

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C 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 SUITE 600

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314

D Employer identification number
13-6167225

E Telephone number
(703) 528-1007

G Gross receipts \$ 28,609,573

F Name and address of principal officer
THOMAS G BOGNANNO
1199 N FAIRFAX SUITE 600
ALEXANDRIA, VA 22314

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

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

J Website: ▶ WWW.HEALTHCHARITIES.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1957 **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CHC WORKS TO BUILD STRONGER, HEALTHIER COMMUNITIES

2 Check this box 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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	101
6 Total number of volunteers (estimate if necessary)	23
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	10,179

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	33,135,957	27,020,688
9 Program service revenue (Part VIII, line 2g)	776,916	1,479,981
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,443	61,118
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,987	36,393
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,992,303	28,598,180
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,997,108	20,478,354
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,642,055	4,679,938
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶333,872		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,603,090	1,938,014
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,242,253	27,096,306
19 Revenue less expenses Subtract line 18 from line 12	-249,950	1,501,874

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	37,706,171	29,410,177
21 Total liabilities (Part X, line 26)	32,261,307	21,981,458
22 Net assets or fund balances Subtract line 21 from line 20	5,444,864	7,428,719

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
Date 2019-07-17
THOMAS G BOGNANNO PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name RAYMOND BARBAGALLO
Preparer's signature RAYMOND BARBAGALLO
Date
Check if self-employed PTIN P00173692
Firm's name ▶ CHERRY BEKAERT LLP Firm's EIN ▶ 56-0574444
Firm's address ▶ 1111 METROPOLITAN AVE STE 900 Phone no (704) 377-1678
CHARLOTTE, NC 28204

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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 \$ 25,923,626 including grants of \$ 20,478,354) (Revenue \$ 1,479,981)
See Additional Data

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 ▶ 25,923,626

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: 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
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] 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 1199 N FAIRFAX SUITE 600 ALEXANDRIA, VA 22314 (703) 528-1007

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like DESIGN DATA and STRATUSLIVE.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 26,164,301			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 856,387			
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f		27,020,688		

Program Service Revenue			Business Code			
	2a MANAGEMENT FEES		561000	1,058,771	1,058,771	
b APPLICATION FEES		561000	421,210	421,210		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			1,479,981			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		61,118			61,118	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		27,494					
	b Less rental expenses	0					
	c Rental income or (loss)	27,494					
	d Net rental income or (loss)			27,494			27,494
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	20,292				
	b Less direct expenses	b	11,393				
	c Net income or (loss) from fundraising events			8,899			8,899
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			28,598,180	1,479,981	0	97,511	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	20,478,354	20,478,354		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	520,143	427,856	60,937	31,350
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	3,443,440	2,832,481	403,416	207,543
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	174,155	143,255	20,403	10,497
9 Other employee benefits.	270,660	222,638	31,709	16,313
10 Payroll taxes.	271,540	223,362	31,812	16,366
11 Fees for services (non-employees)				
a Management.				
b Legal.	66,404	56,443	9,961	
c Accounting.	78,525	66,746	11,779	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	340,778	289,662	51,116	
12 Advertising and promotion.	44,153	44,153		
13 Office expenses.	386,635	322,646	45,955	18,034
14 Information technology.	178,207	151,476	26,731	
15 Royalties.				
16 Occupancy.	345,535	275,045	56,668	13,822
17 Travel.	115,819	100,030	14,246	1,543
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	76,600	38,300	38,300	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	13,440	11,055	1,575	810
23 Insurance.	50,659	41,671	5,935	3,053
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND FEES	217,685	179,062	25,503	13,120
b TRAINING	23,574	19,391	2,762	1,421
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	27,096,306	25,923,626	838,808	333,872
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	8,906,999	2	11,143,063
	3 Pledges and grants receivable, net	25,905,134	3	15,611,485
	4 Accounts receivable, net	828,994	4	471,972
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	147,702	9	183,573
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	545,296		
	b Less accumulated depreciation	489,582		
	11 Investments—publicly traded securities	1,852,112	11	1,907,078
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	38,405	15	37,292
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,706,171	16	29,410,177	
Liabilities	17 Accounts payable and accrued expenses	1,425,594	17	891,740
	18 Grants payable	30,835,713	18	21,089,718
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	32,261,307	26	21,981,458
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,444,864	27	7,428,719
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,444,864	33	7,428,719
	34 Total liabilities and net assets/fund balances	37,706,171	34	29,410,177

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,598,180
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,096,306
3	Revenue less expenses Subtract line 2 from line 1	3	1,501,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,444,864
5	Net unrealized gains (losses) on investments	5	3,008
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	478,973
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,428,719

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:

Software Version:

EIN: 13-6167225

Name: COMMUNITY HEALTH CHARITIES

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
KERRY FINNEGAN CHAIR	2 00	X		X				0	0	0
STEPHEN KEITH MD VICE CHAIR	2 00	X		X				0	0	0
CYNTHIA ROLFE VICE CHAIR	2 00	X		X				0	0	0
LINDA BLOUNT SECRETARY	2 00	X		X				0	0	0
LEW BARTFIELD DIRECTOR	2 00	X						0	0	0
WALT CHESLEY DIRECTOR	2 00	X						0	0	0
KEVIN CLAYTON DIRECTOR	2 00	X						0	0	0
ANGIE DAHL DIRECTOR	2 00	X						0	0	0
PETER DUDLEY DIRECTOR	2 00	X						0	0	0
ERIN GOLLHOFER DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
XIAOTENG HUANG DIRECTOR	2 00	X						0	0	0
ERIC JONES DIRECTOR	2 00	X						0	0	0
SEAN MADIX DIRECTOR	2 00	X						0	0	0
DR SANDRA NICHOLS DIRECTOR	2 00	X						0	0	0
BEATRIZ PEREZ DIRECTOR	2 00	X						0	0	0
CHARU RAHEJA PHD DIRECTOR	2 00	X						0	0	0
FRANK RAIMONDI DIRECTOR	2 00	X						0	0	0
TIFFANY REEVES DIRECTOR	2 00	X						0	0	0
ADAM ROTHSCHILD DIRECTOR	2 00	X						0	0	0
BETH RUSERT DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SABRINA SPITALETTA JOHAR DIRECTOR	2 00	X						0	0	0
NANCY TESTA DIRECTOR	2 00	X						0	0	0
THOMAS BOGNANNO PRESIDENT & CEO	40 00			X				295,681	0	30,798
MOLLY GRAVHOLT COO/CFO	40 00			X				182,122	0	11,542
STEPHEN CORBISIER CHIEF FIELD OFFICER	40 00					X		189,707	0	3,323
DAVID SELZER VICE PRESIDENT CENTRAL REGION	40 00					X		178,818	0	14,985
AMANDA PONZAR CHIEF MARKETING OFFICER	40 00					X		160,600	0	3,306
SHELLEY HAYES VICE PRESIDENT CUSTOMER SOLUTIONS	40 00					X		150,505	0	14,926

