

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

INTERACT FOR HEALTH**31-0932681**

Name and title of officer or person subject to tax

ROSS P. MEYER**VICE PRESIDENT, STRATEGY****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,454,168.</u>
2a Form 990-EZ check here ▶	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or _____ I am a person subject to tax with respect to
(name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **CLARK, SCHAEFER, HACKETT & CO.** to enter my PIN **25247**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **9/27/2021****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31335024131

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **CLARK, SCHAEFER, HACKETT & CO.** Date ▶ **09/22/21**

ERO Must Retain This Form - See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. INTERACT FOR HEALTH	Taxpayer identification number (TIN) 31-0932681
	Number, street, and room or suite no. If a P.O. box, see instructions. 8230 MONTGOMERY ROAD, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45236-2292	

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-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

ROSS P. MEYER - 8230 MONTGOMERY ROAD, SUITE 300 -

- The books are in the care of ► **CINCINNATI, OH 45236-2292**

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 TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2020** or

► ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	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.	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.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending****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)

8230 MONTGOMERY ROADRoom/suite
300

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

CINCINNATI, OH 45236-2292**F** Name and address of principal officer: **ROSS P. MEYER****SAME AS C ABOVE****D** Employer identification number**31-0932681****E** Telephone number**513-458-6600****G** Gross receipts \$ **73,333,406.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (**4**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.INTERACTFORHEALTH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1978** **M** State of legal domicile: **OH****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: INTERACT FOR HEALTH'S MISSION IS TO IMPROVE HEALTH BY PROMOTING HEALTH EQUITY IN OUR REGION THROUGH		
	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	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	32
	6	Total number of volunteers (estimate if necessary)	6	0
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	88,085.
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
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)	9,047,417.	7,454,168.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,047,417.	7,454,168.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,342,080.	2,832,311.
Expenses	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)	3,497,313.	3,357,195.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,755,278.	2,709,548.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,594,671.	8,899,054.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,547,254.	-1,444,886.
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)	222,976,060.	228,164,830.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,458,734.	994,164.
			220,517,326.	227,170,666.

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	10/4/2021
	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	NATOSHA DILLEY	NATOSHA DILLEY
	Date	Check <input type="checkbox"/> if self-employed PTIN
	09/29/21	P01225377
	Firm's name ▶ CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN ▶ 31-0800053
	Firm's address ▶ 1 EAST 4TH STREET	Phone no. 513-241-3111
	CINCINNATI, OH 45202	

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

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

INTERACT FOR HEALTH IS A FOUNDATION THAT SERVES AS A CATALYST TO IMPROVE HEALTH BY PROMOTING HEALTH EQUITY IN OUR REGION THROUGH COMMUNITY ENGAGEMENT, GRANTS, RESEARCH, EDUCATION AND POLICY. MORE INFORMATION IS AVAILABLE ON OUR WEBSITE WWW.INTERACTFORHEALTH.ORG.

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 \$ 2,832,311. including grants of \$ 2,832,311.) (Revenue \$)

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

4b (Code:) (Expenses \$ 2,820,871. including grants of \$) (Revenue \$)

DIRECT CHARITABLE PROGRAMS: INTERACT FOR HEALTH PROGRAMS THAT BENEFIT THE COMMUNITY, INCLUDING THE CONFERENCE CENTER FOR NON-PROFIT MEETING SPACE (CLOSED MARCH 2020); PROJECT-RELATED TECHNICAL ASSISTANCE FOR GRANTEEES; CONVENING COMMUNITY AND GRANTEE LEARNING GROUPS; NON-PROFIT CAPACITY BUILDING EDUCATIONAL PROGRAMS FOR GRANTEEES AND OTHER NON-PROFITS; PUBLIC COMMUNICATIONS REGARDING COMMUNITY HEALTH STATUS AND HEALTH POLICY; DATA ACQUISITION AND ANALYSIS SERVICES DESIGNED TO HELP OR INFORM GRANTEEES, 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 \$ 2,194,390. 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 GRANTEEES; ESTABLISHING GRANT EVALUATION, SITE VISITS, FINANCIAL REVIEWS AND REPORTING; PROBLEM-SOLVING WITH GRANTEEES; PROVIDING INDIVIDUAL AND GROUP TECHNICAL ASSISTANCE TO GRANTEEES; AND ANALYZING AND REPORTING GRANT PERFORMANCE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,847,572.**Form **990** (2020)

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>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
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>	3	X
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>	4	N/A
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>	5	X
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>	6	X
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>	7	X
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>	8	X
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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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>	11a	X
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>	11b	X
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>	11c	X
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>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b	X
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>	15	X
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>	16	X
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</i>	17	X
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>	18	X
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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	22	X
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>	23	X
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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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>	32	X
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>	33	X
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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	N/A
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>	37	X
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	38	X

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		N/A
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	N/A
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	N/A
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

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 on 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		15		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
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?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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 on Schedule O				X

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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 **ROSS P. MEYER - 513-458-6600**
8230 MONTGOMERY ROAD, SUITE 300, CINCINNATI, OH 45236-2292

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☐ 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) O'DELL MORENO OWENS, MD, MPH DIRECTOR, PRESIDENT & CEO	45.00 0.50	X		X				365,770.	0.	42,191.
(2) PATRICIA RUWE VP, FINANCE & INVESTMENTS	45.00 2.00			X				161,557.	0.	39,217.
(3) FRANCIE WOLGIN SENIOR PROGRAM OFFICER	45.00 0.50				X			158,469.	0.	26,824.
(4) CHRISTINE BENNETT SENIOR DIRECTOR OF PAYROLL	45.00 3.00				X			128,708.	0.	34,000.
(5) CLIFF HASTINGS DIRECTOR OF INFORMATION TE	45.00				X			118,136.	0.	35,197.
(6) MARY FRANCIS SENIOR PROGRAM OFFICER	45.00				X			104,699.	0.	25,889.
(7) SONYA CARRICO SENIOR PROGRAM OFFICER	45.00 1.00				X			102,825.	0.	27,186.
(8) HAROLD BROWN VP, STRATEGY & POLICY	45.00 0.50			X				98,526.	0.	13,713.
(9) JENNIFER CHUBINSKI VP, RESEARCH & EVALUATION & SECRETAR	45.00			X				87,009.	0.	20,637.
(10) ROSS MEYER VP, EQUITY & SOCIAL DETERMINANTS OF	45.00			X				59,913.	0.	4,996.
(11) JEANETTE ALTENAU DIRECTOR	1.00	X						0.	0.	0.
(12) JAGDISH BHATI DIRECTOR	2.00 0.50	X						0.	0.	0.
(13) MICHAEL CHASNOFF DIRECTOR	2.00 0.50	X						0.	0.	0.
(14) JULIE GEISEN-SCHEPER DIRECTOR	1.00	X						0.	0.	0.
(15) UMA KOTAGAL DIRECTOR	1.00	X						0.	0.	0.
(16) DIANE JORDAN DIRECTOR-TERM ENDED JUN'20	1.00	X						0.	0.	0.
(17) CHRIS MAKAROFF DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DENISHA PORTER DIRECTOR	2.00 0.50	X						0.	0.	0.
(19) BREWSTER RHOADS DIRECTOR	1.00	X						0.	0.	0.
(20) MARY RONAN DIRECTOR	1.00	X						0.	0.	0.
(21) JEFFREY SPANBAUER DIRECTOR-TERM ENDED JUN'20	2.00	X						0.	0.	0.
(22) JEANNE-MARIE TAPKE DIRECTOR	2.00 0.50	X						0.	0.	0.
(23) ALLISON TEPPER DIRECTOR	1.00	X						0.	0.	0.
(24) WOODROW UIBLE DIRECTOR, CHAIR	2.00 1.00	X		X				0.	0.	0.
(25) KENNETH WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(26) RICK WILLIAMS DIRECTOR, VICE CHAIR	2.00 1.00	X		X				0.	0.	0.
1b Subtotal								1,385,612.	0.	269,850.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,385,612.	0.	269,850.

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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
WORDSWORTH COMMUNICATIONS INC, 538 READING ROAD SUITE 100, CINCINNATI, OH 45202	MARKETING	205,828.
MNI TARGETED MEDIA P.O. BOX 21916, NEW YORK, NY 10087-1916	DIGITAL MEDIA BUYER	191,781.
FUND EVALUATION GROUP, LLC PO BOX 639176, CINCINNATI, OH 45263-9176	INVESTMENT CONSULTANT	147,594.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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

40000251

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	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	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	.....	Business Code				
	b	.....				
	c	.....				
	d	.....				
	e	.....				
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,825,950.		88,085.	2,737,865.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	184,718.			
b		Less: rental expenses ...	(ii) Personal	184,718.			
c		Rental income or (loss)		0.			
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	67,031,242.	3,291,496.		
b		Less: cost or other basis and sales expenses	(ii) Other	62,403,024.	3,291,496.		
c		Gain or (loss)		4,628,218.	0.		
d		Net gain or (loss)		4,628,218.			4,628,218.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	.....	Business Code				
	b	.....				
	c	.....				
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		7,454,168.	0.	88,085.	7,366,083.

