enrollment for health insurance in southwest Ohio
Evanston Community Council P.O. Box 12128 Nonwood, OH 45212	31-0965135	501(c)3	15,000	Thriving Evanston to promote community-led health promotion in Evanston
Evergreen Holistic Learning Center 5880 Winton Ridge Lane Cincinnati, OH 45232	20-5017665	501(c)3	15,000	Evergreen Urban Greenhouse Project to develop an urban greenhouse for access to healthy foods in the communities of Winton Hills and Spring Grove
First Step Home 2203 Fulton Ave. Cincinnati, OH 45206	31-1328492	501(c)3	25,000	Maternal Addictions Program Challenge Grant to provide matching funds that support the Maternal Addictions Program
First Step Home 2203 Fulton Ave. Cincinnati, OH 45206	31-1328492	501(c)3	11,250	Implementing NIA Tx to improve addiction treatment
FRS Counseling, Inc. PO Box 823 313 Chillicothe Ave Hillsboro, OH 45133	31-1129448	501(c)3	12,000	Implementing the NIA Tx Approach to improve processes in treatment of substance use disorders

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
Gateway Community and Technical College 525 Scott Boulevard #311A Covington, KY 41011	61-1320380	115 (1)	40,500	The Gateway Healthy Place to Work and Learn Initiative to implement a tobacco-free policy on all Gateway campuses
Great Parks of Hamilton County 10245 Winton Road Cincinnati, OH 45231	31-1298738	501(c)3	8,000	Healthy Parks, Healthy People Wellness and Sustainability Fair to improve access to physical activity for 4,000 people in Hamilton County through the planning of the Healthy Parks, Healthy People Wellness & Sustainability Fair
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	50,000	General Operating Support to provide general operating support
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	59,415	Voluntary Vivitrol Project for adults with dual disorders to provide Vivitrol and naloxone to dually diagnosed individuals in Hamilton County
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	75,000	Total Health 360 to coordinate mental and physical healthcare for people with severe mental illnesses
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	3,000	Technical Assistance for Federal Grant Application to support a proposal writer in preparing an application for the Mental Health Service Expansion-Behavioral Health integration funding opportunity
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	150,000	General Operating Support to provide general operating support for Green Umbrella's Regional Trails Program
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	70,000	Planning for Greater Cincinnati Regional Food Policy Council to plan a Regional Food Policy Council
Groundwork Cincinnati/Mill Creek 1662 Blue Rock St Cincinnati, OH 45223	31-1388594	501(c)3	186,000	Planning for the Regional Trails System Core to enact the Regional Trails Plan by developing implementation materials for its core segments in the City of Cincinnati and by creating a Regional Trails Alliance logo
Groundwork Cincinnati/Mill Creek 1662 Blue Rock St Cincinnati, OH 45223	31-1388594	501(c)3	50,000	Mill Creek Active Living - Phase 5 Trail to build a 1.2 mile Este Avenue Trail connector trail between the Winton Terrace area of Winton Hills and the Caldwell Seymour Trail
Health Collaborative 2649 Erie Avenue Cincinnati, OH 45208	31-1449807	501(c)3	100,000	General Support 2014 to provide general operating support for the Health Collaborative
Health Policy Institute of Ohio 10 West Broad Street, Suite 1050 Columbus, OH 43215	30-0186863	501(c)3	200,000	Core Support (2016) to provide general operating support
Health Policy Institute of Ohio 10 West Broad Street, Suite 1050 Columbus, OH 43215	30-0186863	501(c)3	5,000	2014 Medicaid Enrollment Trends and Impact to analyze the impact of Medicaid enrollment on Ohioans with lower incomes and on providers of health services
Health Policy Institute of Ohio 10 West Broad Street, Suite 1050 Columbus, OH 43215	30-0186863	501(c)3	5,000	Marijuana: Analyses on Effect on Youth and Criminal Penalties to develop policy briefs focusing on marijuana use by youth and the decriminalization of marijuana
HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)3	75,000	Princeton City School District School-Based Health Center (SBHC) Implementation Challenge Grant to match funds for the Princeton City School District School-Based Health 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	
Historic Hoosier Hills RC&D 1981 S. Industrial Park Road, Suite 1 Versailles, IN 47042	23-7438274	501(c)3	30,000	Southeastern Indiana Farmer Training Initiative to determine the feasibility of the Southeastern Indiana Farmer Training Initiative	
Institute for Educational Leadership 4301 Connecticut Avenue, NW, Suite 100 Washington, DC 20008-2304	52-1198450	501(c)3	10,000	Coalition for Community Schools' National Forum to provide general support to the Coalition for Community Schools' National Forum	
InterAct for Change 3805 Edwards Road, Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)3	25,000	CEP Fundraising Challenge to raise money for the Cincinnati Exchange Project over a three year period	
InterAct for Change 3805 Edwards Road, Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)3	6,000	Tristate Veterans Community Alliance to provide technical assistance for the incorporation of the Tristate Veterans Community Alliance	
James W Miller Memorial Fund 6715 Hammerstone Way Cincinnati, OH 45227	27-3346632	501(c)3	5,000	Warrior Run (variance) to increase physical activity access among 1,800 residents through participation in the Warrior Run Events	
Joy Outdoor Education Center Foundation 10117 Old 3-C Highway P.O Box 417 Clarksville, OH 45113	31-0672822	501(c)3	50,000	Water Activity Accessibility Project to improve infrastructure of the water program areas at Camp Joy	
Kentucky Equal Justice Center 201 W. Short Street, Suite 310 Lexington, KY 40507	61-0909545	501(c)3	45,000	Kentucky Health Law Fellow 2015 to support the Kentucky health law fellow	
Kentucky Youth Advocates 11001 Bluegrass Parkway, Suite 100 Jeffersonville, KY 40206	61-0929390	501(c)3	30,000	Complete Streets: Venues for Wellness and Safety in Kentucky to develop and plan the adoption of complete street policies and ordinances in Grant and Kenton Counties, Kentucky	
Legal Aid Society of Greater Cincinnati 215 East Ninth Street, Suite 200 Cincinnati, OH 45202	31-0536673	501(c)3	70,000	ACA Enrollment: Technical Assistance, Backup, and Advocacy to provide technical and legal assistance to health insurance outreach and enrollment workers	
Legal Aid Society of Greater Cincinnati 215 East Ninth Street, Suite 200 Cincinnati, OH 45202	31-0536673	501(c)3	40,000	Child Help Challenge Grant to provide matching funds that support the Child Help program	
Manchester Educational Foundation 130 Wayne Frye Drive Manchester, OH 45144	27-5079190	501(c)3	13,000	Family Friendly Fun at the New Manchester Community Center to host family-friendly physical activity programs at new Manchester community center	
Marvin Lewis Community Fund Longworth Hall 700 W. Pete Rose Way Cincinnati, OH 45203	20-2704690	501(c)3	10,000	Hometown Huddle to construct an outdoor play area, multipurpose-athletic field, walking path and community garden at the Marge Schott-Unnewehr Boys & Girls Club of Covington	
Mental Health America of Northern Kentucky and Southwest Ohio Inc 2400 Reading Road, Suite 139 Cincinnati, OH 45202	61-0712473	501(c)3	15,000	Tobacco-Free Environment - Warren and Clinton Counties to plan for tobacco-free environments in Warren and Clinton Counties	
Mental Health America of Northern Kentucky and Southwest Ohio Inc 2400 Reading Road, Suite 139 Cincinnati, OH 45202	61-0712473	501(c)3	160,000	Mental Health First Aid to serve as the hub for Mental Health First Aid in Greater Cincinnati	
Mercy Health Cincinnati LLC 4600 McAuley Place Cincinnati, OH 45242	31-1063783	501(c)3	50,000	Depression Screening in Primary Care to screen for depression in primary care practices	