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	20,263,817	22,355,636	35,497,186	33,135,957	27,020,688	138,273,284
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,263,817	22,355,636	35,497,186	33,135,957	27,020,688	138,273,284
5 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)						
6 Public support. Subtract line 5 from line 4						138,273,284

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	20,263,817	22,355,636	35,497,186	33,135,957	27,020,688	138,273,284
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,052	3,773	58,658	77,122	88,612	229,217
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,062,443					1,062,443
11 Total support. Add lines 7 through 10						139,564,944

12 Gross receipts from related activities, etc (see instructions) **12** 3,814,308

13 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.070 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	98.390 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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 **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 on line 12 of 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
c	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? If "Yes," provide detail in Part VI .		
	9c		
10a	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
1	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>		
2	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>		

Section C. Type II Supporting Organizations

		Yes	No
1	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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
2	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>		
3	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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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	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>		

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	Adjusted Net Income (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)	1	
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
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	Minimum Asset Amount (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	Distributable Amount. 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)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 13-6167225

Name: COMMUNITY HEALTH CHARITIES

Part VI **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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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 an 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 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 8/17/06, 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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,378	28,378	0
d Equipment		419,398	369,010	50,388
e Other		97,520	92,194	5,326
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				55,714

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)		
Total. (Column (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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,134,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	3,008
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	11,393
e	Add lines 2a through 2d	2e	14,401
3	Subtract line 2e from line 1	3	8,119,826
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	20,478,354
c	Add lines 4a and 4b	4c	20,478,354
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	28,598,180

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

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

1	Total expenses and losses per audited financial statements	1	6,629,345
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	11,393
e	Add lines 2a through 2d	2e	11,393
3	Subtract line 2e from line 1	3	6,617,952
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	20,478,354
c	Add lines 4a and 4b	4c	20,478,354
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	27,096,306

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-6167225

Name: COMMUNITY HEALTH CHARITIES

Supplemental Information

Return Reference	Explanation
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 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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 11,393

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES 20,478,354

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSE 11,393

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES 20,478,354

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH CHARITIES

Employer identification number
13-6167225

Part I 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
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** 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 ten 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CHARITIES@WORK SUMMIT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	20,292			20,292
2	Less Contributions				
3	Gross income (line 1 minus line 2)	20,292			20,292
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,489			5,489
	8 Entertainment				
	9 Other direct expenses	5,904			5,904
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				11,393
11	Net income summary Subtract line 10 from line 3, column (d) ▶				8,899

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
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

a	The organization's facility	%
b	An outside facility	%

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 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).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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...
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 281
3 Enter total number of other organizations listed in the line 1 table. 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 13-6167225
Name: COMMUNITY HEALTH CHARITIES

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

(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
A KID AGAIN OHIO COLUMBUS 777 G DEARBORN PARK LN COLUMBUS, OH 43085	31-1440073	501(C)(3)	10,003				RESEARCH/PUBLIC EDUCATION
ABCD AFTER BREAST CANCER DIAGNOSIS 5775 N GLEN PARK STE 201 GLENDALE, WI 53209	39-1967028	501(C)(3)	7,821				RESEARCH/PUBLIC EDUCATION

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

(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
AID ATLANTA 1605 PEACHTREE ST NE ATLANTA, GA 30309	58-1537967	501(C)(3)	5,329				RESEARCH/PUBLIC EDUCATION
AIDS RESEARCH FOUNDATION (AMFAR) 120 WALL ST 13TH FL NEW YORK, NY 10005	13-3163817	501(C)(3)	113,887				RESEARCH/PUBLIC EDUCATION

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

(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
ALLIED ARTS 1015 N BROADWAY SUITE 200 OKLAHOMA CITY, OK 73102	73-0804291	501(C)(3)	10,142				RESEARCH/PUBLIC EDUCATION
ALLY'S HOUSE 308 W MAIN ST MOORE, OK 73160	20-0726554	501(C)(3)	11,020				RESEARCH/PUBLIC EDUCATION

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

(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 1275 K ST NW STE 1050 WASHINGTON, DC 20005	13-3271855	501(C)(3)	180,698				RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION ARIZONA ARIZONA CHAPTER PHOENIX 360 E CORONADO RD STE 140 PHOENIX, AZ 85004	86-0727136	501(C)(3)	7,231				RESEARCH/PUBLIC EDUCATION

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

(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 CALIFORNIA GOLDEN WEST CHAPTER AGOURA HILLS 28632 ROADSIDE DR STE 173 AGOURA HILLS, CA 91301	95-4163338	501(C)(3)	8,292				RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION CALIFORNIA GREATER SACRAMENTO CHAPTER SACRAMENTO 2717 COTTAGE WAY STE 173 SACRAMENTO, CA 95825	68-0159292	501(C)(3)	6,275				RESEARCH/PUBLIC EDUCATION