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	2,832,311.	2,832,311.		
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	893,529.	590,989.	302,540.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,908,103.	1,621,008.	287,095.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	221,363.	188,492.	32,871.	
9 Other employee benefits	284,672.	237,547.	47,125.	
10 Payroll taxes	49,528.	37,985.	11,543.	
11 Fees for services (nonemployees):				
a Management	18,282.	12,750.	5,532.	
b Legal	39,035.	20,025.	19,010.	
c Accounting	36,266.		36,266.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	160,040.		160,040.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,525.	14,469.	3,056.	
12 Advertising and promotion				
13 Office expenses	59,027.	47,801.	11,226.	
14 Information technology	68,017.	56,522.	11,495.	
15 Royalties				
16 Occupancy	499,594.	410,912.	88,682.	
17 Travel	8,754.	8,115.	639.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	94,703.	89,888.	4,815.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	104,454.	86,801.	17,653.	
23 Insurance	12,756.	6,378.	6,378.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPER PROGS& TECH ASSIST	1,497,540.	1,497,540.		
b RESEARCH AND EVALUATION	68,435.	68,435.		
c DUES AND SUBSCRIPTIONS	18,714.	14,056.	4,658.	
d MISCELLANEOUS	3,905.	3,047.	858.	
e All other expenses	2,501.	2,501.		
25 Total functional expenses. Add lines 1 through 24e	8,899,054.	7,847,572.	1,051,482.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	353,939.	2	672,087.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	61,094.	4	13,260.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	500,000.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	126,065.	9	161,353.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,607,598.		
	b Less: accumulated depreciation	10b 1,488,263.		
		197,109.	10c	119,335.
	11 Investments - publicly traded securities	148,060,995.	11	150,466,699.
	12 Investments - other securities. See Part IV, line 11	73,562,749.	12	76,598,652.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	114,109.	15	133,444.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	222,976,060.	16	228,164,830.	
Liabilities	17 Accounts payable and accrued expenses	66,615.	17	62,656.
	18 Grants payable	2,060,654.	18	633,674.
	19 Deferred revenue	74,973.	19	24,991.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	256,492.	25	272,843.
	26 Total liabilities. Add lines 17 through 25	2,458,734.	26	994,164.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	220,517,326.	27	227,170,666.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	220,517,326.	32	227,170,666.
	33 Total liabilities and net assets/fund balances	222,976,060.	33	228,164,830.

Form 990 (2020)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,454,168.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,899,054.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,444,886.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	220,517,326.
5	Net unrealized gains (losses) on investments	5	8,098,226.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	227,170,666.

Part XII Financial Statements and ReportingCheck 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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 on Schedule O.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection****Name of the organization**

INTERACT FOR HEALTH

Employer identification number

31-0932681

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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 make 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 program
 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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 Term endowment %

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

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

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		471,171.	433,963.	37,208.
d Equipment		549,412.	481,973.	67,439.
e Other		587,015.	572,327.	14,688.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				119,335.

Schedule D (Form 990) 2020

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		
(B) PARTNERSHIP FUNDS	28,769,512.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY, LLPS,		
(D) LLCs	47,829,140.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	76,598,652.	

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. (Col. (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	133,444.
(3) STRAIGHT LINE RENT LIABILITY	11,960.
(4) ACCRUED PTO LIABILITY	107,146.
(5) SECURITY DEPOSIT PAYABLE	14,625.
(6) FLEXIBLE SPENDING ACCOUNT	
(7) LIABILITY	5,668.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	272,843.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2020

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	15,577,072.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,098,226.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	184,718.
e	Add lines 2a through 2d	2e	8,282,944.
3	Subtract line 2e from line 1	3	7,294,128.
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	160,040.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	160,040.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,454,168.

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	8,923,732.
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	184,718.
e	Add lines 2a through 2d	2e	184,718.
3	Subtract line 2e from line 1	3	8,739,014.
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	160,040.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	160,040.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,899,054.

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 FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENTS. THIS GUIDANCE THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. ON DECEMBER 22, 2017, THE UNITED STATES ENACTED TAX REFORM LEGISLATION COMMONLY REFERRED TO AS THE TAX CUTS AND JOBS ACTS (THE "ACT"), RESULTING IN SIGNIFICANT

Part XIII Supplemental Information *(continued)*

MODIFICATIONS TO EXISTING LAW. THE ORGANIZATION HAS DETERMINED THAT
ADOPTION OF THE ACT HAS NO MATERIAL IMPACT TO THE 2020 CONSOLIDATED
FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUBTENANT RENTAL INCOME 184,718.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SUBTENANT RENTAL EXPENSE 184,718.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
ACTIVITIES BEYOND THE CLASSROOM 635 W 7TH ST, SUITE 301 CINCINNATI, OH 45203	35-2222723	501(C)(3)	30,000.	0.			NON-COMPETITIVE GRANT
ADAMS COUNTY HEALTH DEPARTMENT 923 SUNRISE AVENUE WEST UNION, OH 45693	31-6400062	115(1)	44,600.	0.			COMPETITIVE GRANT
ADVENTURE CREW 2692 MADISON ROAD, SUITE N1-414 CINCINNATI, OH 45208	47-4230979	501(C)(3)	31,000.	0.			NON-COMPETITIVE GRANTS
AMERICAN CANCER SOCIETY, INC. NORTH CENTRAL REGION, 4540 COOPER R BLUE ASH, OH 45242	13-1788491	501(C)(3)	22,500.	0.			NON-COMPETITIVE GRANT
ASSISTANCE LEAGUE OF GREATER CINCINNATI - 1057 META DRIVE, SUITE A - CINCINNATI, OH 45237	31-1452221	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
ATRIUM MEDICAL CENTER FOUNDATION 1 MEDICAL CENTER DRIVE MIDDLETOWN, OH 45005	31-1079213	501(C)(3)	25,275.	0.			COMPETITIVE GRANT

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

64.

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

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

Schedule I (Form 990) 2020

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

(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
BEECH ACRES PARENTING CENTER 6881 BEECHMONT AVENUE CINCINNATI, OH 45230	31-0536663	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
BETHANY HOUSE SERVICES, INC. 1841 FAIRMOUNT AVENUE CINCINNATI, OH 45214	31-1101401	501(C)(3)	12,000.	0.			NON-COMPETITIVE GRANT
BRIGHTON CENTER, INC. P.O. BOX 325 NEWPORT, KY 41072	61-0673886	501(C)(3)	8,000.	0.			NON-COMPETITIVE GRANT
BROWN COUNTY BOARD OF MENTAL HEALTH AND ADDICTION SERVICES - 85 BANTING DR. - GEORGETOWN, OH 45121	31-6000066	115(1)	78,000.	0.			COMPETITIVE GRANT
BUTLER COUNTY MENTAL HEALTH AND ADDICTION RECOVERY SERVICES BOARD - 5963 BOYMEL DRIVE - FAIRFIELD, OH 45014	31-6000061	115(1)	90,000.	0.			COMPETITIVE GRANT
CARACOLE, INC. 4138 HAMILTON AVENUE CINCINNATI, OH 45223	31-1210524	501(C)(3)	50,684.	0.			COMPETITIVE AND NON-COMPETITIVE GRANTS
CENTER FOR ADDICTION TREATMENT 830 EZZARD CHARLES DRIVE CINCINNATI, OH 45214	31-0792742	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
CENTER FOR RESPITE CARE, INC. PO BOX 141301 CINCINNATI, OH 45250	20-2544994	501(C)(3)	14,000.	0.			NON-COMPETITIVE GRANTS
CENTERPOINT HEALTH 4220 GRAND AVE., STE. B MIDDLETOWN, OH 45044	46-1068818	501(C)(3)	252,134.	0.			COMPETITIVE GRANTS

Schedule I (Form 990)

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

(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
CHOICES COORDINATED CARE SOLUTIONS 7941 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	35-2005131	501(C)(3)	37,600.	0.			COMPETITIVE GRANT
CINCINNATI ARTS ASSOCIATION 650 WALNUT ST CINCINNATI, OH 45202	31-1310256	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
CINCINNATI BLUE LINE FOUNDATION 1900 CENTRAL AVENUE CINCINNATI, OH 45214	82-2744999	501(C)(3)	10,000.	0.			NON-COMPETITIVE GRANT
CINCINNATI HEALTH DEPARTMENT 3101 BURNET AVENUE CINCINNATI, OH 45229	31-6000064	115(1)	111,000.	0.			NON-COMPETITIVE GRANTS
CITY OF FOREST PARK 1201 WEST KEMPER ROAD FOREST PARK, OH 45240	31-6014977	115(1)	6,135.	0.			NON-COMPETITIVE GRANT
CLERMONT COUNTY MENTAL HEALTH & RECOVERY BOARD - 2337 CLERMONT CENTER DRIVE - BATAVIA, OH 45103	31-6000067	115(1)	46,425.	0.			COMPETITIVE GRANT
COVINGTON PARTNERS P.O. BOX 0426 COVINGTON, KY 41012	20-1515753	501(C)(3)	10,000.	0.			NON-COMPETITIVE GRANT
DEARBORN COUNTY HEALTH DEPARTMENT 165 MARY STREET LAWRENCEBURG, IN 47025	35-6000137	501(C)(3)	10,350.	0.			COMPETITIVE GRANT
ENVISION PARTNERSHIPS 2935 HAMILTON-MASON ROAD HAMILTON, OH 45011	31-0784671	501(C)(3)	70,000.	0.			COMPETITIVE GRANTS

Schedule I (Form 990)

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

(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
FREESTORE FOODBANK, INC. 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	23-7122205	501(C)(3)	15,000.	0.			NON-COMPETITIVE GRANT
GREATER CINCINNATI FOUNDATION 720 E PETE ROSE WAY, SUITE 120 CINCINNATI, OH 45202	31-0669700	501(C)(3)	108,000.	0.			NON-COMPETITIVE GRANTS
GREEN UMBRELLA 5030 OAKLAWN DR CINCINNATI, OH 45227	31-1770299	501(C)(3)	11,000.	0.			NON-COMPETITIVE GRANTS
HAMILTON COUNTY GENERAL HEALTH DISTRICT DBA HAMILTON COUNTY PUBLIC HEALTH - 250 WILLIAM HOWARD TAFT, 2ND FLOOR - CINCINNATI, OH	31-6000063	115(1)	75,000.	0.			COMPETITIVE GRANT
HARM REDUCTION OHIO 935 RIVER ROAD, SUITE G GRANVILLE, OH 43023	82-5110907	501(C)(3)	75,000.	0.			COMPETITIVE GRANT
HEALTH CARE ACCESS NOW 2602 VICTORY PARKWAY CINCINNATI, OH 45206	26-4042151	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
HEALTH POLICY INSTITUTE OF OHIO 140 EAST TOWN STREET, SUITE 1000 COLUMBUS, OH 43215	30-0186863	501(C)(3)	100,000.	0.			NON-COMPETITIVE GRANT
HEALTHSOURCE OF OHIO 5400 DUPONT CIRCLE, SUITE A MILFORD, OH 45150	31-0884250	501(C)(3)	125,000.	0.			COMPETITIVE GRANTS
HISPANICS AVANZANDO HISPANICS 2637 ERIE AVE., SUITE 206 CINCINNATI, OH 45208	54-2159187	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT

