

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2015 calendar year, or tax year beginning **2015**, 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

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

G Gross receipts \$ _____

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: Interact for Health's mission is to improve the health of the people of the Cincinnati region, which is accomplished through grants, education, research, engagement, and policy. Interact for Health's strategic areas are health promotion and protecting the health care safety net.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2015 (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	(172,472)
7b Net unrelated business taxable income from Form 990-T, line 34	7b	(183,224)	
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)	0	17,019
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,550,878	936,197
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	404,044	0
		3,954,922	953,216
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,757,371	6,702,140
	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)	2,535,106	2,659,349
	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)	1,517,042	1,520,977
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,809,519	10,882,466	
19 Revenue less expenses. Subtract line 18 from line 12	(6,854,597)	(9,929,250)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	223,098,703	202,694,448
	22 Net assets or fund balances. Subtract line 21 from line 20	4,655,351	3,921,115
	218,443,352	198,773,333	

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: **9/29/16**
 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: **9-29-2016** Check if self-employed PTIN: **P00648970**

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

Firm's address ▶ **3825 Edwards Road, Suite 430; 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 \$ 4,405,511 including grants of \$ 4,405,511) (Revenue \$)

Grants awarded to community-see Schedule I. Competitive grants are awarded to the community primarily to build healthier communities for all people in Cincinnati and the 20 surrounding counties in our service area.

4b (Code:) (Expenses \$ 2,296,629 including grants of \$ 2,296,629) (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 \$ 2,673,956 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 **▶** 9,376,096

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		✓
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	✓	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	✓	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, W-2G forms, backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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	✓		✓				361,528	0	43,905
(2) Karen Bankston Director	2 .5	✓						0	0	0
(3) Dawn Bertsche Director	2 .5	✓						0	0	0
(4) Margaret Buchanan Director	1 0	✓						0	0	0
(5) Susan Cook Director	1 0	✓						0	0	0
(6) Thomas DeWitt Director-term ended June 2015	1 .5	✓						0	0	0
(7) Sarah Giolando Director	1 0	✓						0	0	0
(8) Robert Graham Director	1 .5	✓						0	0	0
(9) Diane Jordan-Grizzard Director	1 0	✓						0	0	0
(10) John Kennedy Director	1 0	✓						0	0	0
(11) Thomas Klinedinst, Jr. Director	2 .5	✓						0	0	0
(12) W. Stanley Morton Director, Chair	2 1	✓		✓				0	0	0
(13) Molly Murphy Director	1 0	✓						0	0	0
(14) Brewster Rhoads Director	1 0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) J. Patrick Rogers Director	1 .5	<input checked="" type="checkbox"/>						0	0	0
(16) Jeffrey Spanbauer Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(17) Jeanne-Marie Tapke Director, Vice Chair	2 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(18) Barbara Tobias Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(19) Woodrow Uible Director	2 0	<input checked="" type="checkbox"/>						0	0	0
(20) Rachel Votruba Director	2 .5	<input checked="" type="checkbox"/>						0	0	0
(21) Rick Williams Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(22) Tom Williams Director	1 0	<input checked="" type="checkbox"/>						0	0	0
(23) Ann Barnum VP, Community Strategies	45 .5			<input checked="" type="checkbox"/>				142,179	0	26,412
(24) Jennifer Chubinski VP, Innovation & Learning	45 .5			<input checked="" type="checkbox"/>				106,267	0	27,626
(25) Daniel Geeding Executive VP, CFO & Treasurer-ended March 2015	45 .5			<input checked="" type="checkbox"/>				85,685	0	23,238
1b Sub-total								695,659	0	121,181
c Total from continuation sheets to Part VII, Section A								798,182	0	144,319
d Total (add lines 1b and 1c)								1,493,841	0	265,500

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 **8**

	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 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"/>	
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 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	160,839
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 **2**

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) (26) Patricia O'Connor Executive VP & COO-ended March 2015	45 .5			✓			288,162	0	16,073	
(2) (27) Kathryn Keller VP, System Strategies & Secretary	45 1			✓			161,573	0	38,340	
(3) (28) Patricia Ruwe VP, Operations & Treasurer	45 2			✓			112,257	0	31,174	
(4) (29) Francie Wolgin Senior Program Officer	45 .5					✓	133,045	0	24,964	
(5) (30) Christine Bennett Director of Management Services	45 6					✓	103,145	0	33,768	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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	Consulting Revenue	17,019	17,019			
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶	17,019					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	2,791,607			2,791,607	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	(i) Real (ii) Personal					
		Gross rents	193,317				
		Less: rental expenses	193,317				
	c	Rental income or (loss)	0				
	d	Net rental income or (loss) ▶	0		0		
	7a	(i) Securities (ii) Other					
		Gross amount from sales of assets other than inventory	41,579,210 2,707,642				
		Less: cost or other basis and sales expenses	43,434,620 2,707,642				
		Gain or (loss)	(1,855,410) 0				
	d	Net gain or (loss) ▶	(1,855,410)			(1,855,410)	
	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	(i) Securities (ii) Other						
	Gross income from gaming activities. See Part IV, line 19 a						
	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	(i) Securities (ii) Other						
	Gross sales of inventory, less returns and allowances a						
	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a	Partnership investments	523000		(172,472)	172,472		
b	-----						
c	-----						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶	953,216	17,019	(172,472)	1,108,669		

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	6,702,140	6,702,140		
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	1,278,897	692,948	585,949	
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	972,664	785,743	186,921	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,603	97,178	22,425	
9 Other employee benefits	159,800	127,279	32,521	
10 Payroll taxes	128,385	86,838	41,547	
11 Fees for services (non-employees):				
a Management	150,229	102,578	47,651	
b Legal	76,413	26,815	49,598	
c Accounting	32,434	16,217	16,217	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	288,893		288,893	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	62,411	52,261	10,150	
12 Advertising and promotion				
13 Office expenses	63,494	44,841	18,653	
14 Information technology	125,636	95,491	30,145	
15 Royalties				
16 Occupancy	340,785	255,589	85,196	
17 Travel	54,835	50,573	4,262	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	170,853	120,619	50,234	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,428	107,811	26,617	
23 Insurance	11,898	5,949	5,949	
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 -----				
b -----				
c -----				
d -----				
e All other expenses -----	8,668	5,226	3,442	
25 Total functional expenses. Add lines 1 through 24e	10,882,466	9,376,096	1,506,370	
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	1,032,710	2	792,877
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	114,904	4	137,406
	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	12,500	7	575,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	85,079	9	61,747
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,746,931		
	b Less: accumulated depreciation	10b 1,310,559	10c	436,372
	11 Investments—publicly traded securities	98,836,783	11	105,312,057
	12 Investments—other securities. See Part IV, line 11	122,073,648	12	94,859,250
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	478,027	15	519,739
16 Total assets. Add lines 1 through 15 (must equal line 34)	223,098,703	16	202,694,448	
Liabilities	17 Accounts payable and accrued expenses	228,142	17	266,270
	18 Grants payable	3,374,797	18	2,423,072
	19 Deferred revenue		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	1,052,412	25	1,231,773
	26 Total liabilities. Add lines 17 through 25	4,655,351	26	3,921,115
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	218,443,352	27	198,773,333
	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	218,443,352	33	198,773,333	
34 Total liabilities and net assets/fund balances	223,098,703	34	202,694,448	

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	953,216
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,882,466
3	Revenue less expenses. Subtract line 2 from line 1	3	(9,929,250)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	218,443,352
5	Net unrealized gains (losses) on investments	5	(9,740,769)
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	198,773,333

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" on 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

2015

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	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 on Part XIII

Part V Endowment Funds.