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

(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 COLORADO ROCKY MOUNTAIN CHAPTER WESTMINSTER 10855 DOVER ST STE 500 WESTMINSTER, CO 80021	84-1337868	501(C)(3)	8,215				RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION CONNECTICUT CONNECTICUT CHAPTER MILFORD 4 OXFORD RD UNIT E4 MILFORD, CT 06460	04-3417472	501(C)(3)	7,421				RESEARCH/PUBLIC EDUCATION

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

(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 MASSACHUSETTS MASSACHUSETTS CHAPTER NORWOOD 685 CANTON ST STE 103 NORWOOD, MA 02062	04-3085718	501(C)(3)	5,108				RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION MINNESOTA MINNESOTANDSD CHAPTER MINNEAPOLIS 333 N WASHINGTON AVE STE 105 MINNEAPOLIS, MN 55401	41-1756085	501(C)(3)	21,634				RESEARCH/PUBLIC EDUCATION

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

(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 NEW YORK GREATER NEW YORK CHAPTER NEW YORK 42 BROADWAY STE 1724 NEW YORK, NY 10004	12-3616680	501(C)(3)	8,972				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)	12,252				RESEARCH/PUBLIC EDUCATION

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

(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 OHIO CENTRAL AND SOUTHERN OHIO CHAPTER COLUMBUS 1170 OLD HENDERSON RD STE 221 COLUMBUS, OH 43220	31-1235704	501(C)(3)	8,374				RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION PENNSYLVANIA GREATER PHILADELPHIA CHAPTER AMBLER 321 NORRISTOWN RD STE 260 AMBLER, PA 19002	23-2387205	501(C)(3)	20,770				RESEARCH/PUBLIC EDUCATION

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

(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 WASHINGTON EVERGREEN CHAPTER KENT 19226 66TH AVE S STE L105 KENT, WA 98032	91-1950869	501(C)(3)	6,034				RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION WISCONSIN WISCONSIN CHAPTER WAUWATOSA 3333 N MAYFAIR RD STE 105 WAUWATOSA, WI 53222	39-1600965	501(C)(3)	18,019				RESEARCH/PUBLIC EDUCATION

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

(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
ALZHEIMER'S & DEMENTIA ALLIANCE OF WISCONSIN 3330 UNIVERSITY AVE STE 300 MADISON, WI 53705	39-1679333	501(C)(3)	53,011				RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE STE 1700 CHICAGO, IL 60601	13-3039601	501(C)(3)	1,072,083				RESEARCH/PUBLIC EDUCATION

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

(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
ALZHEIMER'S NEW JERSEY 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068	22-2603592	501(C)(3)	7,667				RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S NORTH CAROLINA 9131 ANSON WAY STE 206 RALEIGH, NC 27615	56-1501117	501(C)(3)	11,405				RESEARCH/PUBLIC EDUCATION

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

(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
ALZHEIMER'S TEXAS 7719 WOOD HOLLOW DR STE 157 AUSTIN, TX 78731	74-2286105	501(C)(3)	29,246				RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 30303	13-1788491	501(C)(3)	1,557,741				RESEARCH/PUBLIC EDUCATION

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

(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 DIABETES ASSOCIATION 2451 CRYSTAL DRIVE STE 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	726,958				RESEARCH/PUBLIC EDUCATION
AMERICAN HEARING RESEARCH FOUNDATION 275 N YORK ST STE 401 ELMHURST, IL 60126	36-2612784	501(C)(3)	14,395				RESEARCH/PUBLIC EDUCATION

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

(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 HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	664,432				RESEARCH/PUBLIC EDUCATION
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE STE 300 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	100,533				RESEARCH/PUBLIC EDUCATION

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

(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 LIVER FOUNDATION 39 BROADWAY STE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	51,268				RESEARCH/PUBLIC EDUCATION
AMERICAN LUNG ASSOCIATION 55 W WACKER DR STE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	225,264				RESEARCH/PUBLIC EDUCATION

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

(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 PARKINSON DISEASE ASSOCIATION 135 PARKINSON AVE STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	36,943				RESEARCH/PUBLIC EDUCATION
ANN & ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO 225 E CHICAGO AVE CHICAGO, IL 60611	36-2170833	501(C)(3)	8,292				RESEARCH/PUBLIC EDUCATION

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

(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
ARC OF NORTH CAROLINA THE 343 E SIX FORKS RD STE 320 RALEIGH, NC 27609	56-0753097	501(C)(3)	5,017				RESEARCH/PUBLIC EDUCATION
ARIZONA AUTISM UNITED 5025 E WASHINGTON ST STE 212 PHOENIX, AZ 85034	16-1738730	501(C)(3)	10,564				RESEARCH/PUBLIC EDUCATION

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

(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
ARTHRITIS FOUNDATION 1355 PEACHTREE ST 6TH FL ATLANTA, GA 30309	58-1341679	501(C)(3)	143,080				RESEARCH/PUBLIC EDUCATION
ASPCA - AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 424 E 92ND STREET NEW YORK, NY 101286804	13-1623829	501(C)(3)	30,471				RESEARCH/PUBLIC EDUCATION

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

(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
ATLANTA MISSION 2353 BOLTON RD NW ATLANTA, GA 30318	58-0572430	501(C)(3)	7,386				RESEARCH/PUBLIC EDUCATION
AUTISM SOCIETY OF COLORADO 550 S WADSWORTH BLVD STE 100 LAKEWOOD, CO 80226	74-2432216	501(C)(3)	14,174				RESEARCH/PUBLIC EDUCATION

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

(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
AUTISM SOCIETY OF SOUTHEASTERN WISCONSIN 3720 N 124TH ST STE O WAUWATOSA, WI 53222	39-1708201	501(C)(3)	18,894				RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS 1 EAST 33RD ST 4TH FL NEW YORK, NY 10016	20-2329938	501(C)(3)	332,191				RESEARCH/PUBLIC EDUCATION

