

PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A** For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COMMUNITY HEALTH CHARITIES  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1199 N. FAIRFAX STREET, SUITE 600  City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314  <b>F</b> Name and address of principal officer: THOMAS G. BOGNANNO SAME AS C ABOVE	<b>D</b> Employer identification number  13-6167225  <b>E</b> Telephone number (703) 528-1007  <b>G</b> Gross receipts \$ 22,576,018.  <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.HEALTHCHARITIES.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1957		<b>M</b> State of legal domicile: DC

**Part I Summary**

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
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)	<b>3</b>	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	55
6	Total number of volunteers (estimate if necessary)	<b>6</b>	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.
8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
9	Program service revenue (Part VIII, line 2g)	27,020,688.	21,322,342.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,479,981.	1,153,295.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,118.	72,040.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,393.	15,636.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,598,180.	22,563,313.
14	Benefits paid to or for members (Part IX, column (A), line 4)	20,478,354.	15,624,113.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,679,938.	4,041,926.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 310,559.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,938,014.	1,854,436.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,096,306.	21,520,475.
19	Revenue less expenses. Subtract line 18 from line 12	1,501,874.	1,042,838.
20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
21	Total liabilities (Part X, line 26)	29,410,177.	26,124,414.
22	Net assets or fund balances. Subtract line 21 from line 20	21,981,458.	17,629,127.
		7,428,719.	8,495,287.

**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 THOMAS G. BOGNANNO, PRESIDENT AND CEO Type or print name and title	Date April 13, 2020
Paid Preparer Use Only	Print/Type preparer's name RAYMOND BARBAGALLO	Preparer's signature <i>Raymond A. Barbagallo</i>
	Date 2020.04.10	Check if self-employed <input type="checkbox"/> PTIN P00173692
	Firm's name ▶ CHERRY BEKAERT, LLP. Firm's address ▶ 6116 EXECUTIVE BLVD. SUITE 600 ROCKVILLE, MD 20852	Firm's EIN ▶ 56-0574444 Phone no. 301-589-9000

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 ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

**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 \$ 20,480,419. including grants of \$ 15,624,113. ) (Revenue \$ 1,158,916. )THE ORGANIZATION DISTRIBUTES FUNDS FROM COMBINED FEDERAL AND PRIVATE  
SECTOR CAMPAIGNS TO MEMBER HEALTH AGENCIES. PROGRAM SERVICE EXPENSES  
REFLECT THESE DISBURSEMENTS AND THE EXPENSES DIRECTLY RELATED TO MAKING  
THESE DISTRIBUTIONS.**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses **20,480,419.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</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>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> 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>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	23
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b> 55		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .....	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: ▶ .....			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ..	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

☒ X

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	23													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		23												
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
<b>6</b> Did the organization have members or stockholders?							6							X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?										8a	X			
<b>b</b> Each committee with authority to act on behalf of the governing body?											8b	X		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												9		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA**

**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 in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records

MOLLY GRAVHOLT - 703-528-1007

1199 N. FAIRFAX STREET, SUITE 600, ALEXANDRIA, VA 22314

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) CYNTHIA ROLFE CHAIR	2.00	X		X				0.	0.	0.
(2) KEVIN CLAYTON VICE CHAIR	2.00	X		X				0.	0.	0.
(3) STEPHEN KEITH VICE CHAIR	2.00	X		X				0.	0.	0.
(4) LINDA G. BLOUNT SECRETARY	2.00	X		X				0.	0.	0.
(5) ERIC T. JONES TREASURER	2.00	X		X				0.	0.	0.
(6) KERRY FINNEGAN IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(7) WALTER T. CHESLEY DIRECTOR	2.00	X						0.	0.	0.
(8) ALEX CUNNINGHAM DIRECTOR	2.00	X						0.	0.	0.
(9) ANGIE DAHL DIRECTOR	2.00	X						0.	0.	0.
(10) PETER DUDLEY DIRECTOR	2.00	X						0.	0.	0.
(11) ERIN GOLLHOFFER DIRECTOR	2.00	X						0.	0.	0.
(12) SABRINA SPITALETTA JOHAR DIRECTOR	2.00	X						0.	0.	0.
(13) SANDRA B. NICHOLS DIRECTOR	2.00	X						0.	0.	0.
(14) JILLIAN NIESLEY DIRECTOR	2.00	X						0.	0.	0.
(15) BEATRIZ PEREZ DIRECTOR	2.00	X						0.	0.	0.
(16) DR. CHARU RAHEJA DIRECTOR	2.00	X						0.	0.	0.
(17) CHARLEEDA REDMAN DIRECTOR	2.00	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) TIFFANY REEVES DIRECTOR	2.00	X						0.	0.	0.
(19) ROMANA ROLNIAK DIRECTOR	2.00	X						0.	0.	0.
(20) ADAM ROTHSCHILD DIRECTOR	2.00	X						0.	0.	0.
(21) BETH RUSERT DIRECTOR	2.00	X						0.	0.	0.
(22) NANCY TESTA DIRECTOR	2.00	X						0.	0.	0.
(23) XIAOTENG HUANG DIRECTOR	2.00	X						0.	0.	0.
(24) THOMAS G. BOGNANNO PRESIDENT & CEO	40.00			X				298,616.	0.	29,983.
(25) MOLLY GRAVHOLT COO/CFO	40.00			X				196,149.	0.	13,362.
(26) RANDOLPH PUNLEY CHIEF DEVELOPMENT OFFICER	40.00					X		164,759.	0.	20,064.
<b>1b Sub-total</b> .....								659,524.	0.	63,409.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								323,485.	0.	27,132.
<b>d Total (add lines 1b and 1c)</b> .....								983,009.	0.	90,541.

**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 **5**

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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
STRATUSLIVE, 6465 COLLEGE PARK SQ., SUITE 400, VIRGINIA BEACH, VA 23464	CRM	105,322.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

832201  
04-01-18

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	20,774,370.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	547,972.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....							
	<b>h Total.</b> Add lines 1a-1f .....				21,322,342.			
<b>Program Service Revenue</b>	<b>2 a</b> APPLICATION FEES .....	<b>Business Code</b>	561000	645,563.	645,563.			
	<b>b</b> MANAGEMENT FEES .....		561000	507,732.	507,732.			
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....				1,153,295.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			72,101.			72,101.
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....								
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal					
		2,400.						
		<b>b</b> Less: rental expenses .....	0.					
		<b>c</b> Rental income or (loss) .....	2,400.					
<b>d</b> Net rental income or (loss) .....				2,400.			2,400.	
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other					
		2,259.						
		<b>b</b> Less: cost or other basis and sales expenses .....	2,320.					
		<b>c</b> Gain or (loss) .....	-61.					
<b>d</b> Net gain or (loss) .....				-61.			-61.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	18,000.					
		<b>b</b> Less: direct expenses .....	10,385.					
		<b>c</b> Net income or (loss) from fundraising events .....	7,615.					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>						
<b>b</b> Less: direct expenses .....	<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> .....			900099	5,621.	5,621.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							5,621.
<b>12 Total revenue.</b> See instructions .....				22,563,313.	1,158,916.	0.	82,055.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,624,113.	15,624,113.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	577,277.	474,852.	67,631.	34,794.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,828,360.	2,326,533.	331,356.	170,471.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	157,559.	129,604.	18,459.	9,496.
<b>9</b> Other employee benefits .....	246,817.	203,025.	28,916.	14,876.
<b>10</b> Payroll taxes .....	231,913.	190,765.	27,170.	13,978.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	88,730.	75,421.	13,309.	
<b>c</b> Accounting .....	69,074.	58,713.	10,361.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	6,665.		6,665.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	178,423.	151,659.	26,764.	
<b>12</b> Advertising and promotion .....	13,426.	8,988.	3,510.	928.
<b>13</b> Office expenses .....	672,427.	614,999.	45,455.	11,973.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	295,880.	235,983.	48,106.	11,791.
<b>17</b> Travel .....	154,632.	127,240.	18,123.	9,269.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	118,818.	47,647.	53,639.	17,532.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	16,630.	13,680.	1,948.	1,002.
<b>23</b> Insurance .....	60,630.	49,873.	7,103.	3,654.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES AND FEES	167,816.	138,041.	19,660.	10,115.
<b>b</b> TRAINING	11,285.	9,283.	1,322.	680.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,520,475.	20,480,419.	729,497.	310,559.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	11,143,063.	<b>2</b>	10,412,473.
	<b>3</b> Pledges and grants receivable, net .....	15,611,485.	<b>3</b>	13,324,461.
	<b>4</b> Accounts receivable, net .....	471,972.	<b>4</b>	226,008.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	183,573.	<b>9</b>	71,080.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 103,410.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 64,681.	<b>10c</b>	38,729.
	<b>11</b> Investments - publicly traded securities .....	1,907,078.	<b>11</b>	1,996,183.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	37,292.	<b>15</b>	55,480.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	29,410,177.	<b>16</b>	26,124,414.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	891,740.	<b>17</b>	2,805,933.
	<b>18</b> Grants payable .....	21,089,718.	<b>18</b>	14,787,475.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	35,719.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	21,981,458.	<b>26</b>	17,629,127.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	7,428,719.	<b>27</b>	8,495,287.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	7,428,719.	<b>33</b>	8,495,287.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	29,410,177.	<b>34</b>	26,124,414.	