Schedule I (Form 990)

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

(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
HUMAN SERVICES CHAMBER OF HAMILTON COUNTY - PO BOX 20039 - CINCINNATI, OH 45220	81-4282705	501(C)(3)	10,000.	0.			NON-COMPETITIVE GRANT
INTERACT FOR CHANGE 3805 EDWARDS ROAD, SUITE 500 CINCINNATI, OH 45209-2048	30-0065901	501(C)(3)	205,000.	0.			NON-COMPETITIVE GRANTS
KAREN WELLINGTON MEMORIAL FOUNDATION FOR LIVING WITH BREAST CANCER - 3825 EDWARDS RD STE 103 - CINCINNATI, OH 45209	26-3768567	501(C)(3)	12,000.	0.			NON-COMPETITIVE GRANT
KENTUCKY EQUAL JUSTICE CENTER 201 W. SHORT STREET, SUITE 310 LEXINGTON, KY 40507	61-0909545	501(C)(3)	45,000.	0.			NON-COMPETITIVE GRANT
LA SOUPE INC 915 E MCMILLAN ST CINCINNATI, OH 45206	47-4452384	501(C)(3)	7,000.	0.			NON-COMPETITIVE GRANTS
LAST MILE FOOD RESCUE 8587 CALUMET WAY CINCINNATI, OH 45249	83-4495745	501(C)(3)	25,000.	0.			NON-COMPETITIVE GRANT
MENTAL HEALTH & ADDICTION ADVOCACY COALITION - 2600 VICTORY PARKWAY - CINCINNATI, OH 45206	46-3402346	501(C)(3)	35,000.	0.			NON-COMPETITIVE GRANT
NORTHERN KENTUCKY REGIONAL ALLIANCE - 50 E. RIVERCENTER BLVD., SUITE 250 - COVINGTON, KY 41011	31-1489316	501(C)(3)	10,000.	0.			COMPETITIVE GRANT
ONECITY FOR RECOVERY 990 READING ROAD MASON, OH 45040	82-2282576	501(C)(3)	60,000.	0.			COMPETITIVE GRANT

Schedule I (Form 990)

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

(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
P L A N OF SOUTHWEST OHIO INC 12075 NORTHWEST BLVD SUITE 300 CINCINNATI, OH 45246	31-1486601	501(C)(3)	12,000.	0.			NON-COMPETITIVE GRANT
PHILANTHROPY OHIO 500 S. FRONT STREET, SUITE 900 COLUMBUS, OH 43215-7628	31-1111842	501(C)(3)	23,000.	0.			NON-COMPETITIVE GRANTS
PRIMARY HEALTH SOLUTIONS 300 HIGH STREET, 4TH FLOOR HAMILTON, OH 45011	31-1694200	501(C)(3)	350,000.	0.			COMPETITIVE GRANT
RESURRECTING LIVES FOUNDATION 6724 PERIMETER LOOP ROAD, PMB #317 DUBLIN, OH 43017	45-3554793	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
ST. ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	61-0445850	501(C)(3)	42,922.	0.			COMPETITIVE GRANTS
SUPERSEEDS 10142 SPRINGFIELD PIKE CINCINNATI, OH 45215	46-1952948	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
TALBERT HOUSE 2600 VICTORY PARKWAY CINCINNATI, OH 45206-1711	31-0713350	501(C)(3)	50,000.	0.			NON-COMPETITIVE GRANT
THE CHILDREN'S THEATRE OF CINCINNATI - 4015 RED BANK RD - CINCINNATI, OH 45227	31-6026285	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
THE COMMUNITY BUILDERS 185 DARTMOUTH ST BOSTON, MA 02116	04-2324773	501(C)(3)	75,000.	0.			NON-COMPETITIVE GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CROSSROADS CENTER 311 MARTIN LUTHER KING DRIVE E CINCINNATI, OH 45219	31-1327938	501(C)(3)	5,000.	0.			NON-COMPETITIVE GRANT
THE HEALTH COLLABORATIVE 615 ELSINORE PLACE, SUITE 500 CINCINNATI, OH 45202	31-1449807	501(C)(3)	20,000.	0.			NON-COMPETITIVE GRANT
THE HEALTHCARE CONNECTION 1401 STEFFEN AVE CINCINNATI, OH 45215	31-0822524	501(C)(3)	20,000.	0.			NON-COMPETITIVE GRANT
THE HOME OWNERSHIP CENTER OF GREATER CINCINNATI INC - 2820 VERNON PL - CINCINNATI, OH 45219	31-0831240	501(C)(3)	20,000.	0.			NON-COMPETITIVE GRANT
THE PARTNERSHIP FOR MENTAL HEALTH INC DBA TRISTATE TRAUMA NETWORK - PO BOX 6331 - FLORENCE, KY 41042	75-3256296	501(C)(3)	15,000.	0.			NON-COMPETITIVE GRANT
THE SALVATION ARMY OF GREATER CINCINNATI AND NORTHERN KENTUCKY - 114 E. CENTRAL PARKWAY - CINCINNATI, OH 45202	13-5562351	501(C)(3)	10,000.	0.			NON-COMPETITIVE GRANT
TIKKUN FARM 7941 ELIZABETH STREET CINCINNATI, OH 45231	47-3870788	501(C)(3)	7,500.	0.			NON-COMPETITIVE GRANT
TRANSITIONS, INC. 1650 RUSSELL STREET COVINGTON, KY 41011	61-0707125	501(C)(3)	28,010.	0.			COMPETITIVE GRANT
UNIVERSAL HEALTH CARE ACTION NETWORK OF OHIO (UHCAN) - 360 S. 3RD STREET - COLUMBUS, OH 43215	31-1542417	501(C)(3)	85,000.	0.			NON-COMPETITIVE GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI FOUNDATION - PO BOX 19970 - CINCINNATI, OH 45219-0970	31-0896555	501(C)(3)	40,000.	0.			NON-COMPETITIVE GRANTS
URBAN MINORITY ALCOHOLISM AND DRUG ABUSE OUTREACH PROGRAM (UMADAOP) OF CINCINNAT - 3021 VERNON PL STE 2 - CINCINNATI, OH 45219	31-1182430	501(C)(3)	43,120.	0.			COMPETITIVE AND NON-COMPETITIVE GRANTS
YMCA OF GREATER CINCINNATI 1105 ELM ST CINCINNATI, OH 45202	31-0537178	501(C)(3)	6,000.	0.			NON-COMPETITIVE GRANTS
YWCA OF GREATER CINCINNATI INC. 898 WALNUT STREET CINCINNATI, OH 45202	31-0537518	501(C)(3)	20,000.	0.			NON-COMPETITIVE GRANTS

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 noncash assistance

Part IV

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

PART I, LINE 2:

PROPOSALS ARE JUDGED ON THEIR ABILITY TO MEET INTERACT FOR HEALTH'S

ELIGIBILITY REQUIREMENTS AND SELECTION CRITERIA. FOR MOST GRANTS, ONCE

AWARDED, A MEETING IS SCHEDULED WITH THE GRANTEE TO REVIEW INTERACT FOR

HEALTH'S GRANT MONITORING PROCESS. GRANTEES ARE REQUIRED TO REVIEW AND

SIGN-OFF ON A GRANT AGREEMENT PREPARED BY INTERACT FOR HEALTH, AGREE TO A

GRANT DISBURSEMENT SCHEDULE AND FINALIZE A PROJECT EVALUATION PLAN.

GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL REPORT TO INTERACT FOR HEALTH AND

PARTICIPATE IN AN ANNUAL SITE VISIT WITH A SENIOR PROGRAM OFFICER, PROGRAM

Part IV Supplemental Information

OFFICER, OR GRANTS MANAGEMENT SUPPORT CONSULTANT. ANNUAL PROGRESS REPORTS
INCLUDE A FINANCIAL REPORT THAT MUST BE SIGNED BY THE GRANTEE
ORGANIZATION'S CHIEF FINANCIAL OFFICER. IF FOR ANY REASON A GRANT IS NOT
ACHIEVING ITS OBJECTIVES, INTERACT FOR HEALTH MAY INVOKE THE "REVOCATION
CLAUSE" OF THE GRANT AGREEMENT AND MODIFY OR TERMINATE A GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed 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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed 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	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	X

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

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported 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 aren't 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) O'DELL MORENO OWENS, MD, MPH DIRECTOR, PRESIDENT & CEO	(i)	360,826.	0.	4,944.	34,200.	7,991.	407,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA RUWE VP, FINANCE & INVESTMENTS	(i)	159,658.	0.	1,899.	20,051.	19,166.	200,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCIE WOLGIN SENIOR PROGRAM OFFICER	(i)	154,835.	0.	3,634.	18,889.	7,935.	185,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINE BENNETT SENIOR DIRECTOR OF PAYROLL	(i)	127,907.	0.	801.	16,280.	17,720.	162,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CLIFF HASTINGS DIRECTOR OF INFORMATION TE	(i)	117,856.	0.	280.	15,089.	20,108.	153,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 8:

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

LINE 4B

THE ORGANIZATION MAINTAINS A NON-QUALIFIED FUNDED DEFERRED COMPENSATION
PLAN UNDER INTERNAL REVENUE
CODE SECTION 457 FOR THE BENEFIT OF ONE FORMER AND FIVE ELIGIBLE
ASSOCIATES IN 2020. ONE FORMER
ASSOCIATE HAS FUNDS IN THE PLAN, AND TWO ELIGIBLE ASSOCIATES
CONTRIBUTED TO THE PLAN IN 2020. THE PLAN
IS VOLUNTARY, AND PARTICIPANTS MAY CONTRIBUTE TO THE PLAN, SUBJECT TO
CERTAIN LIMITATIONS. NO CONTRIBUTIONS
WERE MADE BY THE ORGANIZATION IN CONNECTION WITH THE PLAN. PATRICIA
RUWE AND JENNIFER CHUBINSKI DEFERRED WAGES INTO THE PLAN IN 2020.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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Inspection

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY ENGAGEMENT, GRANTS, RESEARCH, EDUCATION AND POLICY. WE ARE AN
INDEPENDENT FOUNDATION THAT SERVES TWENTY COUNTIES IN OHIO, KENTUCKY
AND INDIANA.