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

(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
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	60,343				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)	10,374				RESEARCH/PUBLIC EDUCATION

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

(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
BREAST CANCER RECOVERY FOUNDATION WISCONSIN 6180 VERONA RD STE 300 FITCHBURG, WI 53719	39-1894850	501(C)(3)	9,108				RESEARCH/PUBLIC EDUCATION
BROADSCOPE 6102 W LAYTON AVE GREENFIELD, WI 53220	39-1143353	501(C)(3)	7,359				RESEARCH/PUBLIC EDUCATION

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

(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
CAMP BOGGY CREEK FLORIDA EUSTIS 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	59-3012889	501(C)(3)	5,905				RESEARCH/PUBLIC EDUCATION
CAMP HOBE 2536 SOUTH 1900 EAST SALT LAKE CITY, UT 84106	57-1149391	501(C)(3)	7,512				RESEARCH/PUBLIC EDUCATION

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

(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
CANCER RESEARCH INSTITUTE 29 BROADWAY 4TH FL NEW YORK, NY 10006	13-1837442	501(C)(3)	317,799				RESEARCH/PUBLIC EDUCATION
CARINGBRIDGE 2750 BLUE WATER RD EAGAN, MN 55121	42-1529394	501(C)(3)	40,450				RESEARCH/PUBLIC EDUCATION

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

(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
CARINGKIND THE HEART OF ALZHEIMER'S CAREGIVING (FORMERLY KNOWN AS THE ALZH 360 LEXINGTON AVE 4TH FL NEW YORK, NY 10017	13-3277408	501(C)(3)	14,580				RESEARCH/PUBLIC EDUCATION
CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	13-6093337	501(C)(3)	30,131				RESEARCH/PUBLIC EDUCATION

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

(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
CHILDREN'S CANCER ASSOCIATION 1200 NW NAITO PKWY STE 140 PORTLAND, OR 97209	93-1181662	501(C)(3)	5,207				RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER NETWORK 6150 W CHANDLER BLVD STE 1 CHANDLER, AZ 85226	20-2129902	501(C)(3)	13,492				RESEARCH/PUBLIC EDUCATION

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

(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
CHILDREN'S CANCER RESEARCH FUND MINNESOTA 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	32,703				RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEALTH CARE FOUNDATION 2525 CHICAGO AVE S MINNEAPOLIS, MN 55404	41-1814223	501(C)(3)	16,697				RESEARCH/PUBLIC EDUCATION

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

(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
CHILDREN'S HEART FOUNDATION 620 MARGATE DRIVE LINCOLNSHIRE, IL 60069	36-4077528	501(C)(3)	35,719				RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL FOUNDATION - OKLAHOMA 901 N LINCOLN BLVD STE 305 OKLAHOMA CITY, OK 73104	73-1200262	501(C)(3)	8,818				RESEARCH/PUBLIC EDUCATION

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

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CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 11783 ROCK LANDING DR NEWPORT NEWS, VA 23606	54-0506321	501(C)(3)	14,964				RESEARCH/PUBLIC EDUCATION
CHILDREN'S TUMOR FOUNDATION 120 WALL ST 16TH FL NEW YORK, NY 10005	13-2298956	501(C)(3)	35,167				RESEARCH/PUBLIC EDUCATION

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CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3435919	501(C)(3)	93,813				RESEARCH/PUBLIC EDUCATION
COLORADO CANCER RESEARCH PROGRAM 1720 S BELLAIRE ST STE 701 DENVER, CO 80222	84-1090476	501(C)(3)	10,646				RESEARCH/PUBLIC EDUCATION

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

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COOLEY'S ANEMIA FOUNDATION 330 SEVENTH AVE STE 200 NEW YORK, NY 10001	11-1971539	501(C)(3)	21,342				RESEARCH/PUBLIC EDUCATION
CRAIG HOSPITAL 3425 S CLARKSON ST ENGLEWOOD, CO 80113	84-0404233	501(C)(3)	6,855				RESEARCH/PUBLIC EDUCATION

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

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CROHN'S & COLITIS FOUNDATION OF AMERICA ALABAMA ALABAMANORTHWEST FLORIDA 733 THIRD AVE STE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	140,885				RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA CONNECTICUT 38 WILDFLOWER LN MIDDLETOWN, CT 06457	13-6193105	501(C)(3)	5,487				RESEARCH/PUBLIC EDUCATION

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

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CROHN'S & COLITIS FOUNDATION OF AMERICA MINNESOTA MINNESOTADAKOTAS CHAPT 2277 HWY 36 W STE 170 ROSEVILLE, MN 55113	13-6193105	501(C)(3)	15,885				RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA NORTH CAROLINA CAROLINAS CHAPTER 1100 S MINT ST STE 204 CHARLOTTE, NC 28203	13-6193105	501(C)(3)	6,764				RESEARCH/PUBLIC EDUCATION

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

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CROHN'S & COLITIS FOUNDATION OF AMERICA WASHINGTON DC VIRGINIA 11300 ROCKVILLE PIKE SUITE 1005 ROCKVILLE, MD 20852	13-6193105	501(C)(3)	13,355				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)	17,773				RESEARCH/PUBLIC EDUCATION

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

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CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100 BETHESDA, MD 20814	13-1930701	501(C)(3)	298,672				RESEARCH/PUBLIC EDUCATION
DAWS - DANBURY ANIMAL WELFARE SOCIETY INC 147 GRASSY PLAIN ST BETHEL, CT 06801	06-0945388	501(C)(3)	6,994				RESEARCH/PUBLIC EDUCATION