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
Northern Kentucky Community Action Agency 717 Madison Avenue Covington, KY 41011	61-0667805	501(c)3	9,300	Fathers and Mudders: Family Fun Day to improve access to physical activity for 200-300 people in the NKCAC child abuse prevention program through the planning of the Fathers and Mudders: Family Fun Day
Northern Kentucky Health Department 610 Medical Village Drive Edgewood, KY 41017	60-1008505	115 (1)	100,000	Tobacco-Free Northern Kentucky to develop and implement a comprehensive plan to reduce secondhand smoke exposure in four Northern Kentucky counties
Nonwood City Health Department 2059 Sherman Avenue Norwood, OH 45212	31-6000138		50,000	SBIRT for Norwood City Schools to screen for alcohol misuse among students in grades 6-9
One Community One Family Inc 22 N. Park Ave Batesville, IN 47006	46-4339778	501(c)3	50,000	Tristate Trauma Network to create a Tristate Trauma Network to provide the best standard of trauma-related care
Pendleton County Extension Foundation 45 David Pribble Drive Falmouth, KY 41040	61-1317970	501(c)3	15,000	Thriving Pendleton County to promote community-led health promotion in Pendleton County
Philanthropy Ohio 37 West Broad Street, Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)3	25,000	Health Funders Initiative 2014 to support the general operations of the Philanthropy Ohio Health Funders Initiative
Phoenix Place 4 Ceceilia Drive Amelia, OH 45102	32-0133010	501(c)3	15,000	Mindful Yoga Therapy for Veterans to provide Mindful Yoga Therapy to 150 veterans
PreventionFIRST1 (fka Coalition for a Drug Free Greater Cincinnati) 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)3	30,000	2014 Student Drug Use Survey to collect youth drug use data from over 60,000 youth in the Greater Cincinnati area
Primary Health Solutions 210 S. 2nd Street, 2nd Floor Hamilton, OH 45011	31-1694200	501(c)3	25,000	Butler County School Based Health Planning - Hamilton to plan a school-based health center for Hamilton City School
Primary Health Solutions 210 S. 2nd Street, 2nd Floor Hamilton, OH 45011	31-1694200	501(c)3	25,000	Butler County School Based Health Project - Fairfield to plan a school-based health center for Fairfield City School
Primary Health Solutions 210 S. 2nd Street, 2nd Floor Hamilton, OH 45011	31-1694200	501(c)3	60,000	Primary Health Solutions SBIRT Project to screen for alcohol misuse, drug misuse and depression in a federally qualified health center
Sisters of Charity Foundation of Cleveland 1228 Euclid Avenue, Suite 330 Cleveland, OH 44115	34-1832698	501(c)3	7,500	Ohio Regional Convergence Partnership - Healthy Food Access Fund to provide general operating support for the Ohio Regional Convergence Partnership
Solutions for Community Counseling and Recovery Centers 975A Kingsview Drive Lebanon, OH 45036	31-1138311	501(c)3	17,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
St. Elizabeth Physicians 1334 Thomas More Parkway, Suite 160 Crestview Hills, KY 41017	61-1300608	501(c)3	27,000	Hope & Healing Through SBIRT to implement screening for drug misuse in four obstetric practices and to plan for screening for drug misuse in multiple primary care practices
Student Activity Foundation for the Cincinnati Public Schools 2330 Victory Parkway, Suite 307 Cincinnati, OH 45206	35-2222723	501(c)3	3,750	Outdoor Adventure Club to provide physical activity opportunities to high school students in urban school districts
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	10,000	Mental Health Advocacy Coalition of Southwest Ohio 2015 to educate about and advocate for mental health and addiction issues