FORM 990, PART VI, SECTION A, LINE 1:

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY MANAGEMENT AND REVIEWED BY AN EXTERNAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

ACCOUNTING FIRM, CLARK SCHAEFER HACKETT. PRIOR TO FILING, THE FORM 990 WAS APPROVED BY THE OPERATIONS AND AUDIT COMMITTEE, THEN RECEIVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH DIRECTOR AND OFFICER OF THE ORGANIZATION, ALONG WITH A CONFLICT OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRE IS COMPLETED AND SIGNED BY EACH DIRECTOR AND OFFICER. A SUMMARY IS THEN COMPILED AND DISTRIBUTED TO THE BOARD ON AN ANNUAL BASIS. A SIMILAR PROCESS IS ALSO CONDUCTED AT THE ASSOCIATE LEVEL ON AN ANNUAL BASIS. CONFLICTS OF INTEREST ARE DISCLOSED IN THE PROCESSING OF ALL GRANTS AND TRANSACTIONS. DIRECTORS, OFFICERS AND ASSOCIATES WITH CONFLICTS OF INTEREST ARE EXCLUDED FROM THE DECISION MAKING PROCESS. BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AT THE BEGINNING OF ALL BOARD AND COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A:

THE 2020 COMPENSATION FOR THE ORGANIZATION'S PRESIDENT & CHIEF EXECUTIVE OFFICER ("PRESIDENT") WAS ESTABLISHED IN LATE 2019 BY THE INDEPENDENT MEMBERS OF THE ORGANIZATION'S EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE RETAINED AN INDEPENDENT COMPENSATION CONSULTANT TO ADVISE IT CONCERNING THE REASONABLENESS AND EFFECTIVENESS OF THE PRESIDENT'S TOTAL COMPENSATION. THE INDEPENDENT COMPENSATION CONSULTANT MET WITH THE EXECUTIVE COMMITTEE WHEN IT ESTABLISHED THE PRESIDENT'S COMPENSATION. THE PRESIDENT WAS NOT PRESENT WHEN THE EXECUTIVE COMMITTEE DISCUSSED AND ESTABLISHED HIS COMPENSATION. IN ESTABLISHING THE PRESIDENT'S COMPENSATION, FACTORS REVIEWED BY THE EXECUTIVE COMMITTEE INCLUDED: (I) A BOARD EVALUATION OF THE PRESIDENT'S

Name of the organization

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INDIVIDUAL PERFORMANCE; (II) THE PERFORMANCE OF THE ORGANIZATION; (III) THE PRESIDENT'S LENGTH OF SERVICE, CREDITIALS 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 2020 COMPENSATION. IN ACTING TO ESTABLISH THE PRESIDENT'S COMPENSATION, THE EXECUTIVE COMMITTEE DETERMINED THE PRESIDENT'S TOTAL COMPENSATION TO BE REASONABLE AND IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS BENEFIT. AT THE NEXT MEETING OF THE ORGANIZATION'S FULL BOARD, THE EXECUTIVE COMMITTEE REPORTED, IN AN EXECUTIVE SESSION THAT DID NOT INCLUDE THE PRESIDENT, THE COMPENSATION OF THE PRESIDENT AND THE BASIS FOR THE EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS. THE EXECUTIVE COMMITTEE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES ITS DELIBERATIONS CONCERNING THE PRESIDENT'S COMPENSATION.

LINE 15B:

THE 2020 COMPENSATION FOR THE ORGANIZATION'S VP, RESEARCH & EVALUATION & SECRETARY; VP, FINANCE & INVESTMENTS & TREASURER WAS ESTABLISHED IN LATE 2019 BY THE PRESIDENT & CEO WITH APPROVAL OF INDEPENDENT MEMBERS OF THE PARENT ORGANIZATION'S EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE RETAINED AN INDEPENDENT COMPENSATION CONSULTANT TO ADVISE IT CONCERNING THE REASONABLENESS AND EFFECTIVENESS OF EACH OFFICER'S TOTAL COMPENSATION. THE INDEPENDENT COMPENSATION CONSULTANT MET WITH THE EXECUTIVE COMMITTEE WHEN IT ESTABLISHED THE OFFICER'S COMPENSATION. THE OFFICERS WERE NOT PRESENT WHEN THE EXECUTIVE COMMITTEE DISCUSSED AND ESTABLISHED THEIR COMPENSATION. IN ESTABLISHING AN OFFICER'S COMPENSATION, FACTORS REVIEWED BY THE

Name of the organization	Employer identification number
INTERACT FOR HEALTH	31-0932681

EXECUTIVE COMMITTEE INCLUDED: (I) A REVIEW OF THE OFFICER'S INDIVIDUAL PERFORMANCE BY THE PRESIDENT & CEO; (II) THE PERFORMANCE OF THE PARENT ORGANIZATION; (III) THE OFFICER'S LENGTH OF SERVICE, CREDENTIALS AND EXPERIENCE; (IV) COMPENSATION RECOMMENDATIONS BY THE PRESIDENT & CEO; (V) THE ELEMENTS OF EACH OFFICER'S TOTAL COMPENSATION AND A SALARY HISTORY; (VI) THE PARENT ORGANIZATION'S COMPENSATION TARGETS AND RAISE POOL; (VII) COMPARABILITY DATA, INCLUDING RECOMMENDATIONS PREPARED BY AND REVIEWED WITH THE EXECUTIVE COMMITTEE BY THE INDEPENDENT COMPENSATION CONSULTANT. (THE PARENT ORGANIZATION'S PRESIDENT & CEO IS INDEPENDENT OF THE OFFICERS.) AFTER CONSIDERING THESE FACTORS, THE COMMITTEE ESTABLISHED EACH OFFICER'S 2020 COMPENSATION. IN ACTING TO ESTABLISH EACH OFFICER'S COMPENSATION, THE EXECUTIVE COMMITTEE DETERMINED THE OFFICER'S TOTAL COMPENSATION TO BE REASONABLE AND IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS BENEFIT. AT THE NEXT MEETING OF THE ORGANIZATION'S FULL BOARD, THE EXECUTIVE COMMITTEE REPORTED, IN AN EXECUTIVE SESSION THAT DID NOT INCLUDE THE OFFICERS, THE COMPENSATION OF EACH OFFICER AND THE BASIS FOR THE EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS. THE EXECUTIVE COMMITTEE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES ITS DELIBERATIONS CONCERNING THE OFFICERS' COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

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

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

INTERACT FOR HEALTH

Employer identification number

31-0932681

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTERACT FOR CHANGE - 30-0065901 8230 MONTGOMERY ROAD, SUITE 300 CINCINNATI, OH 45236-2292	PHILANTHROPY	OHIO	501(C)(3)	LINE 7	INTERACT FOR HEALTH		X

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

Schedule R (Form 990) 2020

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) INTERACT FOR CHANGE	B	222,000.	FMV
(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.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. INTERACT FOR HEALTH	Taxpayer identification number (TIN) 31-0932681
	Number, street, and room or suite no. If a P.O. box, see instructions. 8230 MONTGOMERY ROAD, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OH 45236-2292	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

ROSS P. MEYER - 8230 MONTGOMERY ROAD, SUITE 300 -

- The books are in the care of ► **CINCINNATI, OH 45236-2292**

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 TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2020** or

► ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	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.	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.

IRS e-file Signature Authorization for an Exempt Organization

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form9879EO for the latest information.

Special instructions for paper filers only.

Taxpayer identification number

INTERACT FOR HEALTH

31-0932681

Name of the exempt organization subject to tax

ROSS P. MEYER

VICE PRESIDENT, STRATEGY

Part I Type of Return and Return Information Whole Dollars Only

Check the box for the return for which you are using this Form 9879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	b Total revenue (any Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	b Total revenue (any Form 990-EZ, line 3)	2b
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 20)	3b
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 990-B check here	b Balance due (Form 990-B, line 3c)	5b
6a Form 990-T check here	b Total tax (Form 990-T, Part I, line 3)	6b 0.
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that: ☒ I am an officer of the above organization, or I am a person subject to tax with respect to the above organization; ☐ I am not. and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and I, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return transmitted to allow my authorized agent (as provided by transmission or electronic return originator (ERO)) to send the return to the IRS and to receive from the IRS: (a) an acknowledgment of receipt or request for rejection of the transmission; (b) the reason for any delay in processing the return; or (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated financial agents to utilize an electronic funds withdrawal to debit the amount to the federal institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To make a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-6837 no later than 2 business days prior to the payment due date. I also authorize the financial institution, in connection with the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the payment to the financial institution.

PIN: check one box only

X, I authorize CLARK, SCHAEFER, HACKETT & CO.

ERO firm name

By entering PIN 25247

Enter five numbers, but do not enter 00000

As my signature on the tax year 2020 electronically filed return, I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS e-filed State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS e-filed State program. I will enter my PIN on the return's disclosure consent screen.

Date of signature

10/13/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six digit electronic filing identification number (EFIN) followed by your five digit selected PIN.

31335024131

Do not enter all zeros

I certify that the above number and my PIN, which is the signature on the 2020 electronically filed return, is dated above. I confirm that I am submitting this information in accordance with the requirements of Pub. 4563, Modernized Electronic Information for Authorized IRS e-file Providers for Business Filings.