Form **990** (2018)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,563,313.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,520,475.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,042,838.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,428,719.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,730.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,495,287.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	22,355,636.	35,497,186.	33,135,957.	27,020,688.	21,322,342.	139,331,809.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	22,355,636.	35,497,186.	33,135,957.	27,020,688.	21,322,342.	139,331,809.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						139,331,809.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	22,355,636.	35,497,186.	33,135,957.	27,020,688.	21,322,342.	139,331,809.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3,773.	58,658.	77,122.	88,612.	74,501.	302,666.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						139,634,475.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,991,224.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.78	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	99.07	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

### Supplemental Information.

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  COMMUNITY HEALTH CHARITIES	Employer identification number  13-6167225
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,839,967.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

13-6167225

## Part II

[illegible]

Name of organization	Employer identification number
COMMUNITY HEALTH CHARITIES	13-6167225

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

OMB No. 1545-0047

**2018****Open to Public  
Inspection****Name of the organization**

COMMUNITY HEALTH CHARITIES

**Employer identification number**

13-6167225

**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 (e.g., 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

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

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

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

**a** Board designated or quasi-endowment ☐ %

**b** Permanent endowment ☐ %

**c** Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		103,410.	64,681.	38,729.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				38,729.

**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) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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) DUE TO AFFILIATE	35,719.	
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	35,719.	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,780,919.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	23,730.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	66,202.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	758,452.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	848,384.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,932,535.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,665.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	15,624,113.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	15,630,778.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	22,563,313.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,315,788.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	66,202.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	359,888.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	426,090.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,889,698.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,665.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	15,624,113.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	15,630,778.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	21,520,476.

**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 ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS

BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX

POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION

UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR

POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE

UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY

ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN

TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A

TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, THE

ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN

UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER

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

EXAMINATION BY ANY TAXING JURISDICTION, THE ORGANIZATION'S FEDERAL AND

STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS

FOLLOWING THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 10,385.

CONSOLIDATED GROUP/ELIMINATION ADJUSTMENT 748,067.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 758,452.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES 15,624,113.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 10,385.

CONSOLIDATED GROUP/ELIMINATION ADJUSTMENT 349,503.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 359,888.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES 15,624,113.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

## COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

## Part I

**Fundraising Activities.**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations

- e ☐ Solicitation of non-government grants

- b** ☐ Internet and email solicitations

- f** ☐ Solicitation of government grants

- c** ☐ Phone solicitations

- g** ☐ Special fundraising events

- d** ☐ In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHARITIES@WORK SUMMIT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts .....	18,000.			18,000.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	18,000.			18,000.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	10,385.			10,385.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				10,385.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				7,615.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY HEALTH CHARITIES

**Employer identification number**

13-6167225

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A KID AGAIN, OHIO, COLUMBUS 9600 MONTGOMERY RD., LOWER LEVER ST CINCINNATI, OH 45242	31-1440073	501(C)(3)	12,685.	0.			RESEARCH/PUBLIC EDUCATION
ABCD: AFTER BREAST CANCER DIAGNOSIS - 5775 N GLEN PARK STE 201 - GLENDALE, WI 53209	39-1967028	501(C)(3)	12,001.	0.			RESEARCH/PUBLIC EDUCATION
AID ATLANTA 1605 PEACHTREE ST NE ATLANTA, GA 30309	58-1537967	501(C)(3)	16,905.	0.			RESEARCH/PUBLIC EDUCATION
AIDS RESEARCH FOUNDATION (AMFAR) 120 WALL ST 13TH FL NEW YORK, NY 10005	13-3163817	501(C)(3)	55,932.	0.			RESEARCH/PUBLIC EDUCATION
ALLY'S HOUSE 308 W MAIN ST MOORE, OK 73160	20-0726554	501(C)(3)	14,833.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION 1275 K ST NW STE 250 WASHINGTON, DC 20005	13-3271855	501(C)(3)	64,290.	0.			RESEARCH/PUBLIC EDUCATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 271.