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
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	40,750	Distribution of Naloxone Kits to prevent opioid-related deaths for Talbert House clients by distributing naloxone kits to clients, family members and staff
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	16,400	Talbert House - Tobacco Free to develop a comprehensive plan for tobacco-free campuses for all Talbert House facilities
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	8,250	Implementing NIATx to improve outpatient substance use disorder treatment
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)3	24,880	Northern Kentucky Heroin Response Project to prevent opioid-related deaths by making Suboxone and Naloxone more available to low-income Kentucky residents ages 18 and up
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)3	18,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
TriHealth Physicians Enterprise Corporation Bethesda Family Medicine Family Medicine Center 4411 Montgomery Rd, Ste 200 Cincinnati, OH 45212	31-1383365	501(c)3	13,000	TriHealth Integrated Patient-Centered Medical Home & Behavioral Health to plan a screening process for depression among diabetic patients served in primary care practices
United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	8,000	United Way of Greater Cincinnati Accelerator Fund to support evidence-based strategies to close the gap in reaching the United Way's Bold Goals
United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	20,000	Facts Matter Website Creative Development and Programming to build a more user-friendly interface for the Facts Matter data portal
United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	20,000	VESTA – Medicaid and SNAP Assistance Module 2.0 to create a process for Medicaid and SNAP benefit applications for VESTA users (homeless, recently homeless or those utilizing emergency assistance)
Universal Health Care Action Network of Ohio 370 S. 5th Street Suite 3 Columbus, OH 43215	31-1542417	501(c)3	65,000	General Support 2015 to provide general operating support for 2015
University of Cincinnati Department of Emergency Medicine 31 Albert Sabin Way, ML 0769 Cincinnati, OH 45267	31-60000989	115 (1)	60,000	UC Emergency Department Behavioral Health Early Intervention Program to screen for alcohol misuse, drug misuse and depression in a hospital emergency department
University of Cincinnati Early Intervention Program 231 Albert Sabin Way, ML 0769 Cincinnati, OH 45267-0769	31-6000989	115 (1)	51,720	UC EIP Harm Reduction Program for Opioid Overdose to reduce overdose deaths by distributing naloxone prescriptions and kits through the University Hospital Emergency Department
Village of North Bend 21 Taylor Avenue PO Box 537 North Bend, OH 45052	31-6001078	115 (1)	18,420	Presidential Community Playground to build a community playground in the Village of North Bend
Walnut Hills Redevelopment Foundation P.O. Box 6363 2505 May Street Cincinnati, OH 45206	31-0921713	501(c)3	15,000	Thriving Walnut Hills to promote community-led health promotion in Walnut Hills
Whitewater Canal Trail, Inc P.O. Box 126 Brookville, IN 47012	35-2249462	501(c)3	27,000	Parcourse fitness trail on existing Whitewater Canal Trail improved access to physical activity for residents of Franklin County, Indiana and visitors to the Whitewater Canal State Historic Site

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
Whole Again 4222 Hamilton Avenue Cincinnati, OH 45223-0146	04-3810137	501(c)3	3,860	Fun to Be Fit Day to improve access to physical activity for 780 youth in Whole Again programs through the implementation of the Fun to Be Fit Day
YMCA of Greater Cincinnati 1105 Elm Street Cincinnati, OH 45202	31-0537178	501(c)3	50,000	Outdoor Adventure Clubs to engage 3,000 youth in physical activity through participation in Outdoor Adventure Club events
Total Grants Awarded to Community (total pages 1-8 to page 1)			\$4,757,400	

Interact for Health

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
Arthritis Foundation 7124 Miami Avenue Cincinnati, OH 45243	27-4014550	501(c)3	5,000	Health Related Programs to support health related programs
ArtWorks 20 E Central Parkway Cincinnati, OH 45202	31-1665900	501(c)3	12,000	Mural Map & Tour Program to support the Mural Map & Walking Tour Program
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	5,500	Teen Shelter to support health related programs at the Teen Shelter
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	6,000	Youth Leadership Development to support Youth Leadership Development and health related programs
Building Healthy Lives Foundation 625 Eden Park Drive, Suite 200 Cincinnati, OH 45202	30-0214078	501(c)3	1,000	Health Related Programs to support health related programs
Catholic Charities of Southwestern Ohio 100 East Eighth Street Cincinnati, OH 45202	31-0536968	501(c)3	20,250	Su Casa Obesity Project to support the Su Casa Obesity Project
Catholic Charities 3629 Church Street Covington, KY 41015	61-0461728	501(c)3	5,000	Parish Kitchen Health Related Programs to support health related programs at the Parish Kitchen
Center for Respite Care 3550 Washington Ave, PO Box 141301 Cincinnati, OH 45229	20-2544994	501(c)3	22,000	Health Related Programs to support health related programs
Childhood Food Solutions 2573 St. Leo Place Cincinnati, OH 45225	26-0489068	501(c)3	13,000	Health Related Programs to support health related programs
Children, Inc. 333 Madison Ave #2 Covington, KY 41011	31-0910787	501(c)3	7,500	Health Related Programs to support health related programs
Children's Home of Northern Kentucky 200 Home Road Covington, KY 41011	23-7068704	501(c)3	6,000	Health Related Programs to support health related programs
Children's Hospital Medical Center - Division of Adolescent Medicine MLC 400, 3333 Burnet Ave Cincinnati, OH 45229	31-0833936	501(c)3	1,000	Health Related Programs to support health related programs
Christian Outreach and Wellness Ministries 3710 Eastern Avenue Cincinnati, OH 45226	45-4135259	501(c)3	500	Health Related Programs to support health related programs