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

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE 55 E JACKSON BLVD STE 490 CHICAGO, IL 60604	36-3379124	501(C)(3)	37,471				RESEARCH/PUBLIC EDUCATION
DIABETES RESEARCH INSTITUTE FOUNDATION DC 815 16TH ST NW 6TH FL WASHINGTON, DC 20006	59-1361955	501(C)(3)	23,287				RESEARCH/PUBLIC EDUCATION

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

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DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO 510 E NORTH BROADWAY 4TH FL COLUMBUS, OH 43214	31-1126185	501(C)(3)	8,957				RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME GUILD OF GREATER KANSAS CITY 5960 DEARBORN ST STE 100 MISSION, KS 66202	43-1427760	501(C)(3)	13,248				RESEARCH/PUBLIC EDUCATION

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

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EASTER SEALS 141 W JACKSON BLVD 1400A CHICAGO, IL 60604	36-2171729	501(C)(3)	16,583				RESEARCH/PUBLIC EDUCATION
EASTER SEALS WISCONSIN MADISON 8001 EXCELSIOR DR ST 200 MADISON, WI 53717	39-0824877	501(C)(3)	5,309				RESEARCH/PUBLIC EDUCATION

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

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ENDOMETRIOSIS ASSOCIATION INC 8585 N 76TH PL MILWAUKEE, WI 53223	39-1414754	501(C)(3)	25,894				RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PL LANDOVER, MD 20785	52-0856660	501(C)(3)	71,719				RESEARCH/PUBLIC EDUCATION

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

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EPILEPSY FOUNDATION OF MINNESOTA 1600 UNIVERSITY AVE STE 300 SAINT PAUL, MN 55104	41-0874541	501(C)(3)	13,207				RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF NORTHERN CALIFORNIA 1736 FRANKLIN ST STE 450 OAKLAND, CA 94612	94-6128891	501(C)(3)	8,002				RESEARCH/PUBLIC EDUCATION

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

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EPILEPSY FOUNDATION OF TEXAS CENTRAL & SOUTH TX SAN ANTONIO CHAPTER 10615 PERRIN BEITEL RD STE 602 SAN ANTONIO, TX 78217	76-0415338	501(C)(3)	16,199				RESEARCH/PUBLIC EDUCATION
FAITH'S LODGE 505 HWY 169 N STE 245 PLYMOUTH, MN 55441	20-4967588	501(C)(3)	16,255				RESEARCH/PUBLIC EDUCATION

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FIRST ASSEMBLY OF GOD 133 JUNCTION RD BROOKFIELD, CT 06804	06-0872941	501(C)(3)	7,157				RESEARCH/PUBLIC EDUCATION
FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	9,553				RESEARCH/PUBLIC EDUCATION

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FRASER 2400 W 64TH ST RICHFIELD, MN 55423	41-0781858	501(C)(3)	20,443				RESEARCH/PUBLIC EDUCATION
FREEDOM SERVICE DOGS INC 7193 S DILLON CT ENGLEWOOD, CO 80112	84-1068936	501(C)(3)	27,058				RESEARCH/PUBLIC EDUCATION

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GLOBAL IMPACT 1199 N FAIRFAX ST STE 300 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	36,555				RESEARCH/PUBLIC EDUCATION
GREAT LAKES HEMOPHILIA FOUNDATION WISCONSIN 638 N 18TH ST STE 108 MILWAUKEE, WI 53233	23-7367636	501(C)(3)	7,340				RESEARCH/PUBLIC EDUCATION

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HANDY DANDY HANDYMAN CO 26 SHAMROCK DR BROOKFIELD, CT 06804	32-0092917	501(C)(3)	5,055				RESEARCH/PUBLIC EDUCATION
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD CENTER CITY, MN 55012	41-0682405	501(C)(3)	11,813				RESEARCH/PUBLIC EDUCATION

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HEMOPHILIA FOUNDATION OF MINNESOTADAKOTAS 750 S PLAZA DR STE 207 MENDOTA HEIGHTS, MN 55120	41-6032276	501(C)(3)	8,065				RESEARCH/PUBLIC EDUCATION
HOSPICE ORGANIZATION OF OHIO 2233 N BANK DR COLUMBUS, OH 43220	31-0966673	501(C)(3)	19,974				RESEARCH/PUBLIC EDUCATION

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HUNTINGTON'S DISEASE SOCIETY OF AMERICA 505 EIGHTH AVE STE 902 NEW YORK, NY 10018	13-3349872	501(C)(3)	77,739				RESEARCH/PUBLIC EDUCATION
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN SALT LAKE CITY, UT 84108	87-0541293	501(C)(3)	54,047				RESEARCH/PUBLIC EDUCATION

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JDRF INTERNATIONAL 26 BROADWAY 14TH FL NEW YORK, NY 10004	23-1907729	501(C)(3)	441,668				RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL CONNECTICUT GREATER CT-W MA CHAPTER 20 BATTERSON PARK RD 3RD FL FARMINGTON, CT 06032	23-1907729	501(C)(3)	6,033				RESEARCH/PUBLIC EDUCATION

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JDRF INTERNATIONAL INDIANA INDIANA STATE CHAPTER 10401 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 46290	23-1907729	501(C)(3)	9,338				RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL MINNESOTA MINNESOTA CHAPTER 3001 METRO BLVD STE 100 BLOOMINGTON, MN 55425	23-1907729	501(C)(3)	6,476				RESEARCH/PUBLIC EDUCATION

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JDRF INTERNATIONAL MISSOURI KANSAS CITY CHAPTER 215 W PERSHING RD STE 300 KANSAS CITY, MO 64108	23-1907729	501(C)(3)	17,749				RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL TEXAS SOUTH CENTRAL TEXAS CHAPTER 8700 CROWNHILL BLVD STE 803 SAN ANTONIO, TX 78209	23-1907729	501(C)(3)	6,036				RESEARCH/PUBLIC EDUCATION