Signature CLARK, SCHAEFER, HACKETT & CO.

Date 09/29/21

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

1-45 For Paperwork Reduction Act Notice, see instructions.

8879-EO

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

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input checked="" type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(c)(4)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) INTERACT FOR HEALTH Number, street, and room or suite no. If a P.O. box, see instructions. 8230 MONTGOMERY ROAD, NO. 300 City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45236-2292 C Book value of all assets at end of year 228,164,830.	D Employer identification number 31-0932681 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
---	---------------------	--	---

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K 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. ▶

L The books are in care of ▶ **ROSS P. MEYER** Telephone number ▶ **513-458-6600**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	15,163.
2 Reserved	2	
3 Add lines 1 and 2	3	15,163.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	15,163.
6 Deduction for net operating loss. See instructions STATEMENT 1	6	15,163.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

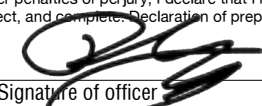
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	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 statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

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

	Yes	No
1 At any time during the 2020 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		X
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.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Date 10/4/2021	Title VICE PRESIDENT, STRATEGY	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	NATOSHA DILLEY	NATOSHA DILLEY	09/29/21	P01225377
	Firm's name CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN 31-0800053		
	Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202	Phone no. 513-241-3111		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization <div style="text-align:center">INTERACT FOR HEALTH</div>	B Employer identification number <div style="text-align:center">31-0932681</div>
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENT IN PARTNERSHIPS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a 19,556.		19,556.
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5 68,529.		68,529.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 88,085.		88,085.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions) SEE STATEMENT 2	5	1,038.
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	10.
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b 10.
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 3	14	71,874.
15 Total deductions. Add lines 1 through 14	15	72,922.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	15,163.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	15,163.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods SoldEnter method of inventory valuation 

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2020

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line

2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	489,098.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	15,163.

SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY	SCHEDULE A SHARE
1	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	15,163.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	473,935.

FORM 990-T (A)

INTEREST PAID

STATEMENT 2

DESCRIPTION	AMOUNT
INTEREST EXPENSE - PASSTHROUGH FROM INTEREST IN LPS	1,038.
TOTAL TO SCHEDULE A, PART II, LINE 5	1,038.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
OTHER DEDUCTIONS - PASSTHROUGH FROM INTEREST IN LPS	71,874.
TOTAL TO SCHEDULE A, PART II, LINE 14	71,874.

**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.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

2020

Name

INTERACT FOR HEALTH

Employer identification number

31-0932681Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**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.

This form may be easier to complete if you round off cents to whole dollars.

	(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) Subtract column (e) from column (d) and combine the result with column (g)
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	18.			18.
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	18.

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.

This form may be easier to complete if you round off cents to whole dollars.

	(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) Subtract column (e) from column (d) and combine the result with column (g)
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	18,685.			18,685.
11 Enter gain from Form 4797, line 7 or 9			11	853.
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			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	19,538.

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	18.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	19,538.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	19,556.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

31-0932681

INTERACT FOR HEALTH

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

31-0932681

INTERACT FOR HEALTH

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name

INTERACT FOR HEALTH

Employer identification number

31-0932681

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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.**

This form may be easier to complete if you round off cents to whole dollars.

	(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) Subtract column (e) from column (d) and combine the result with column (g)
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	18.			18.
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	18.

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.**

This form may be easier to complete if you round off cents to whole dollars.

	(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) Subtract column (e) from column (d) and combine the result with column (g)
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	18,685.			18,685.
11 Enter gain from Form 4797, line 7 or 9			11	853.
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			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	19,538.

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	18.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	19,538.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	19,556.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2020

Attachment
Sequence No. **12A**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

31-0932681

INTERACT FOR HEALTH

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

31-0932681

INTERACT FOR HEALTH

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Depreciation and Amortization
(Including Information on Listed Property)

A PG1 1

OMB No. 1545-0172

2020Attachment
Sequence No. **179**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

**INVESTMENT IN
PARTNERSHIPS****31-0932681****INTERACT FOR HEALTH****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	10.
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	10.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	10.
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	1,040,000.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	10.
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	10.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
27 Property used 50% or less in a qualified business use:								
	:	%			S/L -			
	:	%			S/L -			
	:	%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

INTERACT FOR HEALTH

Identifying number
31-0932681

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1

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)
	1231 GAINS PASSED THROUGH FROM PARTNERSHIP INTERESTS VARIOUS		12/31/20	853.			853.
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 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, 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 didn't 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.						7
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
							853.

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 loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) 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 Schedule 1 (Form 1040), Part I, line 4	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

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	Property C
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 isn't 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 didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	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	

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

INTERACT FOR HEALTH

Identifying number
31-0932681

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

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)
	1231 GAINS PASSED THROUGH FROM PARTNERSHIP INTERESTS VARIOUS		12/31/20	853.			853.
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 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, 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 didn't 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.						7
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
							853.

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 loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) 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 Schedule 1 (Form 1040), Part I, line 4	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

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	Property C
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 isn't 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 didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	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	

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ **Attach to your tax return.**

▶ **See separate instructions.**

▶ **Go to www.irs.gov/Form8886 for instructions and the latest information.**

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

INTERACT FOR HEALTH

31-0932681

Number, street, and room or suite no.

8230 MONTGOMERY ROAD, NO. 300

City or town, state, and ZIP code

CINCINNATI, OH 45236-2292

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number of

B Enter the form number of the tax return to which this form is attached or related ▶ **990-T**

Enter the year of the tax return identified above ▶ **2020**

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply. See instructions. ☐ Initial year filer ☐ Protective disclosure

1a Name of reportable transaction

SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

1b Initial year participated in transaction

2016

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a ☐ Listed

c ☐ Contractual protection

e ☒ Transaction of interest

b ☐ Confidential

d ☐ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest

▶ **NOTICE 2016-66**

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name

▶ **SEE STATEMENT 4**

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		\$

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		\$

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- ☒ Deductions
 ☐ Exclusions from gross income
 ☐ Absence of adjustments to basis
 ☐ Tax credits
☐ Capital loss
 ☐ Nonrecognition of gain
 ☐ Deferral
☐ Ordinary loss
 ☐ Adjustments to basis
☒ Other **TAX RATE DIFFERENCES**

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions \$

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions \$

d Enter your total investment or basis in the transaction. See instructions \$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name	Identifying number
------	--------------------

Address

Description

b Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name	Identifying number
------	--------------------

Address

Description

FORM 8886 PARTICIPATED IN TRANSACTION THROUGH STATEMENT 4
ANOTHER ENTITY

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND EIN OF OTHER ENTITY	PARTNER	TYPE OF ENTITY S CORP	TRUST	FOREIGN	DATE K-1 RECEIVED
RIVA CAPITAL PARTNERS III, LP 45-1564102	X				06/15/2020
RIVA CAPITAL PARTNERS IV, LP 36-4804829	X				06/15/2020
ABRAMS CAPITAL PARTNERS II, L.P. 04-3455023	X				06/15/2020

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ Attach to your tax return. ▶ See separate instructions.

▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)
EQUITY RESOURCE FUND 2017 HOLDINGS LLC
SERIES 3, C/O ERF FUND 2017 MM, LLC

Identifying number
35-2573976

Number, street, and room or suite no.
1280 MASSACHUSETTS AVE, 4TH FL

City or town, state, and ZIP code
CAMBRIDGE, MA 02138

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 _____ ▶ Statement number _____ of **FORM 1065**
- B** Enter the form number of the tax return to which this form is attached or related _____ ▶ **2020**
Enter the year of the tax return identified above _____
Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No
- C** Check the box(es) that apply. See instructions. ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction
SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

1b Initial year participated in transaction
2018

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

- a** ☐ Listed **c** ☐ Contractual protection **e** ☒ Transaction of interest
b ☐ Confidential **d** ☐ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest _____ ▶ **NOTICE 2016-66**

4 Enter the number of "same as or substantially similar" transactions reported on this form _____ ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

- a** Type of entity _____ ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name
▶ **SEE STATEMENT**

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- ☒ Deductions ☐ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☐ Ordinary loss ☐ Adjustments to basis ☒ Other **TAX RATE DIFFERENCES**

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions

\$ _____

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions

d Enter your total investment or basis in the transaction. See instructions

\$ _____

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name _____ Identifying number _____

Address _____

Description _____

SEE STATEMENT**b** Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name _____ Identifying number _____

Address _____

Description _____

FORM 8886 PARTICIPATED IN TRANSACTION THROUGH
ANOTHER ENTITY

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S	CORP	TRUST FOREIGN	
CAMBRIDGE SQUARE OF MUNCIE 35-1414044	X				02/25/2021
CARRIAGE HOUSE OF MUSKEGON ASSOCIATES 35-1577956	X				02/25/2021
EQUITY RESOURCE NEWBURY FUND LLC 82-1251724	X				04/01/2021

FORM 8886 LIST OF INVOLVED ENTITIES AND INDIVIDUALS

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND ADDRESS

TYPE OF ENTITY:	TAX-EXEMPT	FOREIGN	RELATED	IDENTIFYING NUMBER
X				
GENE B. GLICK COMPANY, INC. 8801 RIVER CROSSING BLVD, SUITE 200 INDIANAPOLIS, IN 46240 DESCRIPTION OF HOW RELATED: THE SOLE MEMBER AND DIRECT NAMED INSURED. THIS ENTITY IS ONE OF THE LARGEST PRIVATELY HELD REAL ESTATE MANAGEMENT AND DEVELOPMENT FIRMS IN THE US, WITH MORE THAN 20,000 UNITS IN 11 DIFFERENT STATES.				35-0924178
X				
GLICK APARTMENT HOLDINGS, LLC 8801 RIVER CROSSING BLVD, SUITE 200 INDIANAPOLIS, IN 46240 DESCRIPTION OF HOW RELATED: HOLDS A 50% OR GREATER OWNERSHIP IN ROUGHLY 45-47% OF THE INSURED ENTITIES. HOWEVER, NO ONE INDIVIDUAL OR ENTITY OWNS MORE THAN 20% INTEREST IN THIS LLC. THIS LLC HAS VIRTUALLY THE SAME OWNERSHIP STRUCTURE AS GENE B. GLICK COMPANY, INC., WHO OWNS 100% OF GAH.				26-1546436
X				
GAH INSURANCE COMPANY, LLC 30 MAIN STREET, SUITE 330 BURLINGTON, VT 05401 DESCRIPTION OF HOW RELATED: PROVIDES PROPERTY DEDUCTIBLE REIMBURSEMENT COVERAGE TO THE TAXPAYER. IT IS THE TAXPAYER'S UNDERSTANDING THAT GAH MEETS THE REPORTING REQUIREMENTS UNDER THE NOTICE.				47-3767438