Interact for Health

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 Bar Foundation 225 E. 6th St. Fl 2 Cincinnati, OH 45202	31-6059929	501(c)3	5,000	Mental Health Initiative to support the Mental Health Initiative	
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	20,000	Western Hills/Dater School-Based Health Center Dental Services to support Western Hill/Dater School-Based Health Center Dental Services	
Cincinnati Nature Center 4949 Tealtown Road Milford, OH 45150	31-6057978	501(c)3	2,500	Health Related Programs to support health related programs	
City Gospel Mission 1419 Elm Street Cincinnati, OH 45210	31-0538515	501(c)3	1,000	Character Soccer to support active living and mental and emotional well- being through the Character Soccer program	
City of Dayton, Kentucky 514 Sixth Avenue Dayton, KY 41074	61-6001809	115 (1)	3,500	Dayton Pike Park to support active living at the Dayton Pike Park	
Clermont County General Health District 2275 Bauer Road Batavia, OH 45103	31-1334337	115 (1)	1,000	Williamsburg to Batavia Hike & Bike Trail to support active living at the Williamsburg to Batavia Hike & Bike Trail	
Clovernook Center for the Blind and Visually Impaired 7000 Hamilton Avenue Cincinnati, OH 45231	31-0584310	501(c)3	1,000	Adult Day Array Program to support support health related programs at the Adult Day Array Program	
Communications Network 1717 North Naper Blvd, Suite 102 Naperville, IL 60563	52-2114179	501(c)3	1,000	General Support 2015 to provide general operating support	
Community Mental Health Center, Inc. 285 Bielby Rd Lawrenceburg, IN 47025	35-1129339	501(c)3	1,000	Tristate Trauma Network to support the Tristate Trauma Network	
Corporation for Findlay Market of Cincinnati PO Box 14727 Cincinnati, OH 45250	31-1740317	501(c)3	36,250	The Kitchen to support healthy eating through The Kitchen at Findlay Market	
Drop Inn Center Shelterhouse 217 West 12th Street Cincinnati, OH 45210	31-0920479	501(c)3	7,500	Health Related Programs to support health related programs	
Emergency Shelter of Northern Kentucky 634 Scott Street Covington, KY 41011	26-0851019	501(c)3	8,250	Health Related Programs to support health related programs	
Faith Community Pharmacy 7033 Burlington Pike, Suite 4 Florence, KY 41042	61-1378914	501(c)3	3,500	Health Related Programs to support health related programs	

Interact for Health

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 1141 Central Parkway Cincinnati, OH 45202	23-7122205	501(c)3	3,000	Health Related Programs to support health related programs
Friends of Little Miami State Park 69 Maple Street Waynesville, OH 45068	26-3777533	501(c)3	13,750	Protecting the Trail to repair and maintain the exercise trail
FSG, Inc 500 Boylston St., Suite 600 Boston, MA 02116	20-2776974	501(c)3	1,700	Collective Impact Funder Community of Practice to pay membership dues for FSG's collective impact funder community of practice group
Girls on the Run of Greater Cincinnati 3330 Erie Avenue, Suite 8 Cincinnati, OH 45208	27-0119795	501(c)3	1,000	Health Related Programs to support health related programs
Grantmakers In Health 1100 Connecticut Avenue, N.W. 12th Floor Washington, DC 20036	13-3206571	501(c)3	23,000	General Support 2015 to provide general operating support
Hamilton Urban Garden Systems 332 Dayton St Hamilton, OH 45011	45-4719047	501(c)3	5,000	Garden to Cupboard to support health eating through the Garden to Cupboard program
Heart House 6815 US Highway 50 Moore Hill, IN 47032	35-2036398	501(c)3	2,500	Homeless Shelter Playground to support the Homeless Shelter Playground
Henry the Hand Foundation 11714 US St Rt 42 Cincinnati, OH 45241	31-1706835	501(c)3	750	Health Related Programs to support health related programs
Hospice of Cincinnati 4360 Cooper Road, Ste. 300 Cincinnati, OH 45242	31-0917155	501(c)3	5,000	Health Related Programs to support health related programs
InterAct for Change 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)3	1,000	Veteran's Community Alliance to support the health related programs of the Veteran's Community Alliance
IV-CHARIS 821 Bank Street Cincinnati, OH 45214	33-1204334	501(c)3	5,500	Hepatitis C Screening and Education to support hepatitis C screening and education
Life Enriching Communities Foundation 6279 Tri-Ridge Blvd, Suite 320 Loveland, OH 45140	06-1708088	501(c)3	2,000	Health Related Programs to support health related programs at Twin Towers
Mariemont School Foundation 2 Warrior Way Mariemont, OH 45227	31-1471314	501(c)3	1,000	MindBodySoul Project to support the MindBodySoul Project