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JDRF INTERNATIONAL WISCONSIN WESTERN WISCONSIN CHAPTER 434 S YELLOWSTONE DR STE 201 MADISON, WI 53719	23-1907729	501(C)(3)	6,781				RESEARCH/PUBLIC EDUCATION
JOSHUA CENTER FOR NEUROLOGICAL DISORDERS - MISSOURI 400 EAST BANNISTER ROAD SUITE A KANSAS CITY, MO 64131	43-1782066	501(C)(3)	7,808				RESEARCH/PUBLIC EDUCATION

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KANSAS CITY HOSPICE 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	43-1209344	501(C)(3)	27,419				RESEARCH/PUBLIC EDUCATION
KIDS IN NEED OF DENTISTRY (KIND) 2465 S DOWNING ST STE 210 DENVER, CO 80210	84-6038681	501(C)(3)	8,191				RESEARCH/PUBLIC EDUCATION

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LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	560,416				RESEARCH/PUBLIC EDUCATION
LIFE NAVIGATORS 7203 W CENTER ST WAUWATOSA, WI 53210	39-0978146	501(C)(3)	8,884				RESEARCH/PUBLIC EDUCATION

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LUPUS FOUNDATION OF AMERICA 2121 K ST NW STE 200 WASHINGTON, DC 20037	43-1131436	501(C)(3)	143,929				RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA GEORGIA GEORGIA CHAPTER 1850 LAKE PARK DR STE 101 SMYRNA, GA 30080	58-1231804	501(C)(3)	5,058				RESEARCH/PUBLIC EDUCATION

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LUPUS FOUNDATION OF AMERICA NORTH CAROLINA NORTH CAROLINA CHAPTER 4530 PARK RD STE 302 CHARLOTTE, NC 28209	56-1487119	501(C)(3)	12,585				RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA OHIO GREATER OHIO CHAPTER 12930 CHIPPEWA RD STE 6 BRECKSVILLE, OH 44141	34-1229407	501(C)(3)	5,063				RESEARCH/PUBLIC EDUCATION

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

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LUPUS FOUNDATION OF AMERICA PENNSYLVANIA PHILADELPHIA TRI-STATE CHAPTER 101 GREENWOOD AVE STE 200 JENKINTOWN, PA 19046	23-7080555	501(C)(3)	10,727				RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA TEXAS LONE STAR CHAPTER 14675 MIDWAY RD STE 201 ADDISON, TX 75001	75-1561127	501(C)(3)	9,641				RESEARCH/PUBLIC EDUCATION

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LUPUS FOUNDATION OF AMERICA WISCONSIN WISCONSIN CHAPTER 2600 N MAYFAIR RD STE 320 MILWAUKEE, WI 53226	39-1620195	501(C)(3)	6,115				RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF COLORADO 7853 E ARAPAHOE COURT STE 3100 CENTENNIAL, CO 80112	84-0763686	501(C)(3)	5,146				RESEARCH/PUBLIC EDUCATION

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

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MACC FUND (MIDWEST ATHLETES AGAINST CHILDHOOD CANCER) WISCONSIN 10000 W INNOVATION DR STE 135 MILWAUKEE, WI 53226	39-1270290	501(C)(3)	19,225				RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF COLORADO 7951 E MAPLEWOOD AVE STE 126 GREENWOOD VILLAGE, CO 80111	74-2273004	501(C)(3)	25,687				RESEARCH/PUBLIC EDUCATION

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MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND ONE BULFINCH PL 2ND FL BOSTON, MA 02114	22-2867371	501(C)(3)	14,633				RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT STE 200 WAUWATOSA, WI 53226	39-1543541	501(C)(3)	61,232				RESEARCH/PUBLIC EDUCATION

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

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MAKE-A-WISH FOUNDATION VIRGINIA 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	11,761				RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	367,131				RESEARCH/PUBLIC EDUCATION

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MASONIC CANCER CENTER UNIVERSITY OF MINNESOTA 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	9,686				RESEARCH/PUBLIC EDUCATION
MEMORIAL BLOOD CENTERS MINNESOTA 737 PELHAM BLVD SAINT PAUL, MN 55414	41-0693869	501(C)(3)	13,866				RESEARCH/PUBLIC EDUCATION

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MENTAL HEALTH AMERICA (FORMERLY NATIONAL MENTAL HEALTH ASSOCIATION) 500 MONTGOMERY ST STE 820 ALEXANDRIA, VA 22314	13-1614906	501(C)(3)	41,423				RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA OF COLORADO 1120 LINCOLN ST STE 1606 DENVER, CO 80223	84-0446365	501(C)(3)	13,820				RESEARCH/PUBLIC EDUCATION

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

(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
MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501(C)(3)	14,776				RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH CONNECTICUT INC 61 S MAIN ST STE 100 WEST HARTFORD, CT 06109	06-0646593	501(C)(3)	8,616				RESEARCH/PUBLIC EDUCATION

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MINNEAPOLIS HEART INSTITUTE FOUNDATION MINNESOTA 920 E 28TH ST STE 100 MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	13,280				RESEARCH/PUBLIC EDUCATION
MINNESOTA BRAIN INJURY ALLIANCE 2277 HIGHWAY 36 W STE 200 ROSEVILLE, MN 55113	36-3418174	501(C)(3)	12,064				RESEARCH/PUBLIC EDUCATION

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MINNESOTA NETWORK OF HOSPICE AND PALLIATIVE CARE 2365 MCKNIGHT RD STE 2 NORTH SAINT PAUL, MN 55109	41-1414694	501(C)(3)	11,141				RESEARCH/PUBLIC EDUCATION
MINNESOTA OVARIAN CANCER ALLIANCE 4604 CHICAGO AVE MINNEAPOLIS, MN 55407	41-1960449	501(C)(3)	15,325				RESEARCH/PUBLIC EDUCATION

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MINNESOTA STROKE ASSOCIATION 2277 HIGHWAY 36 W STE 200 ROSEVILLE, MN 55113	27-1261232	501(C)(3)	10,553				RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST STE 3550 CHICAGO, IL 60601	13-1665552	501(C)(3)	152,732				RESEARCH/PUBLIC EDUCATION