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		458,488	188,715	269,773
d Equipment		698,073	640,032	58,041
e Other		590,370	481,812	108,558
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				436,372

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Hedge and other limited partnership funds	53,395,777	Fair Value
(B) Private Equity, LLPs, LLCs	28,382,031	Fair Value
(C) Corporate bonds & notes	9,889,326	Fair Value
(D) Municipal bonds	971,449	Fair Value
(E) Treasury bonds	1,317,340	Fair Value
(F) Government agency bonds	699,790	Fair Value
(G) Investment Redemption Receivables	203,537	Fair Value
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	94,859,250	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Compensation Payable	519,739
(3) Deferred Rent Credit	274,900
(4) Employee Benefits Payable	216,919
(5) Straight Line Rent Liability	105,972
(6) Accrued PTO Liability	95,664
(7) Security Deposit Payable	14,625
(8) Flexible Spending Account Liability	3,954
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,231,773

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	(8,883,129)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	(9,740,769)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	193,317
e	Add lines 2a through 2d	2e	(9,547,452)
3	Subtract line 2e from line 1	3	664,323
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	288,893
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	288,893
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	953,216

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

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

1	Total expenses and losses per audited financial statements	1	10,786,890
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	10,786,890
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	288,893
b	Other (Describe in Part XIII.)	4b	(193,317)
c	Add lines 4a and 4b	4c	95,576
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,882,466

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, 2015 and 2014, 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 2014, 2013, and 2012.

Part XI, lines 2d: Subtenant rental income = \$193,317

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 separately 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" on 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

2015

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 ▶ 140
- 3** Enter total number of other organizations listed in the line 1 table ▶ 2

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

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

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

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

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

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Summary:				
Total Grants Awarded to Community (pages 1-9)			4,134,421	
Total Non-Competitive Grants (pages 10-14)			\$366,500	
Less Prior Year Grant Reversals (page 15)			(95,410)	
Total Grants (reference Part III line 4a)			4,405,511	
Total Direct Charitable Programs (ref Part III, line 4b) (pages 16-17)			2,296,629	
Adams County Medical Foundation, Inc. 230 Medical Center Drive Seaman, OH 45679	76-0801729	501(c)3	\$40,000	Creating Tobacco-Free Environments in Adams County to develop a plan for and implement tobacco-free policies in Adams County
Adams County Medical Foundation, Inc. 230 Medical Center Drive Seaman, OH 45679	76-0801729	501(c)3	\$12,118	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	\$13,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Apple Street Market P.O. Box 24192 Cincinnati, OH 45224	46-5700916	N/A	\$100,000	Apple Street Market to increase healthy food access by opening a viable full service grocery store in Northside
Applied Information Resources Second National Bank Building 830 Main Street, Suite 900 Cincinnati, OH 45202	31-0996801	501(c)3	\$50,000	Increasing Local Produce Production through Intensive Farmer Training to train existing and aspiring farmers by creating a solid apprenticeship and education plan
ArtWorks 20 E Central Parkway Cincinnati, OH 45202	31-1665900	501(c)3	\$50,000	City Silence to increase community knowledge and practice of mindfulness, meditation and silence
ArtWorks 20 E Central Parkway Cincinnati, OH 45202	31-1665900	501(c)3	\$16,100	Mental Health Stigma Reduction Community Art Project to plan for a community based arts project addressing mental health stigma
Atrium Medical Center Foundation One Medical Center Drive Middletown, OH 45005	31-1079213	501(c)3	\$50,000	Atrium Medical Center Walking Trail Extension to improve fitness options in Butler and Warren counties by completing the next segment of Atrium's walking trail.
Atrium Medical Center Foundation One Medical Center Drive Middletown, OH 45005	31-1079213	501(c)3	\$20,000	Warren County Planning: Preventing Opioid Misuse to develop a comprehensive plan to address opioid misuse in Warren County
Avondale Comprehensive Development Corporation 3494 Reading Rd, Suite A-1 Cincinnati, OH 45229	45-2412695	501(c)3	\$15,000	Thriving Avondale to promote community-led health promotion in Avondale
BLOC Ministries 3952 North Bend Road Cincinnati, OH 45211	31-1613471	501(c)3	\$25,000	Challenge Grant to support the general operations of the BLOC Ministries

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
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	\$8,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Brown County Educational Service Center 9231 B Hamer Road Georgetown, OH 45121	31-1081006	115 (1)	\$10,000	Thriving Brown County to raise money for Thriving Brown County over a 30-month period
Center for Addiction Treatment 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)3	\$12,000	Implementing the NIATx Approach to improve treatment processes in of 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	\$30,740	Taft Elementary School Walking Track to build a walking track at Taft Elementary
Center for Closing the Health Gap in Greater Cincinnati 3120 Burnet Avenue, Suite 201 Cincinnati, OH 45229	20-0902286	501(c)3	\$100,000	General Operating Support 2015 to provide general operating support
Central Clinic/Court Clinic 909 Sycamore Street 3rd Floor Cincinnati, OH 45202	31-0552288	501(c)3	\$32,000	Self-Care for Mental Health Professionals to implement an 8 week self-care program for mental health professionals
Central Clinic/Court Clinic 909 Sycamore Street 3rd Floor Cincinnati, OH 45202	31-0552288	501(c)3	\$15,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Children, Inc. 333 Madison Ave #2 Covington, KY 41011	31-0910787	501(c)3	\$48,700	Right on Q: Parent Tips at Fingertips to plan for scalability of a technology-based, universal parenting initiative
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
Children's Hospital Medical Center 3333 Burnet Avenue, MLC 9002 Cincinnati, OH 45229	31-0833936	501(c)3	\$30,000	Tobacco Exposure in Foster Youth to complete planning to address tobacco use and secondhand smoke exposure in foster care homes
Children's Hospital Medical Center Mayerson Center for Safe and Healthy Children 3333 Burnet Avenue, MLC 3008 Cincinnati, OH 45229	31-0833936	501(c)3	\$60,000	Screening for Family Risk of Childhood Trauma in Primary Care to implement adversity risk screening in pediatric private practice
Cincinnati Development Fund 1100 Walnut Street Cincinnati, OH 45202	31-1256064	501(c)3	\$30,000	Cincy Summer Streets 2015 to host three active living events in Cincinnati in 2015
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$100,000	Tobacco-Free Multi-Unit Housing to develop a plan for and implement tobacco-free multi-unit housing policy at Cincinnati Metropolitan Housing Authority (CMHA) sites