Interact for Health

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
MindPeace 5642 Hamilton Avenue Cincinnati, OH 45224	26-1085828	501(c)3	8,500	Planning for Sustainable Mental Health Services in Schools to support planning for sustainable mental health services in schools
Northern Kentucky Independent District Health Department 610 Medical Village Drive Edgewood, KY 41017	61-1008505	115 (1)	3,000	Oral Health Program to provide fluoride varnish and Smile Smart kits to school children
Norwood City School District 2132 Williams Ave Norwood, OH 45212	31-6000908	501(c)3	7,000	Williams School & Community Garden Learning Center to support healthy eating through the Williams School & Community Garden Learning Center
People Advocating Recovery 1425 Story Avenue Louisville, KY 40206	20-1664735	501(c)3	1,500	Health Related Programs to support health related programs
Philanthropy Ohio 37 West Broad Street, Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)3	12,500	General Support 2015 to provide general operating support
Philanthropy Ohio 37 West Broad Street, Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)3	5,000	Summer Institute to support the Philanthropy Ohio annual conference
PLAN of Southwest Ohio 9350 A Floral Ave Cincinnati, OH 45242	31-1486601	501(c)3	1,000	Well-Being Project to support the Well-Being Project
Planned Parenthood Southwest Ohio Region 2314 Auburn Ave. Cincinnati, OH 45219	31-0536688	501(c)3	9,500	Health Related Programs to support health related programs
Pregnancy Care of Cincinnati 108 William Howard Taft Road Cincinnati, OH 45219	31-1113258	501(c)3	2,000	Healthy Parenting to support parenting classes and materials
Pregnancy Center East 3944 Edwards Road Cincinnati, OH 45209	31-1049716	501(c)3	2,000	Health Related Programs to support health related programs
Price Hill Will 3724 St. Lawrence Avenue Cincinnati, OH 45205	20-1452663	501(c)3	1,000	Healthy Living Initiative to support the healthy living initiative in Price Hill
Professional Pastoral - Counseling Institute 8035 Hosbrook Road, Suite 300 Cincinnati, OH 45236	31-1130153	501(c)3	7,500	Health Related Programs to support health related programs
Queen City Bike 1617 Elmore Court Cincinnati, OH 45223	26-4413265	501(c)3	10,500	Bike Safety Course to support active living through a bike safety course

Interact for Health

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
Soteni, Inc. 2366 Kemper Lane Cincinnati, OH 45206	20-0041518	501(c)3	5,750	Health Related Programs to support health related programs
St Catherine of Siena School 23 Rossford Avenue Ft. Thomas, KY 41075	61-1061747	501(c)3	2,000	Health Related Programs to support health related programs
St. Francis Seraph Ministries 1615 Vine Street Cincinnati, OH 45202	90-0705683	501(c)3	7,500	Health Related Programs to support 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 support substance use disorder prevention
Talawanda School District 131 W. Chestnut St Oxford, OH 45056	31-6005340	501(c)3	1,000	Coalition for a Healthy Community - Oxford Area's Healthy Eating Initiative to support the Coalition for a Healthy Community - Oxford Area's Healthy Eating Initiative
The Center for Family Solutions 400 N. Erie Hwy, Suite C Hamilton, OH 45011	51-0650689	501(c)3	1,500	Family Justice Center to support healthy families through the Family Justice Center
The Union Foundation 405 West Seventh Street Cincinnati, OH 45203	20-8465276	501(c)3	3,500	Family Exercise Group and Motivational Classes to support family exercise group and motivational classes through the Union Baptist Church's Health and Wellness Ministry
The Visiting Nurse Association of Greater Cincinnati & Northern Kentucky 2400 Reading Road Cincinnati, OH 45202	31-0536716	501(c)3	5,000	Telehealth to support access to healthcare through Telehealth
University of Cincinnati Foundation College of Medicine PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	3,000	Urban Health Project to support Urban Health Project
University of Cincinnati Foundation College of Pharmacy PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	5,000	Aging in Place to support Aging in Place
University of Cincinnati College of Nursing PO Box 210038 Cincinnati, OH 45221-0038	31-6000989	115 (1)	2,000	Leadership 2.0 to support recruitment into nursing through Leadership 2.0

Interact for Health

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
University of Cincinnati Department of Nutritional Services College of Allied Health Sciences 355 French East Building 3202 Eden Avenue Cincinnati, OH 45267-0394	31-6000989	115 (1)	1,000	Promoting Healthy Eating at Freestore FoodBank to support healthy eating at Freestore FoodBank
Village of Mariemont 6907 Wooster Pike Mariemont, OH 45227	31-6001069	115 (1)	1,500	Ann Buntin Becker Park Renovation & Expansion to support active living at the Ann Buntin Becker Park
Village of North Bend 21 Taylor Avenue PO Box 537 North Bend, OH 45052	31-6001078	115 (1)	4,000	Community Playground Area to support active living at a community playground area in the Village of North Bend
Walnut Hills High School Alumni Foundation 3250 Victory Parkway Cincinnati, OH 45207	31-1449932	501(c)3	2,500	Tennis Project to support active living through Walnut Hills High School's Tennis Project
Wasson Way 2692 Madison Road Box 115 Cincinnati, OH 45208	45-3772587	501(c)3	3,000	Health Related Programs to support health related programs
Whole Again 4222 Hamilton Avenue Cincinnati, OH 45223-0146	04-3810137	501(c)3	1,000	Health Related Programs to support health related programs
Women's Crisis Center, Inc. 835 Madison Ave. Covington, KY 41011	61-0908752	501(c)3	12,000	Health Related Programs to support health related programs
Wyoming Youth Services 800 Oak Avenue Wyoming, OH 45215	31-1013827	501(c)3	2,000	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	Health Related Programs to support health related programs
Subtotal Non-Competitive Grants Program (total pages 9-14 to page 1)			\$ 401,700	