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MYASTHENIA GRAVIS FOUNDATION OF AMERICA 355 LEXINGTON AVE 15TH FL NEW YORK, NY 10017	13-5672224	501(C)(3)	24,301				RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) 3803 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	43-1201653	501(C)(3)	84,172				RESEARCH/PUBLIC EDUCATION

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NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) COLORADO 2280 S ALBION ST DENVER, CO 80222	74-2240544	501(C)(3)	11,029				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)	40,587				RESEARCH/PUBLIC EDUCATION

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NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OHIO FRANKLIN COUNTY 1225 DUBLIN RD STE 110 COLUMBUS, OH 43215	31-1197905	501(C)(3)	13,884				RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OKLAHOMA 3812 N SANTA FE STE 305 OKLAHOMA CITY, OK 73118	73-1248588	501(C)(3)	6,049				RESEARCH/PUBLIC EDUCATION

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NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) TEXAS AUSTIN (STATE HQ) 4110 GUADALUPE ST BLDG 781 RM 428 AUSTIN, TX 78751	74-2380175	501(C)(3)	7,451				RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) WISCONSIN 4233 W BELTLINE HWY MADISON, WI 53711	39-1397227	501(C)(3)	18,624				RESEARCH/PUBLIC EDUCATION

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NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA STE 1204 NEW YORK, NY 10001	13-5641857	501(C)(3)	15,702				RESEARCH/PUBLIC EDUCATION
NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION 1731 KING ST STE 100 ALEXANDRIA, VA 22314	54-1096334	501(C)(3)	13,674				RESEARCH/PUBLIC EDUCATION

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NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	130,119				RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION WISCONSIN 10909 W GREENFIELD AVE STE 201 WEST ALLIS, WI 53214	39-1133761	501(C)(3)	10,003				RESEARCH/PUBLIC EDUCATION

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NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FL NEW YORK, NY 10017	13-5661935	501(C)(3)	444,295				RESEARCH/PUBLIC EDUCATION
NATIONAL OVARIAN CANCER COALITION 3800 MAPLE AVE STE 435 DALLAS, TX 75219	65-0628064	501(C)(3)	22,597				RESEARCH/PUBLIC EDUCATION

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NATIONAL PARKINSON FOUNDATION 200 SE 1ST ST STE 800 MIAMI, FL 33131	59-0968031	501(C)(3)	52,397				RESEARCH/PUBLIC EDUCATION
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	29,794				RESEARCH/PUBLIC EDUCATION

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NATIONAL STROKE ASSOCIATION 9707 E EASTER LN ENGLEWOOD, CO 80112	74-2317104	501(C)(3)	28,267				RESEARCH/PUBLIC EDUCATION
ONE HEARTLAND 2101 HENNEPIN AVE S STE 200 MINNEAPOLIS, MN 55405	39-1763115	501(C)(3)	9,496				RESEARCH/PUBLIC EDUCATION

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PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	199,389				RESEARCH/PUBLIC EDUCATION
PARKINSON ASSOCIATION OF THE ROCKIES 1325 S COLORADO BLVD STE 204B DENVER, CO 80222	74-2212593	501(C)(3)	7,080				RESEARCH/PUBLIC EDUCATION

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PET PARTNERS 345 118TH AVE SE STE 200 BELLEVUE, WA 98005	91-1158281	501(C)(3)	19,594				RESEARCH/PUBLIC EDUCATION
PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 E CAMELBACK RD STE 122 PHOENIX, AZ 85016	74-2421549	501(C)(3)	85,507				RESEARCH/PUBLIC EDUCATION

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PLANNED PARENTHOOD AFFILIATES OF MICHIGAN 3100 PROFESSIONAL DRIVE ANN ARBOR, MI 48104	38-2346424	501(C)(3)	5,933				RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD MAR MONTE INC CALIFORNIA SAN JOSE REGIONAL OFFICE S 1605 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	26,861				RESEARCH/PUBLIC EDUCATION

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PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	17,981				RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD OF WISCONSIN 302 N JACKSON ST MILWAUKEE, WI 53202	39-0863391	501(C)(3)	288,488				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)	6,213				RESEARCH/PUBLIC EDUCATION
PREVENT BLINDNESS (NATIONAL SOCIETY TO PREVENT BLINDNESS) 211 W WACKER STE 1700 CHICAGO, IL 60606	36-3667121	501(C)(3)	6,141				RESEARCH/PUBLIC EDUCATION

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PREVENT BLINDNESS OHIO 1500 W THIRD AVE STE 200 COLUMBIA, OH 43212	31-6063433	501(C)(3)	5,309				RESEARCH/PUBLIC EDUCATION
RESOLVE THE NATIONAL INFERTILITY ASSOCIATION 7918 JONES BRANCH DR STE 300 MCLEAN, VA 22102	23-7413696	501(C)(3)	11,079				RESEARCH/PUBLIC EDUCATION

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RONALD MCDONALD HOUSE CHARITIES OF CENTRAL ILLINOIS 610 N SEVENTH ST SPRINGFIELD, IL 62707	37-1145155	501(C)(3)	8,553				RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF DENVER 1300 E 21ST AVE DENVER, CO 80205	84-0728926	501(C)(3)	24,345				RESEARCH/PUBLIC EDUCATION

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RONALD MCDONALD HOUSE CHARITIES OF EASTERN WISCONSIN 8948 WATERTOWN PLANK RD WAUWATOSA, WI 53226	39-1433107	501(C)(3)	26,744				RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY INC - MISSOURI 2502 CHERRY KANSAS CITY, MO 64108	43-1190760	501(C)(3)	80,911				RESEARCH/PUBLIC EDUCATION