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$28,000	Cincinnati Health Department Employee Mindfulness Series to plan and implement a mindfulness program for Cincinnati Health Department employees
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$55,000	Taft High School and Children's Home SBHC Planning to plan school-based health centers for both Taft High and Children's Home of Cincinnati
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$27,579	Withrow 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 Recreation Commission Foundation 805 Central Avenue, 2 Centennial Plaza Cincinnati, OH 45202	31-1574475	501(c)3	\$30,000	Greater Cincinnati Outdoor Fitness Center to develop a plan for a fully serviced, outdoor gym that is easily accessible to low-income communities
Cincinnati Reds Community Fund 100 Joe Nuxhall Way Cincinnati, OH 45202-4109	31-1790195	501(c)3	\$50,000	2015 Community Makeover: Seven Hills Neighborhood Houses to renovate and restore the Seven Hills facility, revitalize baseball fields and playgrounds
City of Covington 20 West Pike Street Covington, KY 41011	61-6001804	115 (1)	\$50,000	Licking River Greenway Paved Levee Trails Phase 2 & 3 to add distance to the Licking River Greenway paved levee trails, extending the trail further north
CityLink Center 800 Bank Street Cincinnati, OH 45214	04-3828387	501(c)3	\$33,000	West End Bike Share Project to install a Cincy Bike Share Station at CityLink Center to connect vulnerable populations with the bike share network
Clermont County Mental Health & Recovery Board 2337 Clermont Center Drive Batavia, OH 45103	31-6000067	501(c)3	\$48,650	Implementation of the Clermont County Opioid Response Plan to conduct universal substance use prevention activities for two years in Clermont County
Community Action Committee of Pike County 941 Market St., P.O. Box 799 Pikeon, OH 45661	31-0718042	501(c)3	\$10,000	Screening in Primary Care to develop an implementation plan to screen, provide brief interventions and referrals to treatment for tobacco use in a federally qualified health center
Comprehend, Inc. 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)3	\$11,250	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Corporation for Findlay Market of Cincinnati PO Box 14727 Cincinnati, OH 45250	31-1740317	501(c)3	\$75,000	Food 4.0 to improve the distribution and availability of local healthy, affordable foods at Findlay Market

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
Crossroads Center 311 Martin Luther King Drive Cincinnati, OH 45219	31-1327938	501(c)3	\$10,500	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Education Matters 2104 St. Michael Street Cincinnati, OH 45204	23-7121512	501(c)3	\$10,000	Thriving Appalachians to raise money for health promotion in urban Appalachian communities over a 30-month period
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 Norwood, OH 45212	31-0965135	501(c)3	\$10,000	Thriving Evanston to raise money for health promotion in Evanston over a 30-month period
Forward Quest, Inc. 50 E. RiverCenter Blvd, Suite 465 Covington, KY 41011	31-1489316	501(c)3	\$7,000	LiveWell NKY Technical Assistance for LiveWell NKY
Freestore Foodbank 1141 Central Parkway Cincinnati, OH 45202	23-7122205	501(c)3	\$100,000	Improving Access to Healthy Foods: Warehouse Equipment Update to decrease food insecurity by increasing emergency food assistance to those in need throughout our region
FRS Counseling, Inc. PO Box 823 313 Chillicothe Ave Hillsboro, OH 45133	31-1129448	501(c)3	\$10,500	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
FSG, Inc. 500 Boylston St., Suite 600 Boston, MA 02116	20-2776974	501(c)3	\$1,941	Collective Impact Funder Community of Practice 2015
Great Parks of Hamilton County 10245 Winton Road Cincinnati, OH 45231	31-1298738	115 (1)	\$8,000	Take A Walk in the Park- People Powered Fun to increase active living by providing the Take a Walk in the Park event
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	\$26,100	Paddlefest Kids Outdoor Adventure Expo 2015 to increase active living for children by hosting Paddlefest Kids Outdoor Adventure Expo 2015
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	\$76,000	Greater Cincinnati Regional Food Policy Council 2015 to coordinate a Regional Food Policy Council that promotes a healthy, equitable and sustainable food system for residents of Greater Cincinnati
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	\$25,000	Tri-State Trails TRYathlon to increase active use of the regional trail system
GreenLight Fund 200 Clarendon Street, 29th Floor Boston, MA 02116	20-0407083	501(c)3	\$50,000	GreenLight Cincinnati to address critical needs facing low-income families in Cincinnati by supporting the expansion of proven, innovative results-oriented programs

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
Health Care Access Now 7162 Reading Road, Suite 1120 Cincinnati, OH 45237	26-4042151	501(c)3	\$50,000	General Operating Support to provide general operating support and leverage matching funds
Health Policy Institute of Ohio 10 West Broad Street, Suite 1050 Columbus, OH 43215	30-0186863	501(c)3	\$200,000	Core Support (2017) to provide general operating support
Healthy Visions 9990 Zig Zag Road Cincinnati, OH 45242	31-1182425	501(c)3	\$40,000	Journey Begins: Afterschool daughter/mother program to promote improved emotional well-being through an afterschool daughter/mother afterschool program
InterAct for Change 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)3	\$20,000	CEP Fundraising Challenge to raise money for substance use harm reduction over a three year period
Inter-Church Organization Inc. PO Box 72046 Newport, KY 41071	61-1212528	501(c)3	\$50,000	Newport Urban Farm Initiative to increase the quantity and quality of garden produce grown and used in an urban feeding ministry
Kentucky Equal Justice Center 201 W. Short Street, Suite 310 Lexington, KY 40507	61-0909545	501(c)3	\$20,000	Kentucky Health Law Fellow 2015 to support the Kentucky health law fellow
LifeTime Resources 13091 Benedict Drive Dillsboro, IN 47018	35-2076514	501(c)3	\$20,000	Home and Community Care Coordination to develop a home and community health care coordination plan for health and human service collaboration
Madisonville Community Urban Redevelopment Corporation 5906 Madison Road Cincinnati, OH 45227	51-0178908	501(c)3	\$9,850	Madisonville 5K Run/Walk to expand participation in the Madisonville 5K Run/Walk event
Marvin Lewis Community Fund Longworth Hall 700 W. Pete Rose Way Cincinnati, OH 45203	20-2704690	501(c)3	\$10,000	Hometown Huddle 2015 to construct an outdoor play area at Taft Elementary School in Mt. Auburn
McCullough-Hyde Memorial Hospital Endowment Fund 110 N. Poplar Street Oxford, OH 45056	23-7374256	501(c)3	\$15,000	Thriving Oxford Township to promote community-led health promotion in Oxford Township
Mental Health & Addiction Advocacy Coalition 2600 Victory Parkway Cincinnati, OH 45206	46-3402346	501(c)3	\$25,000	Mental Health Advocacy Coalition of Southwest Ohio 2016 to provide general operating support to educate about and advocate for mental health and addiction issues
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	Mental Health First Aid to serve as the hub for Mental Health First Aid in Greater Cincinnati