Interact for Health

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
Brown County Board of Mental Health and Addiction Services 85 Banting Drive Georgetown, OH 45121	31-600006	501(c)3	(17,618)	Integrated Care Planning to plan integrated care services for people with severe mental illnesses in Brown County
Children's Hospital Medical Center - Department of Psychiatry 3333 Burnet Avenue, MLC 9002 Cincinnati, OH 45229	31-0833936	501(c)3	(9,242)	Trauma Detection and Treatment in School-Aged Children to plan a program to screen school-aged children for trauma
Community Learning Center Institute 9200 Montgomery Road #22B Cincinnati, OH 45242	27-0741982	501(c)3	(7,000)	to increase the number of nurse practitioners in the regional safety net
Comprehend, Inc. 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)3	(76,141)	Implementing Integrated Care in Rural Kentucky to implement integrated mental health and primary care services
Greater Cincinnati Health Council 2100 Sherman Ave., Suite 100 Cincinnati, OH 45212-2775	31-1188610	501(c)3	(2,726)	Community Sobering Center to produce a business plan for the creation of a community sobering center
Hamilton County Mental Health and Recovery Services Board 2350 Auburn Aven Cincinnati, OH 45219	31-6000063	115 (1)	(15,000)	Keys to Health to provide integrated healthcare to adults with severe mental and physical illnesses
LifePoint Solutions 3730 Glenway Avenue Cincinnati, OH 45205	31-0536973	501(c)3	(3,800)	Health Home Planning to plan health homes for people with severe mental illnesses
Tender Mercies, Inc. 27 W. 12th Street Cincinnati, OH 45202	31-1137270	501(c)3	(15,538)	Healthy Choices Planning Project to develop a wellness program for people with severe mental illnesses
Wasson Way 2692 Madison Road Box 115 Cincinnati, OH 45208	45-3772587	501(c)3	(810)	Wasson Way Bike and Pedestrian Trail Project to gather information and costs for a business plan for the Wasson Way walking and bike path
Total Prior Year Grant Reversals (total page 15 to page 1)			\$ (147,875)	

Interact for Health

Direct Charitable Programs (reference Part III, line 4b)

1 (a) Name and address of organization or government NOTE: the following direct charitable programs are administered through: Interact for Health 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-1948	(b) EIN 31-0932681	(c) IRC section if applicable 501(c)(4)	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
School Food Focus Conference Sponsorship			5,356	to sponsor Cook for America grantees at the School Food Focus Conference
ACA Impact on Health Outcomes			3,000	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			12,428	to provide intensive technical assistance to mental health and substance disorder providers in preparation for healthcare reform
Bike Share Evaluation			4,000	to evaluate Cincinnati Bike Share
Capacity Building Services			151,709	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			42,481	to collect health status data for the 20 counties served by Interact for Health
Community Research			197,795	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			75,172	to provide meeting space and support to grantees and other eligible nonprofits in Interact for Health's service area
Cook for America-Technical Assistance			157,588	to help school districts improve the nutritional quality of the food provided on campus
Data Operations			47,854	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			362,872	to provide technical assistance for grantees and the community for various health efforts
Empowering Communities Initiative			30,377	to provide resources and expert technical assistance to engage selected communities in health promotion at a grassroots level

Interact for Health

Direct Charitable Programs (reference Part III, line 4b)

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
Enhanced Evaluation of Integrated Care			52,099	to conduct a comprehensive evaluation of Interact for Health's Treating the Whole Person grantmaking strategy
Evaluating Health Promotion Healthcare Reform Public Education Program			168,461 95,140	to evaluate Interact's Health Promotion strategy to educate the public and nonprofit community about how the Patient Protection and Affordable Care Act of 2010 affects them
Join the Fun Technical Assistance			10,116	to provide technical assistance to the Join the Fun grantees
Kentucky Health Issues Poll			60,488	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
Learning Collaborative and Technical Assistance for Preventing Opioid Misuse Portfolio Loan Repayment Bonus Awards for New Nurse Practitioners			35,534 (3,500)	to provide technical assistance for local collaboratives to prevent opioid misuse to increase the number of nurse practitioners in the regional safety net
Marketing and Communicating Health Promotion Portfolios			25,015	to provide public relations support and marketing efforts for all health promotion portfolios
Marketing Join the Fun			65,603	to provide public relations support and marketing outreach for the Join the Fun events
Mental Health First Aid Technical Assistance			138	to provide technical assistance for the Mental Health First Aid portfolio
NIATX Technical Assistance			65,398	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			29,053	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
Physical Activity Environments Technical Assistance			5,803	to provide technical assistance to the Physical Activity Environments grantees
Screening in Primary Care Technical Assistance			2,555	to provide technical assistance to the Screening in Primary Care grantees
Technical Assistance-RFP			16,844	to provide technical assistance for grantees receiving funding in the 2012-2013 RFP
Tobacco-Free Environments Technical Assistance			26,768	to provide technical assistance to the Tobacco-Free Environments grantees
Total Direct Charitable Programs (ref Part III, line 4b) (total pages 16-17 to page 1)			1,746,146	

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

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

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

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2014

Open to Public Inspection

Employer identification number

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[Interact for Health](#)

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a ✓	
b Any related organization?	5b	✓
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization?	6b	✓
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part I 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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James Schwab	(i) 297,666 (ii) 0	0	6,551	0	48,872	353,089	0
2 Daniel Geeding	(i) 225,069 (ii) 0	0	4,697	0	45,607	275,373	0
3 Patricia O'Connor	(i) 227,064 (ii) 0	0	4,877	0	36,839	268,780	0
4 Kathryn Keller	(i) 148,938 (ii) 0	0	390	0	24,599	173,927	0
5 Ann Barnum	(i) 125,127 (ii) 0	0	2,107	0	25,010	152,244	0
6 Francie Wolgin	(i) 129,813 (ii) 0	0	2,454	0	24,891	157,158	0
7 * See Schedule O:							
8 Part VI: Section B: 15a and 15b*							
9							
10							
11							
12							
13							
14							
15							
16							

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.

Part I, Line 4a:

Edward Carl received \$1,308 of bonuses in 2014 based on the revenues of HealthLandscape (disregarded entity of Interact for Health).