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

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

**Schedule I (Form 990) (2018)**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ALS ASSOCIATION, ARIZONA, ARIZONA CHAPTER, PHOENIX - 360 E. CORONADO RD., STE 140 - PHOENIX, AZ 85004	86-0727136	501(C)(3)	8,275.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, CALIFORNIA, GOLDEN WEST CHAPTER, AGOURA HILLS - 28632 ROADSIDE DR., STE 173 - AGOURA HILLS, CA 91301	95-4163338	501(C)(3)	6,205.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, COLORADO, ROCKY MOUNTAIN CHAPTER, WESTMINSTER - 10855 DOVER ST., STE 500 - WESTMINSTER, CO 80021	84-1337868	501(C)(3)	8,663.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, MINNESOTA, MINNESOTA/ND/SD CHAPTER, MINNEAPOLIS - 1919 UNIVERSITY AVE., W. STE 175 - SAINT PAUL, MN	41-1756085	501(C)(3)	15,508.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, NEW YORK, GREATER NEW YORK CHAPTER, NEW YORK - 42 BROADWAY STE 1724 - NEW YORK, NY 10004	13-3616680	501(C)(3)	6,429.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, NORTH CAROLINA, NORTH CAROLINA CHAPTER, RALEIGH - 4 N BLOUNT ST., 2ND FL, STE 200 - RALEIGH, NC 27601	56-1609591	501(C)(3)	10,911.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, PENNSYLVANIA, GREATER PHILADELPHIA CHAPTER, AMBLER - 321 NORRISTOWN RD., STE 260 - AMBLER, PA 19002	23-2387205	501(C)(3)	6,857.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, WASHINGTON, EVERGREEN CHAPTER, KENT - 19226 66TH AVE. S., STE L105 - KENT, WA 98032	91-1950869	501(C)(3)	8,112.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, WISCONSIN, WISCONSIN CHAPTER, WAUWATOSA - 3333 N. MAYFAIR RD., STE 104 - WAUWATOSA, WI 53222	39-1600965	501(C)(3)	21,373.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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ALZHEIMER'S & DEMENTIA ALLIANCE OF WISCONSIN - 3330 UNIVERSITY AVE., STE 300 - MADISON, WI 53705	39-1679333	501(C)(3)	64,057.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE., STE 1700 CHICAGO, IL 60601	13-3039601	501(C)(3)	859,934.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S NEW JERSEY 425 EAGLE ROCK AVE., STE 203 ROSELAND, NJ 07068	22-2603592	501(C)(3)	5,883.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S TEXAS 7719 WOOD HOLLOW DR., STE 157 AUSTIN, TX 78731	74-2286105	501(C)(3)	8,890.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY 250 WILLIAMS ST., NW. ATLANTA, GA 30303	13-1788491	501(C)(3)	996,830.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE STE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	522,036.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	407,849.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE STE 300 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	54,362.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LIVER FOUNDATION 39 BROADWAY STE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	31,687.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 55 W WACKER DR STE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	129,387.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	16,163.	0.			RESEARCH/PUBLIC EDUCATION
ANN & ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO - 225 E CHICAGO AVE - CHICAGO, IL 60611	36-2170833	501(C)(3)	11,697.	0.			RESEARCH/PUBLIC EDUCATION
ARC OF NORTH CAROLINA, THE 343 E SIX FORKS RD STE 300 RALEIGH, NC 27609	56-0753097	501(C)(3)	5,444.	0.			RESEARCH/PUBLIC EDUCATION
ARIZONA AUTISM UNITED 5025 E WASHINGTON ST STE 212 PHOENIX, AZ 85034	16-1738730	501(C)(3)	15,751.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRITIS FOUNDATION 1355 PEACHTREE ST 6TH FL ATLANTA, GA 30309	58-1341679	501(C)(3)	128,600.	0.			RESEARCH/PUBLIC EDUCATION
ASPCA - AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 424 E 92ND STREET - NEW YORK, NY 10128-6804	13-1623829	501(C)(3)	12,438.	0.			RESEARCH/PUBLIC EDUCATION
ATLANTA MISSION 2353 BOLTON RD NW ATLANTA, GA 30318	58-0572430	501(C)(3)	29,901.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SOCIETY OF COLORADO P.O. BOX 848 BROOMFIELD, CO 80038	74-2432216	501(C)(3)	9,699.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN - 3720 N 124TH ST STE O - WAUWATOSA, WI 53222	39-1708201	501(C)(3)	16,440.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS 1 EAST 33RD ST 4TH FL NEW YORK, NY 10016	20-2329938	501(C)(3)	235,954.	0.			RESEARCH/PUBLIC EDUCATION
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	20,732.	0.			RESEARCH/PUBLIC EDUCATION
BRAIN INJURY ASSOCIATION OF KANSAS AND GREATER KANSAS CITY - 6701 W 64TH ST STE 120 - OVERLAND PARK, KS 66202	48-0941609	501(C)(3)	7,340.	0.			RESEARCH/PUBLIC EDUCATION
BREAST CANCER RECOVERY FOUNDATION, WISCONSIN - 6180 VERONA RD., STE 300 - FITCHBURG, WI 53719	39-1894850	501(C)(3)	11,085.	0.			RESEARCH/PUBLIC EDUCATION
BROADSCOPE 6102 W LAYTON AVE GREENFIELD, WI 53220	39-1143353	501(C)(3)	13,909.	0.			RESEARCH/PUBLIC EDUCATION
CAMP BOGGY CREEK, FLORIDA, EUSTIS 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	59-3012889	501(C)(3)	7,774.	0.			RESEARCH/PUBLIC EDUCATION
CAMP HOBE P.O. BOX 520755 SALT LAKE CITY, UT 84152	57-1149391	501(C)(3)	6,418.	0.			RESEARCH/PUBLIC EDUCATION
CANCER RESEARCH INSTITUTE 29 BROADWAY 4TH FL NEW YORK, NY 10006	13-1837442	501(C)(3)	125,752.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CARINGBRIDGE 2750 BLUE WATER RD. EAGAN, MN 55121	42-1529394	501(C)(3)	21,500.	0.			RESEARCH/PUBLIC EDUCATION
CARINGKIND, THE HEART OF ALZHEIMER'S CAREGIVING (FKA THE ALZHEIMER ASSOC.) - 360 LEXINGTON AVE 4TH FL - NEW YORK, NY 10017	13-3277408	501(C)(3)	12,786.	0.			RESEARCH/PUBLIC EDUCATION
CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	13-6093337	501(C)(3)	18,589.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER ASSOCIATION 1200 NW NAITO PKWY STE 140 PORTLAND, OR 97209	93-1181662	501(C)(3)	8,326.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER NETWORK 6150 W CHANDLER BLVD STE 1 CHANDLER, AZ 85226	20-2129902	501(C)(3)	18,944.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER RESEARCH FUND, MINNESOTA - 7301 OHMS LN STE 355 - MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	25,404.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEART FOUNDATION 5 REVERE DR., STE 200 NORTHBROOK, IL 60062	36-4077528	501(C)(3)	21,963.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL FOUNDATION - OKLAHOMA - 901 N LINCOLN BLVD., STE 305 - OKLAHOMA CITY, OK 73104	73-1200262	501(C)(3)	13,373.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 11783 ROCK LANDING DR - NEWPORT NEWS, VA 23606	54-0506321	501(C)(3)	13,469.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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CHILDREN'S TUMOR FOUNDATION 370 LEXINGTON AVE., STE 2100 NEW YORK, NY 10017	13-2298956	501(C)(3)	22,689.	0.			RESEARCH/PUBLIC EDUCATION
CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3435919	501(C)(3)	44,717.	0.			RESEARCH/PUBLIC EDUCATION
COLORADO CANCER RESEARCH PROGRAM 1325 S. COLORADO BLVD., BLDG B STE DENVER, CO 80222	84-1090476	501(C)(3)	13,094.	0.			RESEARCH/PUBLIC EDUCATION
COOLEY'S ANEMIA FOUNDATION 330 SEVENTH AVE STE 200 NEW YORK, NY 10001	11-1971539	501(C)(3)	13,665.	0.			RESEARCH/PUBLIC EDUCATION
CRAIG HOSPITAL 3425 S CLARKSON ST ENGLEWOOD, CO 80113	84-0404233	501(C)(3)	6,379.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, CONNECTICUT - 38 WILDFLOWER LN - MIDDLETOWN, CT 06457	13-6193105	501(C)(3)	7,831.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, MINNESOTA, MINNESOTA/DAKOTAS CHAPT - 2277 HWY 36 W. STE 170 - ROSEVILLE, MN	13-6193105	501(C)(3)	9,287.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, WASHINGTON DC/VIRGINIA - 11300 ROCKVILLE PIKE SUITE 1005 - ROCKVILLE, MD 20852	13-6193105	501(C)(3)	16,348.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, WISCONSIN CHAPTER - 17100 W. BLUEMOUND RD., STE 101 - BROOKFIELD, WI 53005	13-6193105	501(C)(3)	25,731.	0.			RESEARCH/PUBLIC EDUCATION

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CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE., STE 1100N BETHESDA, MD 20814	13-1930701	501(C)(3)	205,576.	0.			RESEARCH/PUBLIC EDUCATION
DAWS - DANBURY ANIMAL WELFARE SOCIETY, INC. - 147 GRASSY PLAIN ST - BETHEL, CT 06801	06-0945388	501(C)(3)	9,378.	0.			RESEARCH/PUBLIC EDUCATION
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE - 55 E JACKSON BLVD STE 490 - CHICAGO, IL 60604	36-3379124	501(C)(3)	28,257.	0.			RESEARCH/PUBLIC EDUCATION
DIABETES RESEARCH INSTITUTE FOUNDATION, DC - 815 16TH ST NW 6TH FL - WASHINGTON, DC 20006	59-1361955	501(C)(3)	17,573.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO - 510 E NORTH BROADWAY 4TH FL - COLUMBUS, OH 43214	31-1126185	501(C)(3)	11,837.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME GUILD OF GREATER KANSAS CITY - 5960 DEARBORN ST STE 100 - MISSION, KS 66202	43-1427760	501(C)(3)	13,058.	0.			RESEARCH/PUBLIC EDUCATION
EASTER SEALS 141 W. JACKSON BLVD. 1400A CHICAGO, IL 60604	36-2171729	501(C)(3)	6,389.	0.			RESEARCH/PUBLIC EDUCATION
ENDOMETRIOSIS ASSOCIATION, INC. 8585 N 76TH PL MILWAUKEE, WI 53223	39-1414754	501(C)(3)	15,270.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PL., STE 230 LANDOVER, MD 20785	52-0856660	501(C)(3)	45,880.	0.			RESEARCH/PUBLIC EDUCATION