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
Mental Health and Recovery Services of Warren & Clinton Counties 212 Cook Road Lebanon, OH 45036	31-6000058	501(c)3	\$20,000	Clinton County Planning: Preventing Opioid Misuse to develop a comprehensive plan to address opioid misuse
Miami University Grants and Contracts Office 7 Roudebush Oxford, OH 45056	31-6402089	501(c)3	\$13,282	Yoga & Meditation for College Students and Faculty to promote mental wellness by implementing a yoga and meditation program for Miami University students/faculty/staff
Milford Exempted Village School District 777 Garfield Avenue Milford, OH 45150	31-6000880	501(c)3	\$50,000	Tobacco-free Environments to develop a plan for and implement tobacco-free policies in Milford and Miami Township
Northern Kentucky Area Development District 22 Spiral Drive Florence, KY 41042	61-0719369	501(c)3	\$45,000	Promoting Prevention of Opioid Use in NKY to conduct universal substance use prevention activities in eight Northern Kentucky counties
Norwood City School District 2132 Williams Ave Norwood, OH 45212	31-6000908	501(c)3	\$15,000	Thriving Norwood to promote community-led health promotion in Norwood
Ohio State University Office of Sponsored Programs 1960 Kenny Road Columbus, OH 43210-1016	31-6025986	115 (1)	\$24,000	Produce Perks Planning to plan for expanding the produce perks program to increase access to fruits and vegetables
One Community One Family Inc. 22 N. Park Ave Batesville, IN 47006	46-4339778	501(c)3	\$20,000	Southeastern Indiana Planning: Preventing Opioid Misuse to develop a comprehensive plan to address opioid misuse in five Indiana counties
Outdoor Adventure Clubs of Greater Cincinnati, Inc. 8401 Skiff Lane Maineville, OH 45039	47-4230979	501(c)3	\$15,400	Outdoor Adventure Clubs Challenge Grant to raise money for Outdoor Adventure Clubs over a 5-month period
Outdoor Adventure Clubs of Greater Cincinnati, Inc. 8401 Skiff Lane Maineville, OH 45039	47-4230979	501(c)3	\$35,000	Outdoor Adventure Clubs to engage 1,700 youth in physical activity through participation in youth physical activity events
Pendleton County Extension Foundation 45 David Pribble Drive Falmouth, KY 41040	61-1317970	501(c)3	\$10,000	Thriving Pendleton County to raise money for health promotion in Pendleton County over a 30-month period
Philanthropy Ohio 500 S. Front Street, Suite 900 Columbus, OH 43215-7628	31-1111842	501(c)3	\$10,000	Health Funders Initiative 2015 to support the general operations of the Philanthropy Ohio Health Funders Initiative
PreventionFIRST! 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)3	\$50,000	Opiate Prevention to conduct universal opiate misuse prevention activities in Hamilton County
PreventionFIRST! 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)3	\$50,000	2016 Student Drug Use Survey to collect youth drug use data from over 48,000 youth in the Greater Cincinnati area
Price Hill Will 3724 St. Lawrence Avenue Cincinnati, OH 45205	20-1452663	501(c)3	\$30,000	Price Landing to create a framework plan for a new park space along the Ohio River adjacent to Lower Price Hill

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
Primary Health Solutions 210 S. 2nd Street, 2nd Floor Hamilton, OH 45011	31-1694200	501(c)3	\$200,000	School Based Health Center - Hamilton to improve the health of over 4000 students attending Hamilton City schools by starting a school-based health center
Primary Health Solutions 210 S. 2nd Street, 2nd Floor Hamilton, OH 45011	31-1694200	501(c)3	\$275,000	School Based Health Center - Fairfield to improve the health of 2000 students attending Fairfield schools by starting a school-based health center
Santa Maria Community Services 617 Steiner Avenue Cincinnati, OH 45204-1327	31-0537141	501(c)3	\$15,000	Conquer the Hills! To promote active living by implementing race training and a 10K race in Price Hill
Sisters of Charity Foundation of Cleveland 2475 E. 22nd Street, 4th floor Cleveland, OH 44115	34-1832698	501(c)3	\$7,000	Ohio Regional Convergence Partnership - Fresh Food Initiative 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	\$13,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
St. Elizabeth Healthcare 1 Medical Village Drive Edgewood, KY 41017	61-0445850	501(c)3	\$24,400	We heart Winter Physical Activity Event to plan winter physical activities
Starfire Council of Greater Cincinnati 5030 Oaklawn Drive Cincinnati, OH 45227-1434	31-1372833	501(c)3	\$30,000	Starfire One Family at a Time to expand community based developmental disability model for mental well-being
Stayin' Alive, Inc. P.O. Box 64 Brookville, IN 47012	20-1961560	501(c)3	\$45,000	Tobacco Free Communities in Franklin County to develop a plan for and implement tobacco-free policies in Franklin County
Strategies to End Homelessness 2368 Victory Parkway, Suite 600 Cincinnati, OH 45206	20-8286347	501(c)3	\$200,000	Homeless to Homes Shelter Support to provide operating support for the five shelters for homeless individuals in Hamilton County over four years
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	\$20,000	Brown County Planning: Preventing Opioid Misuse to develop a comprehensive plan to address opioid misuse in Brown County
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	\$45,000	Talbert House - Tobacco Free Environments to implement a tobacco-free grounds policy at all Talbert House program sites
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	\$20,000	Nonprofit Leadership Institute of Greater Cincinnati to support nonprofit leadership development in the region
The Christ Hospital Health Network Physician Division 237 William Howard Taft Road Cincinnati, OH 45219	31-0538525	501(c)3	\$35,000	Depression Screening in Primary Care to improve mental health by intervening early

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
The Good Shepherd Catholic Montessori 4460 Berwick Street Cincinnati, OH 45227	31-1553738	501(c)3	\$30,000	Neighborhood Natural Playscape to build a natural playground and community park space at Good Shepherd Catholic Montessori
The Health Collaborative 2649 Erie Avenue Cincinnati, OH 45208	31-1449807	501(c)3	\$100,000	General Support 2015 to provide general operating support for the Health Collaborative
The HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)3	\$34,301	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
The Phoenix Place 4 Cecelia Drive Amelia, OH 45102	32-0133010	501(c)3	\$20,000	Mindful Yoga Therapy for Veterans to provide Mindful Yoga Therapy to 150 veterans
The United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	\$3,000	City Violence Prevention Task Force to create a systemic strategy for violence prevention in Cincinnati
The United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	\$20,000	Facts Matter Website Marketing and Outreach 2016 to support the health data portion of Facts Matter data portal
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)3	\$7,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
University of Cincinnati Foundation - Clermont College PO Box 19970 Cincinnati, OH 45219	31-0896555	501(c)3	\$50,000	Clermont College Walking Path to grade, pave, and provide benches and trash/recycling receptacles for Phase 1 of the walking path
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	\$3,650	The Access to promote physical activity for disabled individuals
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	\$59,898	University of Cincinnati Student Mindfulness Program to proactively address mental and emotional health in students using mind-body skills training
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	\$40,000	Mindfulness in Schools to create a plan for implementation of mindfulness interventions in schools
University of Cincinnati Center for Continuous Professional Development 3225 Eden Avenue, Wherry Hall G-24 PO Box 670556 Cincinnati, OH 45267	31-6000989	115 (1)	\$60,000	Tobacco Cessation at the Point of Care: Interprofessional Teams of Students Applying SBIRT to train interprofessional teams of students to apply SBIRT to patients with tobacco dependence
Walnut Hills Redevelopment Foundation P.O. Box 6363 915 E. McMillan Cincinnati, OH 45206	31-0921713	501(c)3	\$10,000	Thriving Walnut Hills to raise money for health promotion in Walnut Hills over a 30-month period

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
Wasson Way 2692 Madison Road Box 115 Cincinnati, OH 45208	45-3772587	501(c)3	\$47,421	Challenge Grant to support the general operations of Wasson Way Trail
YMCA of Greater Cincinnati 644 Linn Street Cincinnati, OH 45203	31-0537178	501(c)3	\$25,000	Healthy Kids Day to provide YMCA Healthy Kids Day event
YMCA of Greater Cincinnati 644 Linn Street Cincinnati, OH 45203	31-0537178	501(c)3	\$76,400	Funday Sunday to provide a series of winter events that increase physical activity by opening the YMCA branches to all adults and children
YMCA of Greater Cincinnati 644 Linn Street Cincinnati, OH 45203	31-0537178	501(c)3	\$9,642	Outdoor Adventure Club Challenge Grant to raise money for youth active living events over a 16- month period
Total Grants Awarded to Community (total pages 1-9 to page 1)			\$4,134,421	