FORM 8886

THE TAXPAYER IS FILING BECAUSE THEY BECAME AWARE OF THEIR POTENTIAL INVOLVEMENT IN A "TRANSACTION OF INTEREST", WHICH REQUIRES DISCLOSURE UNDER SECTION 1.6001-4(D), SHORTLY AFTER NOVEMBER 1, 2016, WHEN NOTICE 2016-66 ("THE NOTICE") WAS PUBLISHED. THE TAXPAYER HAS TAKEN TAX DEDUCTIONS UNDER IRC 162 FOR INSURANCE PREMIUMS PAID TO GAH INSURANCE COMPANY, LLC ("GAH"), WHO WAS ESTABLISHED IN 2015 AS A CAPTIVE INSURANCE COMPANY UNDER THE LAWS OF THE STATE OF VERMONT. GAH MADE AN IRREVOCABLE ELECTION UNDER SECTION 831(B) IN 2015, TO BE A SMALL INSURANCE COMPANY TAXABLE ONLY ON INVESTMENT INCOME, LESS CERTAIN ADMINISTRATIVE EXPENSES. UNDER THIS ELECTION, ALL UNDERWRITING ACTIVITY IS EXCLUDED FROM GAH'S TAXABLE INCOME WHILE THE TAXPAYER, AS AN INSURED, CAN TAKE A TAX DEDUCTION FOR THE PREMIUMS PAID TO GAH.

THE TAXPAYER IS REPORTING ON A PROTECTIVE BASIS AS THEY DO NOT BELIEVE THEY MEET THE CRITERIA FOR REPORTING UNDER THE NOTICE ON AN INDIVIDUAL BASIS. HOWEVER, THE TAXPAYER IS INSURED BY GAH, IS RELATED TO OTHER INSURED ENTITIES AND HAS BEEN INFORMED THAT GAH MEETS THE CRITERIA FOR REPORTING UNDER THE NOTICE.

THE TAXPAYER WOULD ONLY LOSE THE TAX DEDUCTION IN THE EVENT THAT GAH FAILED TO QUALIFY AS AN INSURANCE COMPANY FOR FEDERAL TAX PURPOSES. IF THIS WERE TRUE, THE DIRECT TAX BENEFIT WOULD BE DETERMINED SEPARATELY FOR EACH INSURED BASED ON THEIR RESPECTIVE TAX POSITION FOR THE RESPECTIVE TAX YEAR. AS SUCH, THE TAXPAYER IS UNABLE TO QUANTIFY THE ESTIMATED TAX BENEFIT UNDER THESE TRANSACTIONS.

THE TAXPAYER HAS NOT RECEIVED ANY DIRECT OR INDIRECT FINANCING, NOR HAVE THEY OTHERWISE BEEN CONVEYED OR AGREED TO RECEIVE LOANS, GUARANTEES OR OTHER TRANSFER OF GAH'S CAPITAL.

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to www.irs.gov/Form8886 for instructions and the latest information.**

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)

**EQUITY RESOURCE FUND 2018 LLC
C/O ERF 2018 MM, LLC**

Identifying number

36-4902476

Number, street, and room or suite no.

1280 MASSACHUSETTS AVE, 4TH FL

City or town, state, and ZIP code

CAMBRIDGE, MA 02138

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886

▶ Statement number

of

B Enter the form number of the tax return to which this form is attached or related

FORM 1065

2020

☐ Yes ☒ No

Enter the year of the tax return identified above

Is this Form 8886 being filed with an amended tax return?

C Check the box(es) that apply. See instructions.

☒ Initial year filer

☐ Protective disclosure

1a Name of reportable transaction

SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

1b Initial year participated in transaction

2019

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a ☐ Listed

c ☐ Contractual protection

e ☒ Transaction of interest

b ☐ Confidential

d ☐ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest

▶ **NOTICE 2016-66**

4 Enter the number of "same as or substantially similar" transactions reported on this form

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity

☐ Partnership

☐ Trust

☐ Partnership

☐ Trust

☐ S corporation

☐ Foreign

☐ S corporation

☐ Foreign

b Name

▶ **SEE STATEMENT**

c Employer identification number (EIN), if known

d Date Schedule K-1 received from entity (enter

"none" if Schedule K-1 not received)

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name

Identifying number (if known)

Fees paid

\$

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name

Identifying number (if known)

Fees paid

\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- ☒ Deductions ☐ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☐ Ordinary loss ☐ Adjustments to basis ☒ Other **TAX RATE DIFFERENCES**

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions

\$

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions**d** Enter your total investment or basis in the transaction. See instructions

\$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

SEE STATEMENT**b** Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

FORM 8886 PARTICIPATED IN TRANSACTION THROUGH
ANOTHER ENTITY

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S	CORP	TRUST FOREIGN	
THE EDSALL HOUSE HOLDINGS LLC 83-2526967	X				03/10/2021
WILLIAMSBURG ON THE LAKE VALPARAISO 35-1485613	X				02/26/2021
CAMBRIDGE SQUARE OF MUNCIE 35-1414044	X				02/25/2021
EQUITY RESOURCE SPRINGFIELD FUND LLC 83-2526967	X				03/31/2021
JAMESTOWN SQUARE NORTH 83-2526967	X				02/26/2021
ERI JSN HOLDINGS LLC 85-3456962	X				03/08/2021
CARRIAGE HOUSE OF NEW ALBANY 35-1492934	X				02/25/2021
CARRIAGE HOUSE OF MISHAWAKA II 85-3436891	X				02/25/2021

FORM 8886 LIST OF INVOLVED ENTITIES AND INDIVIDUALS

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND ADDRESS

TYPE OF ENTITY:	TAX-EXEMPT	FOREIGN	RELATED	IDENTIFYING NUMBER
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X

GENE B. GLICK COMPANY, INC.
8801 RIVER CROSSING BLVD, SUITE 200
INDIANAPOLIS, IN 46240

35-0924178

DESCRIPTION OF HOW RELATED:

THE SOLE MEMBER AND DIRECT NAMED INSURED. THIS ENTITY IS ONE OF THE LARGEST PRIVATELY HELD REAL ESTATE MANAGEMENT AND DEVELOPMENT FIRMS IN THE US, WITH MORE THAN 20,000 UNITS IN 11 DIFFERENT STATES.

X

GLICK APARTMENT HOLDINGS, LLC
8801 RIVER CROSSING BLVD, SUITE 200
INDIANAPOLIS, IN 46240

26-1546436

DESCRIPTION OF HOW RELATED:

HOLDS A 50% OR GREATER OWNERSHIP IN ROUGHLY 45-47% OF THE INSURED ENTITIES. HOWEVER, NO ONE INDIVIDUAL OR ENTITY OWNS MORE THAN 20% INTEREST IN THIS LLC. THIS LLC HAS VIRTUALLY THE SAME OWNERSHIP STRUCTURE AS GENE B. GLICK COMPANY, INC., WHO OWNS 100% OF GAH.

X

GAH INSURANCE COMPANY, LLC
30 MAIN STREET, SUITE 330
BURLINGTON, VT 05401

47-3767438

DESCRIPTION OF HOW RELATED:

PROVIDES PROPERTY DEDUCTIBLE REIMBURSEMENT COVERAGE TO THE TAXPAYER. IT'S THE TAXPAYER'S UNDERSTANDING THAT GAH MEETS THE REPORTING REQUIREMENT UNDER THIS NOTICE.

FORM 8886

THE TAXPAYER IS FILING AS IT IS AWARE OF ITS POTENTIAL INVOLVEMENT IN A "TRANSACTION OF INTEREST", WHICH REQUIRES DISCLOSURE UNDER SECTION 1.6001-4(D) AND PER NOTICE 2016-66 ("THE NOTICE"). THE TAXPAYER HAS TAKEN TAX DEDUCTIONS UNDER IRC 162 FOR INSURANCE PREMIUMS PAID TO GAH INSURANCE COMPANY, LLC ("GAH"), WHICH WAS ESTABLISHED IN 2015 AS A CAPTIVE INSURANCE COMPANY UNDER THE LAWS OF THE STATE OF VERMONT. GAH MADE AN IRREVOCABLE ELECTION UNDER SECTION 831(B) IN 2015, TO BE A SMALL INSURANCE COMPANY TAXABLE ONLY ON INVESTMENT INCOME, LESS CERTAIN ADMINISTRATIVE EXPENSES. UNDER THIS ELECTION, ALL UNDERWRITING ACTIVITY IS EXCLUDED FROM GAH'S TAXABLE INCOME WHILE THE TAXPAYER, AS AN INSURED, CAN TAKE A TAX DEDUCTION FOR THE PREMIUMS PAID TO GAH.

THE TAXPAYER IS REPORTING ON A PROTECTIVE BASIS AS THEY DO NOT BELIEVE THEY MEET THE CRITERIA FOR REPORTING UNDER THE NOTICE ON AN INDIVIDUAL BASIS. HOWEVER, THE TAXPAYER IS INSURED BY GAH, IS RELATED TO OTHER INSURED ENTITIES AND HAS BEEN INFORMED THAT GAH MEETS THE CRITERIA FOR REPORTING UNDER THE NOTICE.