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EPILEPSY FOUNDATION OF MINNESOTA 1600 UNIVERSITY AVE., STE 300 SAINT PAUL, MN 55104	41-0874541	501(C)(3)	6,764.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF NORTHERN CALIFORNIA - 1736 FRANKLIN ST., STE 450 - OAKLAND, CA 94612	94-6128891	501(C)(3)	5,181.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF TEXAS, CENTRAL & SOUTH TX, AUSTIN - 12741 RESEARCH BLVD., STE 401 - AUSTIN, TX 78759	76-0415338	501(C)(3)	12,829.	0.			RESEARCH/PUBLIC EDUCATION
FAITH'S LODGE 505 HWY 169 N, STE 245 PLYMOUTH, MN 55441	20-4967588	501(C)(3)	9,755.	0.			RESEARCH/PUBLIC EDUCATION
FIRST ASSEMBLY OF GOD 133 JUNCTION RD BROOKFIELD, CT 06804	06-0872941	501(C)(3)	9,352.	0.			RESEARCH/PUBLIC EDUCATION
FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	13,230.	0.			RESEARCH/PUBLIC EDUCATION
FRASER 2400 W 64TH ST RICHFIELD, MN 55423	41-0781858	501(C)(3)	7,360.	0.			RESEARCH/PUBLIC EDUCATION
FREEDOM SERVICE DOGS, INC. 7193 S. DILLON CT. ENGLEWOOD, CO 80112	84-1068936	501(C)(3)	28,148.	0.			RESEARCH/PUBLIC EDUCATION
GLOBAL IMPACT 1199 N. FAIRFAX ST., STE 300 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	30,201.	0.			RESEARCH/PUBLIC EDUCATION

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GREAT LAKES HEMOPHILIA FOUNDATION, WISCONSIN - 638 N. 18TH ST., STE 108 - MILWAUKEE, WI 53233	23-7367636	501(C)(3)	10,278.	0.			RESEARCH/PUBLIC EDUCATION
HANDY DANDY HANDYMAN CO. 26 SHAMROCK DR BROOKFIELD, CT 06804	32-0092917	501(C)(3)	6,714.	0.			RESEARCH/PUBLIC EDUCATION
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD CENTER CITY, MN 55012	41-0682405	501(C)(3)	7,595.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE ORGANIZATION OF OHIO 2233 N BANK DR COLUMBUS, OH 43220	31-0966673	501(C)(3)	19,052.	0.			RESEARCH/PUBLIC EDUCATION
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVE STE 902 - NEW YORK, NY 10018	13-3349872	501(C)(3)	45,390.	0.			RESEARCH/PUBLIC EDUCATION
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN SALT LAKE CITY, UT 84108	87-0541293	501(C)(3)	61,285.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL 26 BROADWAY 14TH FL NEW YORK, NY 10004	23-1907729	501(C)(3)	379,624.	0.			RESEARCH/PUBLIC EDUCATION
KANSAS CITY HOSPICE 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	43-1209344	501(C)(3)	20,166.	0.			RESEARCH/PUBLIC EDUCATION
KIDS IN NEED OF DENTISTRY (KIND) 2465 S DOWNING ST STE 210 DENVER, CO 80210	84-6038681	501(C)(3)	5,657.	0.			RESEARCH/PUBLIC EDUCATION

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LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	450,026.	0.			RESEARCH/PUBLIC EDUCATION
LIFE NAVIGATORS 7203 W CENTER ST WAUWATOSA, WI 53210	39-0978146	501(C)(3)	19,104.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA 2121 K. ST., NW., STE 200 WASHINGTON, DC 20037	43-1131436	501(C)(3)	59,939.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, GEORGIA, GEORGIA CHAPTER - 1850 LAKE PARK DR., STE 101 - SMYRNA, GA 30080	58-1231804	501(C)(3)	18,304.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, NORTH CAROLINA, NORTH CAROLINA CHAPTER - 4530 PARK RD., STE 302 - CHARLOTTE, NC 28209	56-1487119	501(C)(3)	6,530.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, OHIO, GREATER OHIO CHAPTER - 12930 CHIPPEWA RD., STE 6 - BRECKSVILLE, OH 44141	34-1229407	501(C)(3)	9,154.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, PENNSYLVANIA, PHILADELPHIA TRI-STATE CHAPTER - 101 GREENWOOD AVE., STE 200 - JENKINTOWN, PA	23-7080555	501(C)(3)	6,237.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, TEXAS, LONE STAR CHAPTER - 14675 MIDWAY RD., STE 201 - ADDISON, TX 75001	75-1561127	501(C)(3)	10,288.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, WISCONSIN, WISCONSIN CHAPTER - 2600 N. MAYFAIR RD., STE 320 - MILWAUKEE, WI 53226	39-1620195	501(C)(3)	7,022.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER), WISCONSIN - 10000 W INNOVATION DR STE 135 - MILWAUKEE, WI 53226	39-1270290	501(C)(3)	27,046.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF COLORADO 7951 E MAPLEWOOD AVE STE 126 GREENWOOD VILLAGE, CO 80111	74-2273004	501(C)(3)	21,929.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND - 133 FEDERAL T. - BOSTON, MA 02110	22-2867371	501(C)(3)	15,595.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF WISCONSIN - 11020 W PLANK CT STE 200 - WAUWATOSA, WI 53226	39-1543541	501(C)(3)	75,766.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION, VIRGINIA 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	16,588.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	253,210.	0.			RESEARCH/PUBLIC EDUCATION
MEMORIAL BLOOD CENTERS, MINNESOTA 737 PELHAM BLVD SAINT PAUL, MN 55414	41-0693869	501(C)(3)	8,110.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA (FORMERLY NATIONAL MENTAL HEALTH ASSOCIATION) - 500 MONTGOMERY ST STE 820 - ALEXANDRIA, VA 22314	13-1614906	501(C)(3)	28,387.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA OF COLORADO 1120 LINCOLN ST., STE 1606 DENVER, CO 80223	84-0446365	501(C)(3)	9,146.	0.			RESEARCH/PUBLIC EDUCATION

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MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501(C)(3)	11,987.	0.			RESEARCH/PUBLIC EDUCATION
MINNEAPOLIS HEART INSTITUTE FOUNDATION, MINNESOTA - 920 E 28TH ST STE 100 - MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	9,252.	0.			RESEARCH/PUBLIC EDUCATION
MINNESOTA BRAIN INJURY ALLIANCE 2277 HIGHWAY 36 W STE 200 ROSEVILLE, MN 55113	36-3418174	501(C)(3)	6,512.	0.			RESEARCH/PUBLIC EDUCATION
MINNESOTA OVARIAN CANCER ALLIANCE 4604 CHICAGO AVE MINNEAPOLIS, MN 55407	41-1960449	501(C)(3)	11,834.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 161 N. CLARK ST., STE 3550 CHICAGO, IL 60601	13-1665552	501(C)(3)	109,924.	0.			RESEARCH/PUBLIC EDUCATION
MYASTHENIA GRAVIS FOUNDATION OF AMERICA - 355 LEXINGTON AVE 15TH FL - NEW YORK, NY 10017	13-5672224	501(C)(3)	9,049.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) - 3803 N FAIRFAX DR STE 100 - ARLINGTON, VA 22203	43-1201653	501(C)(3)	49,224.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), MINNESOTA - 1919 UNIVERSITY AVE., W STE 400 - SAINT PAUL, MN 55104	41-1317030	501(C)(3)	28,453.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), OHIO, FRANKLIN COUNTY - 1225 DUBLIN RD., STE 110 - COLUMBUS, OH 43215	31-1197905	501(C)(3)	14,223.	0.			RESEARCH/PUBLIC EDUCATION

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NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), OKLAHOMA - 3812 N. SANTA FE, STE 305 - OKLAHOMA CITY, OK 73118	73-1248588	501(C)(3)	9,513.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), WISCONSIN - 4233 W. BELTLINE HWY - MADISON, WI 53711	39-1397227	501(C)(3)	19,302.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA STE 1204 NEW YORK, NY 10001	13-5641857	501(C)(3)	8,596.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION - 1731 KING ST STE 100 - ALEXANDRIA, VA 22314	54-1096334	501(C)(3)	7,832.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	82,444.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION, WISCONSIN - 10909 W. GREENFIELD AVE., STE 201 - WEST ALLIS, WI 53214	39-1133761	501(C)(3)	12,905.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVE 3RD FL - NEW YORK, NY 10017	13-5661935	501(C)(3)	325,800.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL OVARIAN CANCER COALITION 3800 MAPLE AVE., STE 435 DALLAS, TX 75219	65-0628064	501(C)(3)	18,741.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL PARKINSON FOUNDATION 200 SE 1ST ST STE 800 MIAMI, FL 33131	59-0968031	501(C)(3)	62,757.	0.			RESEARCH/PUBLIC EDUCATION