Edward Carl received a \$100,000 severance payment in 2014 (employee of HealthLandscape - disregarded entity of Interact for Health).

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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**Open to Public
Inspection**

Name of the organization

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Part III: Line 3: HealthLandscape operations were discontinued/sold in January 2014. Part IX, Line 24a shows \$124,157 loss on discontinued operations; and Part VIII, Line 11a shows \$403,244 proceeds on sale of discontinued operations. HealthLandscape, LLC was a disregarded entity of Interact for Health.

Part VI: Section A: Line 1a:

Executive Committee Broad Authority: The Executive Committee shall consist of the Chair, Vice Chair, Immediate Past Chair, if any, President, the chairs of each of the Board's other standing committees and such other Director(s) as the Board may, from time to time, determine. The President shall be a voting member only if he or she is a Director. The President may be excluded from meetings during discussions related to his or her employment. The Executive Committee shall set the compensation of the President and such other officers as it deems appropriate. During the intervals between meetings of the Board of Directors and subject to such direction as the Board of Directors may, from time to time, provide, the Executive Committee shall have and may exercise the powers of the Board of Directors in the management of the affairs of the Corporation; provided, however, that the Executive Committee shall not have the power to fill vacancies among the Directors. The acts of the Executive Committee shall be effective for all purposes as the act or authorization of the Board of Directors and at each meeting of the Board of Directors the Executive Committee shall report upon any actions taken on behalf of the Board of Directors.

Part VI:Section B: Line 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: All policies also applied to the Organization's disregarded entity.

Part VI:Section B: Line 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. The Board process is changing from a paper process to an electronic process. Due to this change, a paper questionnaire was not completed by Board members in 2014, but Board

Name of the organization Interact for Health	Employer identification number 31-0932681
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members completed an electronic questionnaire in 2015 for the 2014 990 year. Board members were still required in 2014, as they have been prior, to disclose conflicts of interest at the beginning of all Board and Committee meetings.

Part VI: Section B: Line 15a: The 2014 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2013 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 2014 compensation. In acting to establish the President's compensation, the Executive Committee determined the President's total compensation to be reasonable and in the organization's best interest and for its benefit. At the next meeting of the organization's full board the Executive Committee reported, in an executive session that did not include the President, the compensation of the President and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the President's compensation.

Part VI: Section B: Line 15b: The 2014 compensation for the organization's 'Executive Vice President and Chief Operating Officer', 'Executive Vice President, Chief Financial Officer and Treasurer', 'Vice President, Policy & External Relations', and 'Secretary and Assistant Treasurer' (the "Officers") was established in late 2013 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,

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

Amended return. If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return*.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

- "Yes" response to line 2.
- "Yes" response to line 3.
- Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- "No" response to line 3b.
- "Yes" or "No" response to line 13a.
- "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

- Material differences in voting rights among members of the governing body in line 1a.
- Delegation of governing board's authority to executive committee.
- "Yes" responses to lines 2 through 7b.
- "No" responses to lines 8a, 8b, and 10b.
- "Yes" response to line 9.
- Description of process for review of Form 990, if any, in response to line 11b.
- "Yes" response to line 12c.
- Description of process for determining **compensation** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets*. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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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 2014 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.

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

Part VII: Section A: Line 1c: Francie Wolgin, Senior Program Officer; (B) 40/2; (C) Highest compensated employee;
(D) \$132,267; (E) \$0; (F) \$23,934

Part VIII, Line 11b: The partnership investment income is reported to reflect the unrelated business income portion of partnership investment
activity as reported on the respective K-1's. There is a net effect of zero reflected on Part VIII, Line 11b, Column (A) due to the net unrealized
nature of the partnership activity.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

Amended return. If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return*.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

- "Yes" response to line 2.
- "Yes" response to line 3.
- Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- "No" response to line 3b.
- "Yes" or "No" response to line 13a.
- "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

- Material differences in voting rights among members of the governing body in line 1a.
- Delegation of governing board's authority to executive committee.
- "Yes" responses to lines 2 through 7b.
- "No" responses to lines 8a, 8b, and 10b.
- "Yes" response to line 9.
- Description of process for review of Form 990, if any, in response to line 11b.
- "Yes" response to line 12c.
- Description of process for determining **compensation** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets*. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

[Interact for Health](#)

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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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) <u>HealthLandscape, LLC; 3805 Edwards Road, Suite 500; Cincinnati, OH 45209</u>	Health data	OH	0	0	Interact for Health
(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) <u>Interact for Change; 3805 Edwards Road, Suite 500; Cincinnati, OH 45209; EIN: 30-0065901</u>	Philanthropy	OH	501(c)(3)	7	IA4H*	✓	
(2) _____							
(3) <u>*IA4H is abbreviation for Interact for Health</u>							
(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		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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	o	50,468	estimate
(2) InterAct for Change	p	60,345	cash
(3)			
(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).

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

2014

Department of the Treasury
Internal Revenue Service

For calendar year 2014 or other tax year beginning _____, 2014, and ending _____, 20_____.