THE TAXPAYER WOULD ONLY LOSE THE TAX DEDUCTION IN THE EVENT THAT GAH FAILED TO QUALIFY AS AN INSURANCE COMPANY FOR FEDERAL TAX PURPOSES. IF THIS WERE TRUE, THE DIRECT TAX BENEFIT WOULD BE DETERMINED SEPARATELY FOR EACH INSURED BASED ON THEIR RESPECTIVE TAX POSITION FOR THE RESPECTIVE TAX YEAR. AS SUCH, THE TAXPAYER IS UNABLE TO QUANTIFY THE ESTIMATED TAX BENEFIT UNDER THESE TRANSACTIONS.

THE TAXPAYER HAS NOT RECEIVED ANY DIRECT OR INDIRECT FINANCING, NOR HAVE THEY OTHERWISE BEEN CONVEYED OR AGREED TO RECEIVE LOANS, GUARANTEES OR OTHER TRANSFER OF GAH'S CAPITAL.

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ Attach to your tax return. ▶ See separate instructions.

▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)

**EQUITY RESOURCE FUND 2011 HOLDINGS LLC
SERIES 3, C/O ERF FUND 2011 GP, LLC**

Identifying number

45-3530083

Number, street, and room or suite no.

1280 MASSACHUSETTS AVE, STE 4

City or town, state, and ZIP code

CAMBRIDGE, MA 02138

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886

▶ Statement number

of

B Enter the form number of the tax return to which this form is attached or related

FORM 1065

▶ **2020**

Enter the year of the tax return identified above

Is this Form 8886 being filed with an amended tax return?

☐ Yes

☒ No

C Check the box(es) that apply. See instructions.

☐ Initial year filer

☐ Protective disclosure

1a Name of reportable transaction

SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

1b Initial year participated in transaction

2015

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a ☐ Listed

c ☐ Contractual protection

e ☒ Transaction of interest

b ☐ Confidential

d ☐ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest

▶ **NOTICE 2016-66**

4 Enter the number of "same as or substantially similar" transactions reported on this form

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity

☒ Partnership

☐ Trust

☐ Partnership

☐ Trust

☐ S corporation

☐ Foreign

☐ S corporation

☐ Foreign

b Name

▶ **EQUITY RESOURCE CONCORD FUND**

c Employer identification number (EIN), if known

45-2441189

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received)

▶ **04/09/2021**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name

Identifying number (if known)

Fees paid

\$

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name

Identifying number (if known)

Fees paid

\$

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- ☐ Deductions ☒ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☐ Ordinary loss ☐ Adjustments to basis ☒ Other **TAX RATE DIFFERENCES**

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions

\$

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions**d** Enter your total investment or basis in the transaction. See instructions

\$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

SEE STATEMENT**b** Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

FORM 8886 LIST OF INVOLVED ENTITIES AND INDIVIDUALS

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND ADDRESS

TYPE OF ENTITY:	TAX-EXEMPT	FOREIGN	RELATED	IDENTIFYING NUMBER
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X

GENE B. GLICK COMPANY, INC.
8801 RIVER CROSSING BLVD, SUITE 200
INDIANAPOLIS, IN 46240

-***

DESCRIPTION OF HOW RELATED:

THE SOLE MEMBER AND DIRECT NAMED INSURED. THIS ENTITY IS ONE OF THE LARGEST PRIVATELY HELD REAL ESTATE MANAGEMENT AND DEVELOPMENT FIRMS IN THE US, WITH MORE THAN 20,000 UNITS IN 11 DIFFERENT STATES.

X

GLICK APARTMENT HOLDINGS, LLC
8801 RIVER CROSSING BLVD, SUITE 200
INDIANAPOLIS, IN 46240

-***

DESCRIPTION OF HOW RELATED:

HOLDS A 50% OR GREATER OWNERSHIP IN ROUGHLY 45-47% OF THE INSURED ENTITIES. HOWEVER, NO ONE INDIVIDUAL OR ENTITY OWNS MORE THAN 20% INTEREST IN THIS LLC. THIS LLC HAS VIRTUALLY THE SAME OWNERSHIP STRUCTURE AS GENE B. GLICK COMPANY, INC., WHO OWNS 100% OF GAH.

X

GAH INSURANCE COMPANY, LLC
30 MAIN STREET, SUITE 330
BURLINGTON, VT 05401

-***

DESCRIPTION OF HOW RELATED:

PROVIDES PROPERTY DEDUCTIBLE REIMBURSEMENT COVERAGE TO THE TAXPAYER. IT IS THE TAXPAYER'S UNDERSTANDING THAT GAH MEETS THE REPORTING REQUIREMENTS UNDER THE NOTICE.

FORM 8886

THE TAXPAYER IS FILING BECAUSE THEY BECAME AWARE OF THEIR POTENTIAL INVOLVEMENT IN A "TRANSACTION OF INTEREST", WHICH REQUIRES DISCLOSURE UNDER SECTION 1.6001-4(D), SHORTLY AFTER NOVEMBER 1, 2016, WHEN NOTICE 2016-66 ("THE NOTICE") WAS PUBLISHED. THE TAXPAYER HAS TAKEN TAX DEDUCTIONS UNDER IRC 162 FOR INSURANCE PREMIUMS PAID TO GAH INSURANCE COMPANY, LLC ("GAH"), WHO WAS ESTABLISHED IN 2015 AS A CAPTIVE INSURANCE COMPANY UNDER THE LAWS OF THE STATE OF VERMONT. GAH MADE AN IRREVOCABLE ELECTION UNDER SECTION 831(B) IN 2015, TO BE A SMALL INSURANCE COMPANY TAXABLE ONLY ON INVESTMENT INCOME, LESS CERTAIN ADMINISTRATIVE EXPENSES. UNDER THIS ELECTION, ALL UNDERWRITING ACTIVITY IS EXCLUDED FROM GAH'S TAXABLE INCOME WHILE THE TAXPAYER, AS AN INSURED, CAN TAKE A TAX DEDUCTION FOR THE PREMIUMS PAID TO GAH.

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THE TAXPAYER HAS NOT RECEIVED ANY DIRECT OR INDIRECT FINANCING, NOR HAVE THEY OTHERWISE BEEN CONVEYED OR AGREED TO RECEIVE LOANS, GUARANTEES OR OTHER TRANSFER OF GAH'S CAPITAL.

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to www.irs.gov/Form8886 for instructions and the latest information.**

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)
**EQUITY RESOURCE FUND 2013 HOLDINGS LLC
SERIES 3, C/O ERF FUND 2013 GP, LLC**

Identifying number
80-0882845

Number, street, and room or suite no.
1280 MASSACHUSETTS AVE, 4TH FL

City or town, state, and ZIP code
CAMBRIDGE, MA 02138

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 _____ ▶ Statement number _____ of **FORM 1065**
- B** Enter the form number of the tax return to which this form is attached or related _____ ▶ **2020**
Enter the year of the tax return identified above _____
Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No
- C** Check the box(es) that apply. See instructions. ☐ Initial year filer ☐ Protective disclosure

1a Name of reportable transaction
SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

1b Initial year participated in transaction
2015

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

- a** ☐ Listed **c** ☐ Contractual protection **e** ☐ Transaction of interest
b ☐ Confidential **d** ☐ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest _____ ▶ **NOTICE 2016-66**

4 Enter the number of "same as or substantially similar" transactions reported on this form _____ ▶

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

- a** Type of entity _____ ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name
▶ **SEE STATEMENT**

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

City or town, State, and ZIP code

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- ☒ Deductions ☐ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☐ Ordinary loss ☐ Adjustments to basis ☒ Other **TAX RATE DIFFERENCES**

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions

\$

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions**d** Enter your total investment or basis in the transaction. See instructions

\$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

SEE STATEMENT**b** Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

FORM 8886 PARTICIPATED IN TRANSACTION THROUGH
ANOTHER ENTITY

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S	CORP	TRUST FOREIGN	
EQUITY RESOURCE BELMONT FUND LLC 46-2647616	X				04/01/2021
CAMBRIDGE SQUARE OF CHESAPEAKE #116 35-1463119	X				02/25/2021
FAIRINGTON APARTMENTS OF ROANOKE 35-1493765	X				02/25/2021

FORM 8886 LIST OF INVOLVED ENTITIES AND INDIVIDUALS

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND ADDRESS

TYPE OF ENTITY:	TAX-EXEMPT	FOREIGN	RELATED	IDENTIFYING NUMBER
X				
GENE B. GLICK COMPANY, INC. 8801 RIVER CROSSING BLVD, SUITE 200 INDIANAPOLIS, IN 46240 DESCRIPTION OF HOW RELATED: THE SOLE MEMBER AND DIRECT NAMED INSURED. THIS ENTITY IS ONE OF THE LARGEST PRIVATELY HELD REAL ESTATE MANAGEMENT AND DEVELOPMENT FIRMS IN THE US, WITH MORE THAN 20,000 UNITS IN 11 DIFFERENT STATES.				35-0924178
X				
GLICK APARTMENT HOLDINGS, LLC 8801 RIVER CROSSING BLVD, SUITE 200 INDIANAPOLIS, IN 46240 DESCRIPTION OF HOW RELATED: HOLDS A 50% OR GREATER OWNERSHIP IN ROUGHLY 45-47% OF THE INSURED ENTITIES. HOWEVER, NO ONE INDIVIDUAL OR ENTITY OWNS MORE THAN 20% INTEREST IN THIS LLC. THIS LLC HAS VIRTUALLY THE SAME OWNERSHIP STRUCTURE AS GENE B. GLICK COMPANY, INC., WHO OWNS 100% OF GAH.				26-1546436
X				
GAH INSURANCE COMPANY, LLC 30 MAIN STREET, SUITE 330 BURLINGTON, VT 05401 DESCRIPTION OF HOW RELATED: PROVIDES PROPERTY DEDUCTIBLE REIMBURSEMENT COVERAGE TO THE TAXPAYER. IT'S THE TAXPAYER'S UNDERSTANDING THAT GAH MEETS THE REPORTING REQUIREMENT UNDER THE NOTICE.				47-3767438