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NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	17,132.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL STROKE ASSOCIATION 9707 E EASTER LN. STE B CENTENNIAL, CO 80112	74-2317104	501(C)(3)	7,859.	0.			RESEARCH/PUBLIC EDUCATION
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	138,856.	0.			RESEARCH/PUBLIC EDUCATION
PARKINSON ASSOCIATION OF THE ROCKIES - 1325 S COLORADO BLVD STE 204B - DENVER, CO 80222	74-2212593	501(C)(3)	5,583.	0.			RESEARCH/PUBLIC EDUCATION
PET PARTNERS 345 118TH AVE SE STE 200 BELLEVUE, WA 98005	91-1158281	501(C)(3)	13,522.	0.			RESEARCH/PUBLIC EDUCATION
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 E CAMELBACK RD STE 122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	103,031.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD MAR MONTE, INC., CALIFORNIA, SACRAMENTO - 201 29TH ST., STE A - SACRAMENTO, CA 95816	94-1583439	501(C)(3)	48,397.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	8,481.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	369,896.	0.			RESEARCH/PUBLIC EDUCATION

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PREGNANCY DECISION HEALTH CENTERS, OHIO - 665 E DUBLIN GRANVILLE RD STE 120 - COLUMBUS, OH 43229	31-1002913	501(C)(3)	10,339.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL ILLINOIS - 610 N SEVENTH ST - SPRINGFIELD, IL 62707	37-1145155	501(C)(3)	7,007.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF DENVER - 1300 E 21ST AVE - DENVER, CO 80205	84-0728926	501(C)(3)	16,094.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN - 8948 WATERTOWN PLANK RD - WAUWATOSA, WI 53226	39-1433107	501(C)(3)	30,008.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY, INC. - MISSOURI - 2502 CHERRY - KANSAS CITY, MO 64108	43-1190760	501(C)(3)	40,345.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA - 550 SOUTH FIRST ST - LOUISVILLE, KY 40202	31-1053467	501(C)(3)	7,825.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF MINNESOTA, UPPER MIDWEST - 818 FULTON ST SE - MINNEAPOLIS, MN 55414	41-1313107	501(C)(3)	22,269.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF OKLAHOMA CITY, INC. - 13439 BROADWAY EXT - OKLAHOMA CITY, OK 73114	73-1103242	501(C)(3)	13,263.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA - 4560 FOUNTAIN AVE - LOS ANGELES, CA 90029	95-3167869	501(C)(3)	32,766.	0.			RESEARCH/PUBLIC EDUCATION

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RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA, INC. - 935 EAST SOUTH TEMPLE - SALT LAKE CITY, UT 84102	74-2386043	501(C)(3)	14,098.	0.			RESEARCH/PUBLIC EDUCATION
RYAN HOUSE 110 W MUHAMMAD ALI WAY PHOENIX, AZ 85013	20-1852393	501(C)(3)	14,000.	0.			RESEARCH/PUBLIC EDUCATION
SAVE, SUICIDE AWARENESS VOICES OF EDUCATION - 7900 XERXES AVE. S., STE 810 - BLOOMINGTON, MN 55431	41-1702239	501(C)(3)	13,453.	0.			RESEARCH/PUBLIC EDUCATION
SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVE STE A WESTPORT, CT 06880	31-1794455	501(C)(3)	5,439.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL ASSOCIATION OF THE NATIONAL CAPITAL AREA - 5301 N. CAPITAL ST., NE., STE 300 - WASHINGTON, DC 20011	52-1887817	501(C)(3)	6,389.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA - 7240 PARKWAY DR., STE 180 - HANOVER, MD 21076	23-7175985	501(C)(3)	59,314.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA, TEXAS, MARC THOMAS FOUNDATION, - 314 E. HIGHLAND MALL BLVD., STE 411 - AUSTIN, TX	74-2934173	501(C)(3)	7,647.	0.			RESEARCH/PUBLIC EDUCATION
SMILE TRAIN 633 3RD AVE., 9TH FL NEW YORK, NY 10017	13-3661416	501(C)(3)	66,837.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS COLORADO 384 INVERNESS PKWY STE 100 ENGLEWOOD, CO 80112	84-0713739	501(C)(3)	11,496.	0.			RESEARCH/PUBLIC EDUCATION

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SPECIAL OLYMPICS CONNECTICUT 2666 STATE ST STE 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	20,938.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS KANSAS, INC., MISSION - 5280 FOXRIDGE DRIVE - MISSION, KS 66202	48-0890981	501(C)(3)	5,092.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS KENTUCKY 105 LAKEVIEW CT FRANKFORT, KY 40601	61-0954571	501(C)(3)	5,146.	0.			RESEARCH/PUBLIC EDUCATION
SPINA BIFIDA ASSOCIATION OF AMERICA - 1600 WILSON BLVD STE 800 - ARLINGTON, VA 22209	58-1342181	501(C)(3)	11,183.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	4,244,194.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN 5005 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	133,829.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, CALIFORNIA, LOS ANGELES COUNTY AFFILIATE - 5901 W. CENTURY BLVD., STE 800 - LOS ANGELES, CA 90045	95-4582064	501(C)(3)	5,546.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, CONNECTICUT, SOUTHERN NEW ENGLAND AFFILIATE - 76 BATTERSON PARK RD 1ST FL - FARMINGTON, CT 06032	75-2844629	501(C)(3)	8,700.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, FLORIDA, MIAMI AFFILIATE - 1333 S. UNIVERSITY DR., STE 206 - PLANTATION, FL 33324	75-2844638	501(C)(3)	7,642.	0.			RESEARCH/PUBLIC EDUCATION

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SUSAN G. KOMEN, GEORGIA, GREATER ATLANTA AFFILIATE - 3525 PIEDMONT RD. 5 215 - ALTANTA, GA 30305	58-1959763	501(C)(3)	44,253.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, ILLINOIS, CHICAGO AREA AFFILIATE - 213 W. INSTITUTE PL., STE 302 - CHICAGO, IL 60610	36-4111723	501(C)(3)	9,233.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, MINNESOTA 960 SOUTHDALDA CTR. EDINA, MN 55435	41-1924790	501(C)(3)	11,235.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, MISSOURI, GREATER KANSAS CITY AFFILIATE - 8900 STATE LINE RD., STE 333 - LEAWOOD, KS 66206	75-2844634	501(C)(3)	10,204.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NEW JERSEY, CENTRAL AND SOUTH JERSEY AFFILIATE - 2 PRINCESS RD., STE D - LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	5,990.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NEW YORK, GREATER NEW YORK CITY AFFILIATE - 246 W. 38TH ST., STE 503 - NEW YORK, NY 10018	91-2049420	501(C)(3)	11,868.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NORTH CAROLINA, CHARLOTTE AFFILIATE - 2316 RANDOLPH RD. - CHARLOTTE, NC 28207	75-2854959	501(C)(3)	8,208.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OHIO, COLUMBUS AFFILIATE - 929 EASTWIND DR., STE 211 - WESTERVILLE, OH 43081	75-2844651	501(C)(3)	19,248.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OHIO, GREATER CINCINNATI AFFILIATE - 6120 S. GILMORE RD., STE 206 - CINCINNATI, OH 45014	75-2855038	501(C)(3)	5,371.	0.			RESEARCH/PUBLIC EDUCATION