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
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	\$3,000	Bright Days Child Development Center to promote healthy eating in the Bright Days Child Development Center
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	\$6,000	Teen Shelter to support health related programs at the Teen Shelter
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
Cancer Support Community 4918 Cooper Road Cincinnati, OH 45242	31-1287785	501(c)3	\$2,500	Wellness Programs to support health related programs
Center for Great Neighborhoods of Covington 1650 Russell St. Covington, KY 41011	61-0733046	501(c)3	\$750	Covington Neighborhood Collaborative to support health related programs through the Covington Neighborhood Collaborative
Center for Respite Care PO Box 29137 Cincinnati, OH 45229	20-2544994	501(c)3	\$23,250	Health Related Programs to support health related programs
Childhood Food Solutions 2573 St. Leo Place Cincinnati, OH 45225	26-0489068	501(c)3	\$7,000	Reducing Child Hunger to support health related programs
Children, Inc. 333 Madison Ave #2 Covington, KY 41011	31-0910787	501(c)3	\$6,000	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	\$5,500	Health Related Programs to support health related programs
Children's Hospital Medical Center - Division of Adolescent and Transition Medicine Department of Development 3333 Burnet Ave, MLC 9002 Cincinnati, OH 45229	31-0833936	501(c)3	\$1,000	Division of Adolescent and Transition Medicine to support health related programs of the Division of Adolescent and Transition Medicine
Children's Hospital Medical Center - Perinatal Institute 3333 Burnet Avenue, MLC 7009 Cincinnati, OH 45229	31-0833936	501(c)3	\$2,000	Cradle Cincinnati to support the collaborative health promotion activities of Cradle Cincinnati
Children's Hunger Alliance 10945 Reed Hartman Hwy, Suite 122 Cincinnati, OH 45242-2828	23-7303509	501(c)3	\$3,500	CATCH Kids Club to promote healthy eating and active living in afterschool programs in Greater Cincinnati through the CATCH Kids Club
Cincinnati Association for the Blind & Visually Impaired 2045 Gilbert Avenue Cincinnati, OH 45202	31-0538511	501(c)3	\$2,000	Social Enterprise to support health related social enterprise for blind and visually impaired
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$8,000	Western Hills/Dater and Withrow School-Based Health Center Dental Services to support dental services at Western Hills/Dater and Withrow schools

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 Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$1,000	Cincinnati Childhood Lead Poisoning Prevention Program/Operation Paydirt to support lead poisoning prevention in the city of Cincinnati
Cincinnati Nature Center 4949 Tealtown Road Milford, OH 45150	31-6057978	501(c)3	\$2,500	Capital Campaign to support health related programs
City Gospel Mission 1947 Auburn Avenue Cincinnati, OH 45219	31-0538515	501(c)3	\$1,500	Health Related Programs to support health related programs
City of Norwood 4645 Montgomery Road Norwood, OH 45212	31-6000138	115 (1)	\$1,000	Marsh Park Improvements to support active living at Marsh 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
Communications Network 1717 North Naper Blvd, Suite 102 Naperville, IL 60563	52-2114179	501(c)3	\$2,000	General Support 2016 to provide general operating support
Covington Ladies Home 702 Garrard St. Covington, KY 41011	61-0461759	501(c)3	\$5,500	Health Related Programs to support health related programs
Covington Partners Inc. PO Box 0426 Covington, KY 41012	20-1515753	501(c)3	\$11,000	Health and Wellness Collaborative to support healthy eating and active living programs in Covington, KY
Dearborn County Citizens Against Substance Abuse 423 Walnut Street Lawrenceburg, IN 47025	26-3795191	501(c)3	\$500	Youth Ambassadors to promote healthy choices about substance use through the Youth Ambassadors program
Delta Gateway Foundation PO Box 37290 Cincinnati, OH 45222	74-3056303	501(c)3	\$5,750	Summit Leadership Retreat to support increased participation at the Summit Leadership Retreat
Democracy at Work Institute 1904 Franklin Street, Ste 400 Oakland, CA 94612	27-5265123	501(c)3	\$2,500	D.C. Worker Cooperative Coalition to support the health equity work of the D.C. Work Cooperative Coalition
DePaul Christo Rey High School 1133 Clifton Hills Avenue Cincinnati, OH 45220	27-2417727	501(c)3	\$22,875	Corporate Work Study Program to support students in the Corporate Work Study Program within the health field or a health-related agency
Down Syndrome Association of Greater Cincinnati 4623 Wesley Avenue, Suite A Cincinnati, OH 45212	31-1051378	501(c)3	\$3,000	Health Related Programs to support health related programs
Elementz 1100 Race Street Cincinnati, OH 45202	04-3698700	501(c)3	\$3,000	Expansion of Dance Program to promote active living among middle school students through the expansion of the dance program

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
Emanuel Community Center, Inc. 1308 Race Street Cincinnati, OH 45202	31-0537060	501(c)3	\$4,000	Cincinnati Squash Academy to support physical activity at the Cincinnati Squash Academy
Emergency Shelter of Northern Kentucky PO Box 176601 Covington, KY 41017	26-0851019	501(c)3	\$5,000	Healthy Food to support healthy eating programs
Girls on the Run of Greater Cincinnati 3330 Erie Avenue, Suite 8 Cincinnati, OH 45208	27-0119795	501(c)3	\$3,000	5K Race Improvements to support active living for girls in the Greater Cincinnati Region through 5K race improvements
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 active living for girls in the greater Cincinnati area
Grantmakers In Health 1100 Connecticut Avenue, N.W., 12th Floor Washington, DC 20036	13-3206571	501(c)3	\$23,000	General Support 2016 to provide general operating support
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	\$4,000	Outdoor Adventure Clubs to support active living in youth through the Outdoor Adventure Clubs
Green Umbrella 4138 Hamilton Ave., Suite D Cincinnati, OH 45223	31-1770299	501(c)3	\$4,000	Outdoor Teamwork to support health related programs through Outdoor Teamwork
Hearing Speech & Deaf Center of Greater Cincinnati 2825 Burnet Avenue Cincinnati, OH 45219	31-0536654	501(c)3	\$2,000	Health Related Programs to support health related programs
Heart House 6815 US Highway 50 Aurora, IN 47001	35-2036398	501(c)3	\$2,000	Homeless Shelter Playground to support active living in a homeless family shelter
Henry the Hand Foundation 175 E. Fountain Avenue Cincinnati, OH 45246	31-1706835	501(c)3	\$500	Health Related Programs to support health related programs
IV-CHARIS 821 Bank Street Cincinnati, OH 45214	33-1204334	501(c)3	\$8,250	Hepatitis C screening and education to support Hepatitis C screening and education
Maple Knoll Communities Inc. 11100 Springfield Pike Cincinnati, OH 45246	31-0544277	501(c)3	\$5,000	The Greg Warsaw M.D. Health Center to support health related programs at The Greg Warsaw M.D. Health Center
MindPeace 5642 Hamilton Avenue Cincinnati, OH 45224	26-1085828	501(c)3	\$5,500	Planning for Sustainable Mental Health Services in Schools to support planning for sustainable mental health services in schools
Newport Central Catholic High School 13 Carothers Road Newport, KY 41071-2497	61-0458380	501(c)3	\$3,000	Health Related Programs to support health related programs
North College Hill Elementary PTA 6955 Grace Avenue Cincinnati, OH 45239	23-7251190	501(c)3	\$2,000	School Playground to support the school playground