▶ **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 Check box if address changed
- B Exempt under section
 - 501(c)(4)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

Name of organization (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.)
523000

C Book value of all assets at end of year
223,098,703

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust 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 ▶ **James E. Schwab President & CEO** Telephone number ▶ **513-458-6600**

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 ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from partnerships and S corporations (attach statement)	5	(251,261	00)		(251,261 00)
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12	800	00		800 00
13	Total. Combine lines 3 through 12	13	(250,461	00)		(250,461 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)	14			
15	Salaries and wages	15			
16	Repairs and maintenance	16			
17	Bad debts	17			
18	Interest (attach schedule)	18			
19	Taxes and licenses	19			
20	Charitable contributions (See instructions for limitation rules)	20			
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a			
		22b	0	00	
23	Depletion	23			
24	Contributions to deferred compensation plans	24			
25	Employee benefit programs	25			
26	Excess exempt expenses (Schedule I)	26			
27	Excess readership costs (Schedule J)	27			
28	Other deductions (attach schedule)	28	9,592	00	
29	Total deductions. Add lines 14 through 28	29	9,592	00	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	(260,053	00)	
31	Net operating loss deduction (limited to the amount on line 30)	31			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	(260,053	00)	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33			
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	34	(260,053	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 2013 overpayment credited to 2014	44a		
b 2014 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		
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 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>			49 0 00

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

1 At any time during the 2014 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 FinCEN Form 114, 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 \$		

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				

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: *John E. Scherak* Date: 11/02/15 Title: President + CEO

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Rebecca Zecha	<i>Rebecca Zecha</i>	10/22/15		P00648970
	Firm's name	Firm's EIN			
	Grant Thornton LLP	36-6055558			
	Firm's address	Phone no.			
	4000 Smith Road, Suite 500 Cincinnati, OH 45209	513-762-5000			

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

(see instructions)

1. Description of property		2. Rent received or accrued	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)		
(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	2. Employer identification number	Exempt Controlled Organizations			
		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	6. Deductions directly connected with income in column 5
(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: Line 5: Income (loss) from partnerships and S corporations:

	2014
Partnership	Amount
Harvest MLP Income Fund II LLC	16
NGP Natural Resources X	(204,689)
Asia Alternatives Capital Partners III	762
Ft. Washington Pv. Equity VII	(47,959)
Ft. Washington Pv. Equity VIII	(614)
Fortress Credit Opportunity III	1,223
Line 5-income/(loss) from Partnerships	<u><u>\$ (251,261)</u></u>

Form 990-T: Line 12: Other income:

Line 12-Conference Facility For Profit Room Rental	800
Line 12: Other income:	<u><u>\$ 800</u></u>

Form 990-T: Line 28: Other deductions:

Line 28-Investment fees	9,592
Line 28: Other deductions:	<u><u>\$ 9,592</u></u>

**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) CI	
--	--

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		355,769		
	VARIOUS	ASIA ALTERNATIVE LP	0		0.00
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 0.6% (b) After 0.6%

10 Type of nonrecognition transaction (see instructions) ▶ 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) RICHMONT ASSET HOLDING LP	4a Identifying number, if any
5 Address (including country) CO RRJ MANAGEMENT, 298 TIONG BAHRU RD, 13-01 CENTRAL PLAZA, SINGAPORE 168730	4b Reference ID number (see instructions)

6 Country code of country of incorporation or organization (see instructions)
CI

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		103,076		
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 0.6% **(b)** After 0.6%

10 Type of nonrecognition transaction (see instructions) ▶ _____

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) FOXDALE ASSET HOLDING LTD	4a Identifying number, if any
--	-------------------------------

5 Address (including country) CO RRJ MGMT, 298 TIONG BAHRU RD, 13-01 CENTRAL PLAZA, SINGAPORE 168730	4b Reference ID number (see instructions)
--	---

6 Country code of country of incorporation or organization (see instructions)
CI

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		127,403		
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 0.6% (b) After 0.6%

10 Type of nonrecognition transaction (see instructions) ▶ 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:



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	August 10, 2015
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

138491.583524.29756.23469 1 AT 0.416 370



INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900



Page 1 of 1

138491

Important information about your December 31, 2014 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, 2014 Form 990.

Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990 by November 15, 2015. 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, 2014
Notice date	May 25, 2015
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

253022.559573.460397.20466 1 AT 0.406 370



INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900

Page 1 of 1



253022

Important information about your December 31, 2014 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, 2014 Form 990. Your new due date is August 15, 2015.

What you need to do

File your December 31, 2014 Form 990 by August 15, 2015. 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, 2014
Notice date	May 25, 2015
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

253023.559573.468397.20466 1 AT 0.406 370



INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900

Page 1 of 1



253023

Important information about your December 31, 2014 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, 2014 Form 990T.

Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015.

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 [X]
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.

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.

Form with fields for Name of exempt organization (INTERACT FOR HEALTH), Employer identification number (EIN) (31-0932681), Number, street, and room or suite no. (3805 EDWARDS ROAD), Social security number (SSN), and City, town or post office, state, and ZIP code (CINCINNATI, OH 45209-1948).

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

- The books are in the care of JAMES E. SCHWAB, 3805 EDWARDS ROAD CINCINNATI, OH 45209-1948

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, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
[X] calendar year 2014 or
[] 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

Table with 3 columns: Description, Amount, and Code. Rows include 3a (tentative tax, less any nonrefundable credits), 3b (refundable credits and estimated tax payments), and 3c (Balance due).

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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. Enter filer's identifying number, see instructions

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, OH 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 ► JAMES E. SCHWAB, 3805 EDWARDS ROAD CINCINNATI, OH 45209-1948

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 11/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 2014 or
 ► 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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
b If this application is for Form 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 \$	0
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 \$	0

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. **X**
- 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.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	INTERACT FOR HEALTH	31-0932681
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	3805 EDWARDS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CINCINNATI, OH 45209-1948	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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 JAMES E. SCHWAB, 3805 EDWARDS ROAD CINCINNATI, OH 45209-1948
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 11/15, 2015 .

5 For calendar year 2014, 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 \$	0
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 \$	0
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

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 Mary Felicia Brady CPA Title PAID PREPARER Date 7/16/15
Form 8868 (Rev. 1-2014)

CLIENT'S COPY