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SUSAN G. KOMEN, PENNSYLVANIA, PHILADELPHIA - 125 S. 9TH ST., STE 202 - PHILADELPHIA, PA 19107	75-2949264	501(C)(3)	8,456.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, TEXAS, HOUSTON AFFILIATE - 602 SAWYER ST., STE 201 - HOUSTON, TX 77007	76-0360372	501(C)(3)	6,145.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, TEXAS, NORTH AND WEST TEXAS AFFILIATE - P.O. BOX 261730 - PLANO, TX 75026	75-2356437	501(C)(3)	10,847.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, TEXAS, SAN ANTONIO AFFILIATE - 85 NE LOOP 410, STE 407 - SAN ANTONIO, TX 78216	74-2856696	501(C)(3)	19,988.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, WASHINGTON, PUGET SOUND CHAPTER - 112 5TH AVE., N - SEATTLE, WA 98109	91-1624040	501(C)(3)	16,621.	0.			RESEARCH/PUBLIC EDUCATION
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN ST - DALLAS, TX 75219	75-0818178	501(C)(3)	62,860.	0.			RESEARCH/PUBLIC EDUCATION
THE CHILDREN'S CENTER, INC. 6800 NORTHWEST 39TH EXPRESSWAY BETHANY, OK 73008	73-0580264	501(C)(3)	5,539.	0.			RESEARCH/PUBLIC EDUCATION
THE PAINTED TURTLE 1300 4TH ST., STE 300 SANTA MONICA, CA 90401	95-4612481	501(C)(3)	9,684.	0.			RESEARCH/PUBLIC EDUCATION
TOURETTE ASSOCIATION OF AMERICA 42 40 BELL BLVD BAYSIDE, NY 11361	23-7191992	501(C)(3)	8,371.	0.			RESEARCH/PUBLIC EDUCATION

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UNITED CEREBRAL PALSY OF GREATER DANE COUNTY - 2801 COHO ST STE 300 - MADISON, WI 53713	39-1034054	501(C)(3)	14,322.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF METROPOLITAN DALLAS 1800 N LAMAR ST DALLAS, TX 75202	75-6005352	501(C)(3)	11,761.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	23,759.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF WESTERN CONNECTICUT 301 MAIN ST., STE 2-5 DANBURY, CT 06810	06-0646577	501(C)(3)	16,568.	0.			RESEARCH/PUBLIC EDUCATION
WISCONSIN PARKINSON ASSOCIATION 16655 W. BLUEMOUND RD., STE 330 BROOKFIELD, WI 53005	39-1492810	501(C)(3)	13,026.	0.			RESEARCH/PUBLIC EDUCATION
WISCONSIN WOMEN'S HEALTH FOUNDATION - 2503 TODD DRIVE - MADISON, WI 53713	39-1900678	501(C)(3)	10,446.	0.			RESEARCH/PUBLIC EDUCATION
ZERO - THE END OF PROSTATE CANCER 515 KING ST STE 420 ALEXANDRIA, VA 22314	59-3400922	501(C)(3)	28,791.	0.			RESEARCH/PUBLIC EDUCATION
ALLIANCE FOR CANCER GENE THERAPY, INC. - 96 CUMMINGS POINT RD. - STAMFORD, CT 06902	06-1619523	501(C)(3)	23,033.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S GREATER LOS ANGELES 4221 WILSHIRE BLVD. STE 400 LOS ANGELES, CA 90010	95-3718119	501(C)(3)	8,772.	0.			RESEARCH/PUBLIC EDUCATION

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AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRLE, SUITE LARKSPUR, CA 94939	94-3067804	501(C)(3)	42,237.	0.			RESEARCH/PUBLIC EDUCATION
AMERICA'S CHARITIES P.O. BOX 75083 BALTIMORE, MD 21275	54-1517707	501(C)(3)	6,935.	0.			RESEARCH/PUBLIC EDUCATION
ANGEL FOUNDATION 1155 CENTRE POINTE DR., STE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501(C)(3)	11,093.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF ST., STE 102 SAINT PAUL, MN 55114	41-1718029	501(C)(3)	9,807.	0.			RESEARCH/PUBLIC EDUCATION
BLACK WOMEN'S HEALTH IMPERATIVE 384 NORTHYARDS BLVD. NW ALTANTA, GA 30313	58-1557556	501(C)(3)	19,679.	0.			RESEARCH/PUBLIC EDUCATION
CAN DO CANINES 9440 SCIENCE CENTER DR. NEW HOPE, MN 55428	41-1594165	501(C)(3)	32,019.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEALTH FUND 215 W. 125TH ST., STE 301 NEW YORK, NY 10027	13-3468427	501(C)(3)	9,262.	0.			RESEARCH/PUBLIC EDUCATION
COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE., NW, STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	40,734.	0.			RESEARCH/PUBLIC EDUCATION
FACING ADDICTION WITH NCADD 217 BROADWAY STE 712 NEW YORK, NY 10007	13-1334053	501(C)(3)	7,359.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
GILDA'S CLUB TWIN CITIES 10560 WAYZATA BLVD. MINNETONKA, MN 55305	20-4265823	501(C)(3)	11,436.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE ALLIANCE 10220 PRAIRIE RIDGE BLVD. PLEASANT PRAIRIE,, WI 53158	39-1822945	501(C)(3)	7,381.	0.			RESEARCH/PUBLIC EDUCATION
JUSTUS HEALTH 2577 TERRITORIAL ROAD SAINT PAUL, MN 55114	41-1524746	501(C)(3)	5,769.	0.			RESEARCH/PUBLIC EDUCATION
NEIGHBOR TO NATION 1199 N FAIRFAX ST., STE 600 ALEXANDRIA, VA 22314	54-1879282	501(C)(3)	11,746.	0.			RESEARCH/PUBLIC EDUCATION
NEW CITY FELLOWSHIP 9358 MAIN STREET MANASSAS, VA 20110	54-1887342	501(C)(3)	8,748.	0.			RESEARCH/PUBLIC EDUCATION
PENNSYLVANIA TOURETTE SYNDROME ALLIANCE - P.O. BOX 148 MC - SHERRYSTOWN, PA 17344	23-2367689	501(C)(3)	5,527.	0.			RESEARCH/PUBLIC EDUCATION
SHRINER'S HOSPITAL FOR CHILDREN - UT - 1275 E. FAIRFAX RD. - SALT LAKE CITY, UT 84103	36-2193608	501(C)(3)	27,741.	0.			RESEARCH/PUBLIC EDUCATION
SNOWBALL EXPRESS 611 S. MAIN ST., STE 400 GRAPEVINE, TX 76051	20-5627830	501(C)(3)	8,396.	0.			RESEARCH/PUBLIC EDUCATION
SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER - 300 N. 18TH ST. - PHOENIX, AZ 85006	31-1496646	501(C)(3)	8,432.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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SUSAN G. KOMEN, PENNSYLVANIA, GREATER PA - 1133 S. BRADDOCK AVE. - PITTSBURGH, PA 15218	81-0665396	501(C)(3)	8,453.	0.			RESEARCH/PUBLIC EDUCATION
THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - GRAND CENTRAL STATION P.O. BOX 4777 - NEW YORK, NY 10163	13-4141945	501(C)(3)	13,440.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF GREATER WATERBURY 100 N. ELM ST. 2ND FL WATERBURY, CT 06702	06-0646634	501(C)(3)	5,247.	0.			RESEARCH/PUBLIC EDUCATION
ALISA ANN RUCH BURN FOUNDATION, CALIFORNIA, FRESNO - 911 H ST. - FRESNO, CA 93721	23-7162017	501(C)(3)	11,490.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOC., GEORGIA, GEORGIA CHAPTER, ATLANTA - 5881 GLENRIDGE DR., STE 200 - ATLANTA, GA 30328	58-1943490	501(C)(3)	7,454.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOC., KENTUCKY, CENTRAL & SOUTH OHIO CHAPTER - 20 MAYFIELD ST. - FORT THOMAS, KY 41075	31-1235704	501(C)(3)	5,388.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOC., MD, DC/MD/VA CHAPTER, ROCKVILLE - 30 W GUDE DR. STE 150 - ROCKVILLE, MD 20850	52-1749047	501(C)(3)	19,049.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOC., MISSOURI, MID-AMERICA CHAPTER, OZARK - 2209 PETRUS CIRCLE - OZARK, MO 65721	48-1021611	501(C)(3)	10,432.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOC., TEXAS, TEXAS CHAPTER, HOUSTON - 1213 HERMAN DR., STE 525 - HOUSTON, TX 77004	74-2678974	501(C)(3)	15,045.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST., 17TH FL - PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	5,283.	0.			RESEARCH/PUBLIC EDUCATION
ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST. DENVER, CO 80238	84-0893509	501(C)(3)	5,761.	0.			RESEARCH/PUBLIC EDUCATION
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP S SANTA MONICA, CA 90405	95-3956297	501(C)(3)	5,744.	0.			RESEARCH/PUBLIC EDUCATION
BARBARA ANN KARMANOS CANCER INSTITUTE - 4100 JOHN R ST. - DETROIT, MI 48201	38-1613280	501(C)(3)	6,524.	0.			RESEARCH/PUBLIC EDUCATION
CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOC. - 9245 LAGUNA SPRINGS DR., STE 200 - ELK GROVE, CA 95758	94-2900226	501(C)(3)	5,101.	0.			RESEARCH/PUBLIC EDUCATION
CAMP TWIN LAKES 1100 SPRING ST. NW, STE 406 ATLANTA, GA 30309	58-1826782	501(C)(3)	5,132.	0.			RESEARCH/PUBLIC EDUCATION
CANCER KIDS FUND OF CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA - 5901 LINCOLN DR. MAIL STOP CBC2-ACC - EDEN, MN 55436	41-1754276	501(C)(3)	6,640.	0.			RESEARCH/PUBLIC EDUCATION
CORE/EL CENTRO 130 W BRUCE ST., STE 300 MILWAUKEE, WI 53204	39-2042797	501(C)(3)	5,630.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION 733 THIRD AVE. STE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	76,665.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CROHN'S & COLITIS FOUNDATION OF AMERICA, MAINE, NEW ENGLAND - 72 RIVER PARK ST., STE 202 - NEEDHAM, MA 02494	13-6193105	501(C)(3)	7,034.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, UTAH - 1777 S BELLAIRE ST., STE 230 - DENVER, CO 80222	13-6193105	501(C)(3)	7,631.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, CALIFORNIA, NORTHERN CALIFORNIA - 5 THIRD ST., STE 815 - SAN FRANCISCO, CA 94103	13-6193105	501(C)(3)	7,062.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, GEORGIA - 2751 BUFORD HWY. NE, STE 780 - ATLANTA, GA 30349	13-6193105	501(C)(3)	7,033.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, OHIO, CENTRAL OHIO CHAPTER - 6797 N HIGH ST., STE 119 - WORTHINGTON, OH 43085	13-6193105	501(C)(3)	6,178.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, OREGON, NORTHWEST CHAPTER - 23897 SW SANDERS TER - SHERWOOD, OR 97140	13-6193105	501(C)(3)	8,606.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION, TEXAS, SOUTH TEXAS CHAPTER - 5120 WOODWAY STE. 10003 - HOUSTON, TX 77056	13-6193105	501(C)(3)	5,498.	0.			RESEARCH/PUBLIC EDUCATION
DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	7,058.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOC. OF WISCONSIN, INC. - 11709 W CLEVELAND AVE., STE 2 - WEST ALLIS, WI 53227	39-1681338	501(C)(3)	11,224.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
EASTERSEALS, WISCONSIN, GREEN BAY 1476 MCCORMICK ST. GREEN BAY, WI 54301	39-0824877	501(C)(3)	7,302.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FLORIDA 7300 N KENDALL DR., STE 760 MIAMI, FL 33156	59-2164525	501(C)(3)	5,480.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF VIRGINIA, CHARLOTTESVILLE - 560 RAY C HUNT DR. 2ND FL - CHARLOTTESVILLE, VA 22903	54-1379432	501(C)(3)	6,684.	0.			RESEARCH/PUBLIC EDUCATION
FLORIDA BREAST CANCER FOUNDATION 11900 BISCAYNE BLVD., STE 288 MIAMI, FL 33181	01-0694045	501(C)(3)	5,038.	0.			RESEARCH/PUBLIC EDUCATION
HAROLD HAMM DIABETES CENTER 100 TIMBERDELL RD NORMAN, OK 73019	73-6091755	501(C)(3)	10,800.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE & PALLIATIVE CARE NETWORK OF MD, INC. - 20 INTERNATIONAL CIRCLE, STE 230 - HUNT VALLEY, MD 21030	52-1364551	501(C)(3)	5,652.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE OF DAYTON, OHIO 324 WILMINGTON AVE DAYTON, OH 45420	31-0933339	501(C)(3)	9,306.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, LOCAL PAYEE ACCOUNT - 26 BROADWAY 14TH FL - NEW YORK, NY 10004	23-1907729	501(C)(3)	49,845.	0.			RESEARCH/PUBLIC EDUCATION
LES TURNER ALS FOUNDATION, ILLINOIS - 5550 W TOUHY AVE., STE 302 - SKOKIE, IL 60077	36-2916466	501(C)(3)	5,595.	0.			RESEARCH/PUBLIC EDUCATION