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
Northern Kentucky Health Department 610 Medical Village Drive Edgewood, KY 41017	60-1008505	115 (1)	\$1,000	Hepatitis C Testing as part of Syringe Exchange Program to support Hepatitis C Testing as part of Syringe Exchange Program
Philanthropy Ohio 500 S. Front Street, Suite 900 Columbus, OH 43215-7628	31-1111842	501(c)3	\$5,000	Philanthropy Forward '15 to support Philanthropy Ohio's annual conference
Philanthropy Ohio 500 S. Front Street, Suite 900 Columbus, OH 43215-7628	31-1111842	501(c)3	\$12,500	General Support 2016 to provide general operating support
Planned Parenthood Southwest Ohio Region 2314 Auburn Ave. Cincinnati, OH 45219	31-0536688	501(c)3	\$2,500	Hepatitis C Screening to support Hepatitis C Screening
Planned Parenthood Southwest Ohio Region 2314 Auburn Ave. Cincinnati, OH 45219	31-0536688	501(c)3	\$1,000	Health Related Programs to support health related programs
Price Hill Will 3724 St. Lawrence Avenue Cincinnati, OH 45205	20-1452663	501(c)3	\$750	Community Engagement to support health related programs
Professional Pastoral - Counseling Institute 8035 Hosbrook Road, Suite 300 Cincinnati, OH 45236	31-1130153	501(c)3	\$9,250	Health Related Programs to support health related programs
Project Yoga P.O. Box 43392 Cincinnati, OH 45243	35-2415504	501(c)3	\$3,500	Health Related Programs to support health related programs
Shelterhouse Volunteer Group 217 West 12th Street Cincinnati, OH 45210	31-0920479	501(c)3	\$1,000	Women's Shelter to support health related programs at the Women's Shelter
Shelterhouse Volunteer Group 217 West 12th Street Cincinnati, OH 45210	31-0920479	501(c)3	\$18,500	Healthy Eating for the Homeless to provide fresh fruits and vegetables to residents of the Drop Inn Center
Sisters of Notre Dame, Covington Province 1601 Dixie Highway Covington, KY 41011	61-0485643	501(c)3	\$4,000	Notre Dame Urban Education Center to support health related programs at the Notre Dame Urban Education Center
Soteni, Inc. 2366 Kemper Lane Cincinnati, OH 45206	20-0041518	501(c)3	\$3,500	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. Elizabeth Healthcare 1 Medical Village Drive Edgewood, KY 41017	61-0445850	501(c)3	\$4,000	Heroin Prevention to support heroin prevention efforts
St. Francis Seraph Ministries 1615 Vine Street Cincinnati, OH 45202	90-0705683	501(c)3	\$5,000	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

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
Stepping Stones, Inc. 5650 Given Road Cincinnati, OH 45243	31-0671799	501(c)3	\$10,375	Healthy Eating and Active Living to support healthy eating and active living programs
The Children's Home of Cincinnati 5050 Madison Road Cincinnati, OH 45227	31-0536969	501(c)3	\$11,500	Nutrition Education Program to support the Nutrition Education Program
The Point/ARC of Northern Kentucky 104 Pike Street Covington, KY 41011	23-7259409	501(c)3	\$4,000	Health Related Programs to support health related programs
The Visiting Nurse Association of Greater Cincinnati & Northern Kentucky 2400 Reading Road Cincinnati, OH 45202	31-0536716	501(c)3	\$1,500	Health Related Programs to support health related programs
Thomas More College Department of Nursing 333 Thomas More Pkwy Crestview Hills, KY 41017	61-0448560	501(c)3	\$1,250	Department of Nursing to support health related programs at the Department of Nursing
Tristate Veterans Community Alliance 3805 Edwards Road, Suite 500 Cincinnati, OH 45209	47-2444997	501(c)3	\$2,500	Health Related Programs to support health related programs
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	\$10,000	Robert Smith Fund to support health related programs through the Robert Smith Fund
University of Cincinnati College of Nursing PO Box 210038 Cincinnati, OH 45221-0038	31-6000989	115 (1)	\$3,000	Leadership 2.0 to support recruitment into nursing through Leadership 2.0
UpSpring PO Box 23300 Cincinnati, OH 45223	31-1628027	501(c)3	\$6,000	Yellow Bus Summer Camp to support health related programs at Yellow Bus Summer Camp
Urban League of Greater Cincinnati 3458 Reading Rd. Cincinnati, OH 45229-3128	31-0565428	501(c)3	\$4,500	Woodward Afterschool Program to support health eating and active living for the students of the Woodward Afterschool Program
Village of Golf Manor 6450 Wiehe Road Golf Manor, OH 45237-4207	31-6001049	115 (1)	\$2,000	Golf Manor Park Improvements - Walking Trail to support physical activity at Golf Manor Park
Walnut Hills High School Alumni Foundation 3250 Victory Parkway Cincinnati, OH 45207	31-1449932	501(c)3	\$2,500	Capital Campaign Tennis Project to support active living at Walnut Hills High School through the Capital Campaign Tennis Project
Women's Crisis Center, Inc. 835 Madison Ave. Covington, KY 41011	61-0908752	501(c)3	\$6,000	Healthy Eating to support healthy eating programs
YWCA of Greater Cincinnati 898 Walnut Street Cincinnati, OH 45202	31-0537518	501(c)3	\$19,000	Breast Health Program to support the Breast Health Program
Total Non-Competitive Grants Program (total pages 10-14 to page 1)			\$ 366,500	

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
Center for Addiction Treatment 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)3	(1,000)	Operation Nine Lives: Creating a Tobacco Free Campus at CCAT to develop a plan for and implement a tobacco-free campus
Community First Solutions 230 Ludlow Street Hamilton, OH 45011	31-1150845	501(c)3	(9,700)	Community First Solutions Tobacco-free Environment Project to develop and implement a tobacco-free environment plan for all the subsidiaries of Community First Solutions
University of Cincinnati Department of Emergency Medicine 31 Albert Sabin Way, ML 0769 Cincinnati, OH 45267	31-6000989	115 (1)	(4)	UC Emergency Department Behavioral Health Early Intervention Program to screen for alcohol misuse, drug misuse and depression in a hospital emergency department
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	(10,672)	Total Health 360 to coordinate mental and physical healthcare for people with severe mental illnesses
The Center for Community Solutions 1501 Euclid Avenue, Suite 310 Cleveland, OH 44115	34-0714723	501(c)3	(1,011)	By the Numbers 3: Developing a Common Understanding of Alcohol and Drug Treatment in Ohio to analyze and publish a report on the public data available in Ohio related to the alcohol and other drug problems in the state
The Christ Hospital Health Network Physician Division 237 William Howard Taft Road Cincinnati, OH 45219	31-0538525	501(c)3	(25,000)	Depression Screening in Primary Care to intervene early with patients with depression through screening, brief intervention, and referral to treatment in primary care sites
Boone County Public Library 1786 Burlington Pike Burlington, KY 41005	61-0864903	115 (1)	(1,952)	Check it Out: Active Lifestyles to improve access to physical activity in Boone County through planning and implementing the Check it Out: Active Lifestyles events
Community Mental Health Center, Inc. 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	(41,070)	Achieving Integrated Healthcare to write a business plan and submit applications to become an FQHC Look-Alike or a Rural Health Center or both
First Step Home 2203 Fulton Ave. Cincinnati, OH 45206	31-1328492	501(c)3	(5,000)	Maternal Addictions Program to provide a comprehensive system of integrated care for addicted women and their unborn children
Total Prior Year Grant Reversals (total page 15 to page 1)			\$ (95,410)	