FORM 8886

THE TAXPAYER IS FILING BECAUSE THEY BECAME AWARE OF THEIR POTENTIAL INVOLVEMENT IN A "TRANSACTION OF INTEREST", WHICH REQUIRES DISCLOSURE UNDER SECTION 1.6001-4(D), SHORTLY AFTER NOVEMBER 1, 2016, WHEN NOTICE 2016-66 ("THE NOTICE") WAS PUBLISHED. THE TAXPAYER HAS TAKEN TAX DEDUCTIONS UNDER IRC 162 FOR INSURANCE PREMIUMS PAID TO GAH INSURANCE COMPANY, LLC ("GAH"), WHO WAS ESTABLISHED IN 2015 AS A CAPTIVE INSURANCE COMPANY UNDER THE LAWS OF THE STATE OF VERMONT. GAH MADE AN IRREVOCABLE ELECTION UNDER SECTION 831(B) IN 2015, TO BE A SMALL INSURANCE COMPANY TAXABLE ONLY ON INVESTMENT INCOME, LESS CERTAIN ADMINISTRATIVE EXPENSES. UNDER THIS ELECTION, ALL UNDERWRITING ACTIVITY IS EXCLUDED FROM GAH'S TAXABLE INCOME WHILE THE TAXPAYER, AS AN INSURED, CAN TAKE A TAX DEDUCTION FOR THE PREMIUMS PAID TO GAH.

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THE TAXPAYER HAS NOT RECEIVED ANY DIRECT OR INDIRECT FINANCING, NOR HAVE THEY OTHERWISE BEEN CONVEYED OR AGREED TO RECEIVE LOANS, GUARANTEES OR OTHER TRANSFER OF GAH'S CAPITAL.

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

▶ Attach to your tax return. ▶ See separate instructions.

▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

Attachment
Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial)
**EQUITY RESOURCE FUND 2015 HOLDINGS LLC
SERIES 3, C/O ERF FUND 2015 MM, LLC**

Identifying number
36-4798943

Number, street, and room or suite no.
1280 MASSACHUSETTS AVE, 4TH FL

City or town, state, and ZIP code
CAMBRIDGE, MA 02138

- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 _____ ▶ Statement number _____ of **FORM 1065**
- B** Enter the form number of the tax return to which this form is attached or related _____ ▶ **2020**
Enter the year of the tax return identified above _____
Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No
- C** Check the box(es) that apply. See instructions. ☐ Initial year filer ☒ Protective disclosure

1a Name of reportable transaction
SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

1b Initial year participated in transaction
2015

1c Reportable transaction or tax shelter registration number

- 2** Identify the type of reportable transaction. Check all boxes that apply. See instructions.
- a** ☐ Listed **c** ☐ Contractual protection **e** ☐ Transaction of interest
b ☐ Confidential **d** ☐ Loss
- 3** If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest _____ ▶ **NOTICE 2016-66**
- 4** Enter the number of "same as or substantially similar" transactions reported on this form _____ ▶
- 5** If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)
- a** Type of entity _____ ▶ ☐ Partnership ☐ Trust ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign ☐ S corporation ☐ Foreign

b Name
▶ **SEE STATEMENT**

c Employer identification number (EIN), if known ▶

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		
City or town, State, and ZIP code		

7 Facts**a** Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- ☒ Deductions ☐ Exclusions from gross income ☐ Absence of adjustments to basis ☐ Tax credits
☐ Capital loss ☐ Nonrecognition of gain ☐ Deferral
☐ Ordinary loss ☐ Adjustments to basis ☒ Other **TAX RATE DIFFERENCES**

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions

\$

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions**d** Enter your total investment or basis in the transaction. See instructions

\$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

SEE STATEMENT**b** Type of individual or entity: ☐ Tax-exempt ☐ Foreign ☐ Related

Name

Identifying number

Address

Description

FORM 8886 PARTICIPATED IN TRANSACTION THROUGH
ANOTHER ENTITY

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND EIN OF OTHER ENTITY	TYPE OF ENTITY				DATE K-1 RECEIVED
	PARTNER	S	CORP	TRUST FOREIGN	
EQUITY RESOURCE DARTMOUTH FUND 3 LLC 47-3728141	X				03/30/2021
CARRIAGE HOUSE OF VIRGINIA BEACH #094 35-1413781	X				02/25/2021
BRIARWOOD APARTMENTS OF LEXINGTON 35-1422626	X				02/25/2021
CAMBRIDGE SQUARE OF GREENWOOD #078 35-1382187	X				02/25/2021
JAMESTOWN APARTMENTS OF SEYMOUR #103 35-1421964	X				02/25/2021
JAMESTOWN APARTMENTS OF VALPARAISO #100 35-1415493	X				02/25/2021
HICKORY VILLAGE APARTMENTS 35-1603682	X				02/25/2021
ERI EDSALL HOUSE HOLDINGS LLC 47-3728141	X				03/10/2021
CARRIAGE HOUSE OF KENDALLVILLE 35-1459358	X				02/25/2021
THE EDSALL HOUSE #099 35-1415051	X				02/25/2021
CARRIAGE HOUSE OF MUSKEGON ASSOC 35-1577956	X				02/25/2021

FORM 8886 LIST OF INVOLVED ENTITIES AND INDIVIDUALS

TRANSACTION NAME: SECTION 831(B) MICRO-CAPTIVE TRANSACTIONS

NAME AND ADDRESS

TYPE OF ENTITY:	TAX-EXEMPT	FOREIGN	RELATED	IDENTIFYING NUMBER
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X

GENE B. GLICK COMPANY, INC.
8801 RIVER CROSSING BLVD, SUITE 200
INDIANAPOLIS, IN 46240

35-0924178

DESCRIPTION OF HOW RELATED:

THE SOLE MEMBER AND DIRECT NAMED INSURED. THIS ENTITY IS ONE OF THE LARGEST PRIVATELY HELD REAL ESTATE MANAGEMENT AND DEVELOPMENT FIRMS IN THE US, WITH MORE THAN 20,000 UNITS IN 11 DIFFERENT STATES.

X

GLICK APARTMENT HOLDINGS, LLC
8801 RIVER CROSSING BLVD, SUITE 200
INDIANAPOLIS, IN 46240

26-1546436

DESCRIPTION OF HOW RELATED:

HOLDS A 50% OR GREATER OWNERSHIP IN ROUGHLY 45-47% OF THE INSURED ENTITIES. HOWEVER, NO ONE INDIVIDUAL OR ENTITY OWNS MORE THAN 20% INTEREST IN THIS LLC. THIS LLC HAS VIRTUALLY THE SAME OWNERSHIP STRUCTURE AS GENE B. GLICK COMPANY, INC., WHO OWNS 100% OF GAH.

X

GAH INSURANCE COMPANY, LLC
30 MAIN STREET, SUITE 330
BURLINGTON, VT 05401

47-3767438

DESCRIPTION OF HOW RELATED:

FORM 8886

THE TAXPAYER IS FILING BECAUSE THEY BECAME AWARE OF THEIR POTENTIAL INVOLVEMENT IN A "TRANSACTION OF INTEREST", WHICH REQUIRES DISCLOSURE UNDER SECTION 1.6001-4(D), SHORTLY AFTER NOVEMBER 1, 2016, WHEN NOTICE 2016-66 ("THE NOTICE") WAS PUBLISHED. THE TAXPAYER HAS TAKEN TAX DEDUCTIONS UNDER IRC 162 FOR INSURANCE PREMIUMS PAID TO GAH INSURANCE COMPANY, LLC ("GAH"), WHO WAS ESTABLISHED IN 2015 AS A CAPTIVE INSURANCE COMPANY UNDER THE LAWS OF THE STATE OF VERMONT. GAH MADE AN IRREVOCABLE ELECTION UNDER SECTION 831(B) IN 2015, TO BE A SMALL INSURANCE COMPANY TAXABLE ONLY ON INVESTMENT INCOME, LESS CERTAIN ADMINISTRATIVE EXPENSES. UNDER THIS ELECTION, ALL UNDERWRITING ACTIVITY IS EXCLUDED FROM GAH'S TAXABLE INCOME WHILE THE TAXPAYER, AS AN INSURED, CAN TAKE A TAX DEDUCTION FOR THE PREMIUMS PAID TO GAH.

THE TAXPAYER IS REPORTING ON A PROTECTIVE BASIS AS THEY DO NOT BELIEVE THEY MEET THE CRITERIA FOR REPORTING UNDER THE NOTICE ON AN INDIVIDUAL BASIS. HOWEVER, THE TAXPAYER IS INSURED BY GAH, IS RELATED TO OTHER INSURED ENTITIES AND HAS BEEN INFORMED THAT GAH MEETS THE CRITERIA FOR REPORTING UNDER THE NOTICE.

THE TAXPAYER WOULD ONLY LOSE THE TAX DEDUCTION IN THE EVENT THAT GAH FAILED TO QUALIFY AS AN INSURANCE COMPANY FOR FEDERAL TAX PURPOSES. IF THIS WERE TRUE, THE DIRECT TAX BENEFIT WOULD BE DETERMINED SEPARATELY FOR EACH INSURED BASED ON THEIR RESPECTIVE TAX POSITION FOR THE RESPECTIVE TAX YEAR. AS SUCH, THE TAXPAYER IS UNABLE TO QUANTIFY THE ESTIMATED TAX BENEFIT UNDER THESE TRANSACTIONS.

THE TAXPAYER HAS NOT RECEIVED ANY DIRECT OR INDIRECT FINANCING, NOR HAVE THEY OTHERWISE BEEN CONVEYED OR AGREED TO RECEIVE LOANS, GUARANTEES OR OTHER TRANSFER OF GAH'S CAPITAL.