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LUPUS FOUNDATION OF OKLAHOMA, OKLAHOMA CITY - 3017 N STILES AVE., STE 203 - OKLAHOMA CITY, OK 73105	23-7438732	501(C)(3)	5,629.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF MIDDLE TENNESSEE - 8119 ISABELLA LN., STE 105A - BRENTWOOD, TN 37027	62-1833327	501(C)(3)	5,763.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA OF GEORGIA 2250 N DRUID HILLS RD NE, STE 275 ATLANTA, GA 30329	58-0611310	501(C)(3)	5,640.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, OREGON 4701 SE 24TH ST. STE E PORTLAND, OR 97202	93-0875209	501(C)(3)	6,001.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, TEXAS, AMARILLO P.O. BOX 7691 AMARILLO, TX 79114	74-2380175	501(C)(3)	10,446.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, WASHINGTON, GREATER SEATTLE 802 NW 70TH ST SEATTLE, WA 98117	91-1043712	501(C)(3)	5,798.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL FOUNDATION FOR CANCER RESEARCH - 5515 SECURITY LN., STE 1105 - ROCKVILLE, MD 20852	04-2531031	501(C)(3)	8,909.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATIO, LOUISIANA - 8200 HAMPSON ST., STE 425 - NEW ORLEANS, LA 70118	72-0649707	501(C)(3)	28,203.	0.			RESEARCH/PUBLIC EDUCATION
NORTHERN VIRGINIA MENTAL HEALTH FOUNDATION - 1303 ROBINSON PL. - FALLS CHURCH, VA 22046	54-1663921	501(C)(3)	8,800.	0.			RESEARCH/PUBLIC EDUCATION

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PARKINSON'S INSTITUTE 675 ALMANOR AVE. SUNNYVALE, CA 94085	94-3061594	501(C)(3)	5,685.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF MICHIGAN 950 VICTORS WAY, STE 100 ANN ARBOR, MI 48108	38-1707521	501(C)(3)	12,913.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD, MARYLAND 330 N HOWARD ST. BALTIMORE, MD 21201	52-0607930	501(C)(3)	24,056.	0.			RESEARCH/PUBLIC EDUCATION
PREVENT BLINDNESS, WISCONSIN 731 N JACKSON ST., STE 405 MILWAUKEE, WI 53202	39-6096227	501(C)(3)	7,475.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF NORFOLK - 404 COLLEY AVE - NORFOLK, VA 23507	54-1139497	501(C)(3)	6,905.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE OF PROVIDENCE - 45 GAY ST - PROVIDENCE, RI 02905	05-0434218	501(C)(3)	10,895.	0.			RESEARCH/PUBLIC EDUCATION
SAMARITAN'S PURSE 801 BAMBOO RD. P.O. BOX 300 BOONE, NC 28607	58-1437002	501(C)(3)	8,022.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS FLORIDA, FLORIDA, BROWARD CO - 3301 COLLEGE AVE - FORT LAUDERDALE, FL 33314	23-7181560	501(C)(3)	7,157.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS GEORGIA, ATLANTA 6046 FINANCIAL DR NORCROSS, GA 30071	23-7201676	501(C)(3)	8,195.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)