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
NOTE: the following direct charitable programs are administered through: Interact for Health 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-1948	31-0932681	501(c)(4)		
ACA Impact on Health Outcomes			3,000	to study the effects of the ACA on access to healthcare and health outcomes of the homeless
Bike Share Evaluation			7,000	to evaluate Cincinnati Bike Share
Learning Center (fka Capacity Building Services)			183,568	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			38,968	to collect health status data for the 20 counties served by Interact for Health
Innovation and Learning (fka Community Research)			302,760	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			91,961	to provide meeting space and support to grantees and other eligible nonprofits in Interact for Health's service area
Cook for America-Technical Assistance			168,236	to help school districts improve the nutritional quality of the food provided on campus
CoreLife Evaluation			11,000	to evaluate the effectiveness and impact of Core-Life curriculum
Direct Charitable Services			528,486	to provide technical assistance for grantees and the community for various health efforts
Empowering Communities Initiative			55,571	to provide resources and expert technical assistance to engage selected communities in health promotion at a grassroots level
Enhanced Evaluation of Integrated Care			40,054	to conduct a comprehensive evaluation of Interact for Health's Treating the Whole Person grantmaking strategy
Evaluating Health Promotion			335,516	to evaluate Interact's Health Promotion strategy
Food Distribution Systems Technical Assistance			9,468	to provide technical assistance to the Food Distribution Systems grantees

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
Healthcare Reform Public Education Program			34,080	to educate the public and nonprofit community about how the Patient Protection and Affordable Care Act of 2010 affects them
Kentucky Health Issues Poll			88,166	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
Marketing and Communicating Health Promotion Portfolios			27,854	to provide public relations support and marketing efforts for all health promotion portfolios
Marketing Join the Fun			97,460	to provide public relations support and marketing outreach for the Join the Fun events
Mental and Emotional Well-Being Work Technical Assistance			25,958	to provide assistance, support and education needed for grantees to implement pilot projects in the Mental and Emotional Well-Being Priority Area
Mental Health First Aid Technical Assistance			64,279	to provide technical assistance for the Mental Health First Aid portfolio
NIATX Technical Assistance			53,275	to provide technical assistance and expert monitoring of the Getting and Keeping People in Substance Use Disorder Treatment: Using the NIATx Approach grantees
Ohio Health Issues Poll			50,555	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			7,781	to provide technical assistance to the Physical Activity Environments grantees
Policy Link Equity Conference 2015 Attendance			5,596	to allow 10 people (6 staff, 2 board and 2 community members) to attend the 2015 Equity Conference
Priority Area Research			16,874	to help inform future directions in our focus areas
Screening in Primary Care Technical Assistance			6,543	to provide technical assistance to the Screening in Primary Care grantees
Technical Assistance for Preventing Opioid Misuse Portfolio			36,778	to provide technical assistance for local collaboratives to prevent opioid misuse
Tobacco-Free Environments Technical Assistance			5,842	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)			2,296,629	

**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.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

31-0932681

Interact for Health

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

- | | | | |
|--|-----------|--|---|
| a The organization? | 5a | | ✓ |
| b Any related organization? | 5b | | ✓ |

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

- | | | | |
|--|-----------|--|---|
| a The organization? | 6a | | ✓ |
| b Any related organization? | 6b | | ✓ |

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

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

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

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

Part 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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James Schwab	(i) 354,322 (ii) 0 (iii) 7,206	0	45,973	0	407,501	0	
2 Patricia O'Connor	(i) 78,340 (ii) 0 (iii) 209,822	0	16,495	0	304,657	0	
3 Kathryn Keller	(i) 161,137 (ii) 0 (iii) 436	0	39,824	0	201,397	0	
4 Ann Barnum	(i) 139,770 (ii) 0 (iii) 2,409	0	27,687	0	169,866	0	
5 Francie Wolgin	(i) 130,500 (ii) 0 (iii) 2,545	0	25,950	0	158,995	0	
6	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
7	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
8	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
9	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
10	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
11	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
12	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
13	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
14	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
15	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	
16	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	

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: Patricia O'Connor received a \$208,717 severance payment in 2015 from Interact for Health.

Area with horizontal dashed lines for providing additional information.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Interact for Health

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

31-0932681

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: Line 12c: On an annual basis, a copy of the conflict of interest policy is provided to each Director and Officer of the organization, along with a conflict of interest questionnaire. The questionnaire is completed and signed by each Director and Officer. A summary is then compiled and distributed to the Board on an annual basis. A similar process is also conducted at the associate level on an annual basis. Conflicts of interest are disclosed in the processing of all grants and transactions. Directors, Officers and associates with conflict of interest are excluded from the decision making process. Board members are required to disclose conflicts of interest at the beginning of all Board and Committee meetings.

Part VI: Section B: Line 15a: The 2015 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2014 by the independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness and effectiveness of the President's total compensation. The independent compensation consultant met with the Executive Committee when it established the President's compensation. The President was not present when the Executive Committee discussed and established his compensation.

Name of the organization Interact for Health	Employer identification number 31-0932681
---	--

In establishing the President's compensation, factors reviewed by the Executive Committee included: (i) a Board evaluation of the President's individual performance; (ii) the performance of the organization; (iii) the President's length of service, credentials and experience; (iv) the elements of the President's total compensation and his salary history; (v) the organization's compensation targets and raise pool; and (vi) comparability data, including recommendations prepared by and reviewed with the Executive Committee by the independent compensation consultant. After considering these factors, the Committee established the President's 2015 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 2015 compensation for the organization's 'Executive Vice President and Chief Operating Officer', 'Executive Vice President, Chief Financial Officer and Treasurer', 'Vice President, System Strategies', and 'Secretary and Assistant Treasurer' (the "Officers") was established in late 2014 by the President & CEO with approval of independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness and effectiveness of each Officer's total compensation. The independent compensation consultant met with the Executive Committee when it established the Officers' compensation. The Officers were not present when the Executive Committee discussed and established their compensation.

In establishing an Officer's compensation, factors reviewed by the Executive Committee included: (i) a review of the Officer's individual performance by the President and Chief Executive Officer; (ii) the performance of the organization; (iii) the Officer's length of service, credentials and experience; (iv) compensation recommendations by the President and Chief Executive Officer; (v) the elements of each Officer's total compensation and a salary history; (vi) the organization's compensation targets and raise pool; and (vii) comparability data, including recommendations prepared by and reviewed with the Executive Committee by the independent compensation consultant. (The Organization's President and CEO is independent of the Officers.) After considering these factors, the Committee established each Officer's 2015 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

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 in line 1a.
- "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.

h. 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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Interact for Health

Employer identification number

31-0932681

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.

During 2015, the 'Secretary and Assistant Treasurer' was promoted to 'VP, Operations & Treasurer' and two new officers were appointed: 'VP, Community Strategies' and 'VP, Innovation & Learning'. Similar compensation determination processes were followed for establishing the new officers' compensation.

Part VI:Section C: Line 19:The form 990, conflict of interest policy, the policy for the submission of concerns, and the code of ethics is available on the website (www.interactforhealth.org). Financial statements and governing documents are made available upon request.

Part VIII, Line 11a: 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 11a, Column (A) due to the net unrealized nature of the partnership activity.

**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

2015

**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) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

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

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
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	67,009	estimate
(2)			
(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)													

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

2015

For calendar year 2015 or other tax year beginning _____, 2015, 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

Department of the Treasury
Internal Revenue Service

- 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
202,694,448

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	22,674 00		22,674 00
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	00		00
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5	(195,146 00)		(195,146 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			
13 Total. Combine lines 3 through 12	13	(172,472 00)		(172,472 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
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		10,752 00
29 Total deductions. Add lines 14 through 28	29		10,752 00
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		(183,224 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		(183,224 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		(183,224 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 2014 overpayment credited to 2015	44a		
b 2015 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 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		49	0 00

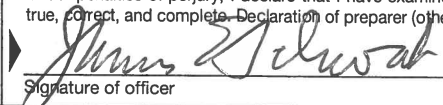
Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 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

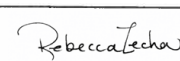
1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0 00
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	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.

Sign Here  **19/29/16** **President & CEO**
 Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name: **Rebecca Zecha** Preparer's signature:  Date: **9-29-2016** Check if self-employed PTIN: **P00648970**

Firm's name: **Grant Thornton LLP** Firm's EIN: **36-6055558**

Firm's address: **3825 Edwards Road, Suite 430 Cincinnati, OH 45209** Phone no.: **513-762-5000**

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

(see instructions)

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

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
Attachment for Lines 5 and 28

Interact For Health
2015
31-0932681

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

	2015
Partnership	Amount
NGP Natural Resources X	(140,825)
Ft. Washington Pv. Equity VII	(27,264)
Ft. Washington Pv. Equity VIII	(3,747)
Fortress Credit Opportunity II	134
Fortress Credit Opportunity III	(422)
Riva Capital Partners III, LP	4,749
Abrams Capital Partners II, L.P.	(27,771)
Line 5-income/(loss) from Partnerships	<u><u>\$ (195,146)</u></u>

Form 990-T: Line 28: Other deductions:

Line 28-Investment fees	10,752
Line 28: Other deductions:	<u><u>\$ 10,752</u></u>

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2015

Name	Employer identification number
Interact for Health	31-0932681

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small>	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) <small>Subtract column (e) from column (d) and combine the result with column (g)</small>
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				(737)
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h.				7 (737)

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small>	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) <small>Subtract column (e) from column (d) and combine the result with column (g)</small>
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				(2,046)
11 Enter gain from Form 4797, line 7 or 9				11 25,457
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 23,411

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	(737)
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	23,411
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	22,674

Note: If losses exceed gains, see **Capital losses** in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

▶ **Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.**

Attachment
Sequence No. **27**

Name(s) shown on return <u>Interact for Health</u>	Identifying number 31-0932681
---	----------------------------------

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1	various
--	---	---------

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<u>Partnership interests</u>						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft.						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8	Nonrecaptured net section 1231 losses from prior years (see instructions)						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):								
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824.						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:							
	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions						18a	
	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B
20 Gross sales price (Note: See line 1 before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable.	22		
23 Adjusted basis. Subtract line 22 from line 21.	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975 (see instructions)	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976.	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f.	26g		
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage (see instructions)	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a		
b Enter the smaller of line 24 or 29a (see instructions)	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years.	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**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, L.P.	4a Identifying number, if any 45-4282761
5 Address (including country) ONE MARITIME PLAZA, SUITE 1000, SAN FRANCISCO, CA 94111 USA	4b Reference ID number (see instructions)

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

7 Foreign law characterization (see instructions)
LIMITED PARTNERSHIP

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

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		297,689		
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 .60% **(b)** After .60%
- 10** Type of nonrecognition transaction (see instructions) ► SECTION 351-----
- 11** Indicate whether any transfer reported in Part III is subject to any of the following:
- a** Gain recognition under section 904(f)(3) **Yes** **No**
 - b** Gain recognition under section 904(f)(5)(F) **Yes** **No**
 - c** Recapture under section 1503(d) **Yes** **No**
 - d** Exchange gain under section 987 **Yes** **No**
- 12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? **Yes** **No**
- 13** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:
- a** Tainted property **Yes** **No**
 - b** Depreciation recapture **Yes** **No**
 - c** Branch loss recapture **Yes** **No**
 - d** Any other income recognition provision contained in the above-referenced regulations **Yes** **No**
- 14** Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? **Yes** **No**
- 15a** Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? **Yes** **No**
- b** If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$
- 16** Was cash the only property transferred? **Yes** **No**
- 17a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? **Yes** **No**
- b** If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2015
Notice date	May 16, 2016
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

105898.505084.397041.24698 1 AT 0.399 373



INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900

Page 1 of 1



105898

Important information about your December 31, 2015 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, 2015 Form 990.

Your new due date is August 15, 2016.

What you need to do

File your December 31, 2015 Form 990 by August 15, 2016. 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, 2015
Notice date	May 16, 2016
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

105897.505084.397041.24698 1 AT 0.399 373



INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900



105897

Page 1 of 1

Important information about your December 31, 2015 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, 2015 Form 990T.

Your new due date is November 15, 2016.

What you need to do

File your December 31, 2015 Form 990T by November 15, 2016.

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, 2015
Notice date	August 15, 2016
Employer ID number	31-0932681
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

193182.685261.444315.3259 1 AT 0.399 370


INTERACT FOR HEALTH
3805 EDWARDS RD
CINCINNATI OH 45209-1900

Page 1 of 1



3182

Important information about your December 31, 2015 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, 2015 Form 990. Your new due date is November 15, 2016.

What you need to do

File your December 31, 2015 Form 990 by November 15, 2016. 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.

ELECTRONICALLY FILED

Application for Extension of Time To File an Exempt Organization Return

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1709

▶ **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 <small>File by the due date for filing your return. See instructions.</small>	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) <input type="text" value="01"/>	

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

- The books are in the care of ▶ 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, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2015 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.

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

ELECTRONICALLY FILED

Form 8868

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

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.

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 section with fields for Name of exempt organization, Employer identification number (EIN), Social security number (SSN), and City, town or post office, state, and ZIP code.

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990, Form 990-T, Form 4720, etc.

- 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)

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2016, to file the exempt organization return for the organization named above.

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 rows (3a, 3b, 3c) and 2 columns (Description, Amount). 3a: tentative tax, less any nonrefundable credits. 3b: refundable credits and estimated tax payments. 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.

Form 8868 (Rev. 1-2014)

2015 990 Returns Found in Account 648W

Total Record Count: 1

Report Date: 4/22/2016

***** - Federal Only**

**** - This indicator is an acknowledgement that the jurisdiction has received direct debit information. Please note that not all jurisdictions send this acknowledgement.**

Locator	Tax Type	Taxpayer Name	Client Code	Alerts	Juris Abbr.	Juris Description	E-File Status	Federal Service Center	Date Sent	Date Ack	Submission ID	DCN	Debts ***	PIN***	EIC***	Direct Debit Ack Rec'd**	Direct Debit In Locator	Create Date
0622IY	990	Interact for Health	1885283	N	FED	Federal First Extension 8868	Accepted		4/22/2016 10:57:00 AM	4/22/2016 11:26:00 AM	48105820161135000003						N	4/22/2016 10:53:26 AM
				N	FED	990T Federal First Extension 8868	Accepted		4/22/2016 10:57:00 AM	4/22/2016 11:26:00 AM	48105820161135000000						N	4/22/2016 10:53:35 AM

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

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) 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, 2016.

5 For calendar year 2015, 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 REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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 **ELECTRONICALLY FILED** Title CPA Date 07/25/2016

2015 EFILE ELF Status for Batch ID 15042838:

Return Taxpayer Name	Client Code	Alerts	Jurisdiction	Juris Description	Service Center	Filing Status	Date Sent	Date Ack.	DCN Debts PIN E
0622IY Interact for Health	1885283		FED	Federal Second Extension 8868		Accepted	7/25/2016 12:38:00 PM	7/25/2016 12:56:00 PM	

1 record returned.