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SPECIAL OLYMPICS SOUTHERN CALIFORNIA - 1600 FORBES WAY, STE 200 - LONG BEACH, CA 90810	95-4538450	501(C)(3)	7,164.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, CALIFORNIA, SAN DIEGO CHAPTER - 4699 MURPHY CANYON RD., STE 102 - SAN DIEGO, CA 92123	33-0638912	501(C)(3)	6,129.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, CALIFORNIA, SAN FRANCISCO BAY - 1469 PACIFIC AVE - SAN FRANCISCO, CA 94109	94-3047626	501(C)(3)	7,517.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, COLORADO, ASPEN AFFILIATE - 1450 CRYSTAL LAKE RD - ASPEN, CO 81611	84-1160739	501(C)(3)	7,568.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, MARYLAND 303 INTERNATIONAL CIRCLE, STE 390 HUNT VALLEY, MD 21030	52-2053491	501(C)(3)	14,002.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OREGON, OREGON & SW WASHINGTON - 2600 SW 1ST AVE., STE 270 - PORTLAND, OR 97201	93-1068897	501(C)(3)	6,563.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, TENNESSEE, CENTRAL TENNESSEE, CHATTANOOGA - 6025 LEE HWY., STE 203 - CHATTANOOGA, TN 37421	62-1671774	501(C)(3)	5,037.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, TEXAS, DALLAS COUNTY AFFILIATE - P.O. BOX 731696 - DALLAS, TX 75373	75-2444724	501(C)(3)	6,086.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, VIRGINIA, CENTRAL & EASTERN VIRGINIA, RICHMOND - 611 N COURTHOUSE RD., STE 110 - RICHMOND, VA 23236	75-2844659	501(C)(3)	13,261.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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SUSAN G. KOMEN, VIRGINIA, CENTRAL & EASTERN VIRGINIA, TIDEWATER - 6363 CENTER DR. - NORFOLK, VA 23502	75-2844659	501(C)(3)	8,683.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, WISCONSIN, CENTRAL WISCONSIN AFFILIATE - 300 THIRD STREET - WAUSAU, WI 54003	56-2613151	501(C)(3)	19,043.	0.			RESEARCH/PUBLIC EDUCATION
UNDESIGNATED, COMMUNITY HEALTH CHARITIES - 1199 N FAIRFAX ST., STE 600 - ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	256,372.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE RD - SACRAMENTO, CA 95827	94-1225382	501(C)(3)	13,273.	0.			RESEARCH/PUBLIC EDUCATION

**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:

THE ORGANIZATION RECEIVES PLEDGE REPORTS FROM EACH WORKPLACE GIVING

CAMPAIGN DETAILING THE DONOR DESIGNATION TO MEMBER HEALTH CHARITIES.

COMMUNITY HEALTH CHARITIES DISTRIBUTES CAMPAIGN FUNDS TO MEMBER HEALTH

CHARITIES IN PROPORTION TO THE DONOR DESIGNATIONS RECEIVED. AS ALL

DONATIONS WERE TO 501(C)(3) CHARITIES, NO FURTHER MONITORING IS NECESSARY.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

**Part I Questions Regarding Compensation**

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

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

**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? .....

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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) THOMAS G. BOGNANNO PRESIDENT & CEO	(i)	298,616.	0.	0.	17,875.	12,108.	328,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MOLLY GRAVHOLT COO/CFO	(i)	196,149.	0.	0.	12,753.	609.	209,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RANDOLPH PUNLEY CHIEF DEVELOPMENT OFFICER	(i)	164,759.	0.	0.	9,250.	10,814.	184,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMANDA PONZAR CHIEF COMMUNICATIONS OFFICER	(i)	160,099.	10,000.	0.	10,375.	728.	181,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHELLEY HAYES VICE PRESIDENT CUSTOMER SO	(i)	146,886.	6,500.	0.	9,555.	6,474.	169,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(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 7:

DISCRETIONARY MERIT BONUSES WERE AWARDED TO AMANDA PONZAR AND SHELLEY HAYES

BY THE CEO FOR RESULTS ACHIEVED IN THE PRIOR FISCAL YEAR. THE BONUS

AMOUNTS WERE BASED ON TOTAL SALARY AND THE RESULTS OF THE EMPLOYEE'S ANNUAL

REVIEW.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

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

COMMUNITY HEALTH CHARITIES EXISTS TO EMPOWER PEOPLE TO TAKE ACTION TO  
IMPROVE HEALTH AND WELLBEING.

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

COMMUNITY HEALTH CHARITIES (THE "ORGANIZATION") IS A NATIONAL NONPROFIT  
THAT BUILDS STRONGER, HEALTHIER COMMUNITIES AND EMPOWERS PEOPLE TO TAKE  
ACTION TO IMPROVE HEALTH AND WELLBEING. THE ORGANIZATION DOES THIS BY  
RAISING FUNDS AND AWARENESS TO SUPPORT HEALTH EDUCATION, PREVENTION,  
AND TREATMENT; BY REPRESENTING AND BUILDING CAPACITY FOR NONPROFIT  
CHARITY PARTNERS AND DRIVING SUPPORTERS TO THEIR CAUSE; BY ENGAGING  
FEDERAL EMPLOYEES IN THE COMBINED FEDERAL CAMPAIGN; AND BY ENGAGING  
PUBLIC SECTOR AND PRIVATE SECTOR ORGANIZATIONS AND THEIR EMPLOYEES IN  
WORKPLACE GIVING CAMPAIGNS, CUSTOM GIVING OPPORTUNITIES, VOLUNTEERING,  
AND STRATEGIC PARTNERSHIPS.

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

THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE AS PART OF THE FINANCIAL  
STATEMENT APPROVAL PROCESS. THEREAFTER, A COPY OF THE FORM 990 IS PROVIDED  
TO THE BOARD VIA EMAIL.

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

THE BOARD IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. CONFLICTS OF  
INTEREST STATEMENTS ARE SIGNED ANNUALLY BY EACH BOARD MEMBER. IN ADDITION,

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization COMMUNITY HEALTH CHARITIES	Employer identification number 13-6167225
--	--

BOARD MEMBERS HAVE THE OBLIGATION TO UPDATE THE CONFLICT OF INTEREST

STATEMENTS IF CIRCUMSTANCES CHANGE DURING THE YEAR. IN THE EVENT OF A

CONFLICT, THE INDIVIDUAL INVOLVED WILL RECUSE THEMSELVES FROM ANY VOTE ON

THE MATTER.

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

SALARY AND PERFORMANCE EVALUATIONS ARE DETERMINED BY THE EXECUTIVE

COMMITTEE ANNUALLY FOR THE CEO. THE COMMITTEE REVIEWS CURRENT SALARY AND

COMPARES WITH OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND MISSION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN

UT,VA,WV,WI

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

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S OWN

WEBSITE.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

**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
NEIGHBOR TO NATION - 54-1879282 1199 N. FAIRFAX ST. SUITE 600 ALEXANDRIA, VA 22314	WORKPLACE FUND DRIVES	VIRGINIA	501(C)(3)	LINE 7	COMMUNITY HEALTH CHARITIES	X	
HUMAN SERVICE CHARITIES - 94-3240353 1199 N. FAIRFAX ST. SUITE 600 ALEXANDRIA, VA 22314	WORKPLACE FUND DRIVES	VIRGINIA	501(C)(3)	LINE 7	COMMUNITY HEALTH CHARITIES	X	
CHRISTIAN SERVICE CHARITIES - 94-3193374 1199 N. FAIRFAX ST. SUITE 600 ALEXANDRIA, VA 22314	FACILITATING INCLUSION OF CHRISTIAN CHARITIES IN GIVING OPPORTUNITIES	CALIFORNIA	501(C)(3)	LINE 7	COMMUNITY HEALTH CHARITIES	X	
COMMUNITY HEALTH CHARITIES-LOCAL - 85-0258784, 1199 N. FAIRFAX ST. SUITE 600 , ALEXANDRIA, VA 22314	BUILDING AWARENESS OF AND FINANCIAL SUPPORT FOR MEMBER HEALTH AGENCIES	VIRGINIA	501(C)(3)	LINE 7	COMMUNITY HEALTH CHARITIES	X	

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

Schedule R (Form 990) 2018

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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) COMMUNITY HEALTH CHARITIES LOCAL	L	441,608.	COST
(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]

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

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