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RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA 550 SOUTH FIRST ST LOUISVILLE, KY 40202	31-1053467	501(C)(3)	5,422				RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF MINNESOTA UPPER MIDWEST 818 FULTON ST SE MINNEAPOLIS, MN 55414	41-1313107	501(C)(3)	26,591				RESEARCH/PUBLIC EDUCATION

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RONALD MCDONALD HOUSE CHARITIES OF OKLAHOMA CITY INC 13439 BROADWAY EXT OKLAHOMA CITY, OK 73114	73-1103242	501(C)(3)	6,097				RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF SOUTHERN CALIFORNIA 4560 FOUNTAIN AVE LOS ANGELES, CA 90029	95-3167869	501(C)(3)	11,524				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)	16,385				RESEARCH/PUBLIC EDUCATION
RYAN HOUSE 110 MERRELL ST 1ST FL PHOENIX, AZ 85013	20-1852393	501(C)(3)	11,952				RESEARCH/PUBLIC EDUCATION

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SAVE SUICIDE AWARENESS VOICES OF EDUCATION 8120 PENN AVE S STE 470 BLOOMINGTON, MN 55431	41-1702239	501(C)(3)	21,701				RESEARCH/PUBLIC EDUCATION
SECOND WIND FUND INC 899 LOGAN ST STE 311 DENVER, CO 80203	73-1701536	501(C)(3)	6,060				RESEARCH/PUBLIC EDUCATION

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SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVE STE A WESTPORT, CT 06880	31-1794455	501(C)(3)	5,619				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)	12,120				RESEARCH/PUBLIC EDUCATION

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SICKLE CELL DISEASE ASSOCIATION OF AMERICA 3700 KOPPERS ST STE 570 BALTIMORE, MD 21227	23-7175985	501(C)(3)	145,074				RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA PENNSYLVANIA PHILADELPHIA 5300 WYNNEFIELD AVE 2ND FL PHILADELPHIA, PA 19131	22-2436381	501(C)(3)	9,028				RESEARCH/PUBLIC EDUCATION

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SICKLE CELL DISEASE ASSOCIATION OF AMERICA TEXAS MARC THOMAS FOUNDATION 314 E HIGHLAND MALL BLVD STE 411 AUSTIN, TX 78752	74-2934173	501(C)(3)	17,334				RESEARCH/PUBLIC EDUCATION
SMILE TRAIN 633 3RD AVE 9TH FL NEW YORK, NY 10017	13-3661416	501(C)(3)	30,042				RESEARCH/PUBLIC EDUCATION

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SPECIAL OLYMPICS COLORADO 384 INVERNESS PKWY STE 100 ENGLEWOOD, CO 80112	84-0713739	501(C)(3)	14,385				RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS CONNECTICUT 2666 STATE ST STE 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	14,877				RESEARCH/PUBLIC EDUCATION

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SPECIAL OLYMPICS FLORIDA FLORIDA CLERMONT 1915 DON WICKHAM DR CLERMONT, FL 34711	23-7181560	501(C)(3)	9,047				RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS KANSAS INC MISSION 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	8,371				RESEARCH/PUBLIC EDUCATION

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SPECIAL OLYMPICS KENTUCKY 105 LAKEVIEW CT FRANKFORT, KY 40601	61-0954571	501(C)(3)	5,380				RESEARCH/PUBLIC EDUCATION
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD STE 800 ARLINGTON, VA 22209	58-1342181	501(C)(3)	20,936				RESEARCH/PUBLIC EDUCATION

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,324,379				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN 5005 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	331,713				RESEARCH/PUBLIC EDUCATION

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SUSAN G KOMEN CALIFORNIA INLAND EMPIRE AFFILIATE 7177 BROCKTON AVE STE 108 RIVERSIDE, CA 92506	33-0802964	501(C)(3)	6,935				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)	6,812				RESEARCH/PUBLIC EDUCATION

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SUSAN G KOMEN CALIFORNIA SACRAMENTO VALLEY AFFILIATE 2880 SUNRISE BLVD STE 220 RANCHO CORDOVA, CA 95742	94-3169358	501(C)(3)	5,679				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN COLORADO DENVER METROPOLITAN AFFILIATE 50 S STEELE ST STE 100 DENVER, CO 80209	84-1199858	501(C)(3)	15,137				RESEARCH/PUBLIC EDUCATION

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SUSAN G KOMEN CONNECTICUT SOUTHERN NEW ENGLAND AFFILIATE 76 BATTERSON PARK RD 1ST FL FARMINGTON, CT 06032	75-2844629	501(C)(3)	30,894				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN FLORIDA MIAMI AFFILIATE 1333 S UNIVERSITY DR STE 206 PLANTATION, FL 33324	75-2844638	501(C)(3)	6,959				RESEARCH/PUBLIC EDUCATION

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

(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
SUSAN G KOMEN GEORGIA GREATER ATLANTA AFFILIATE 3525 PIEDMONT RD 5 215 ALTANTA, GA 30305	58-1959763	501(C)(3)	18,845				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN ILLINOIS CHICAGO AREA AFFILIATE 213 W INSTITUTE PL STE 302 CHICAGO, IL 60610	36-4111723	501(C)(3)	7,178				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN INDIANA INDIANAPOLIS 3500 DEPAUW BLVD STE 2070 INDIANAPOLIS, IN 46268	75-2941627	501(C)(3)	12,860				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN MINNESOTA 960 SOUTHDALE CTR EDINA, MN 55435	41-1924790	501(C)(3)	15,203				RESEARCH/PUBLIC EDUCATION

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SUSAN G KOMEN MISSOURI GREATER KANSAS CITY AFFILIATE 8900 STATE LINE RD STE 333 LEAWOOD, KS 66206	75-2844634	501(C)(3)	13,957				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN MISSOURI MISSOURI AFFILIATE SAINT LOUIS 120023 HI-POINTE PL STE 100 SAINT LOUIS, MO 63117	75-2844650	501(C)(3)	5,614				RESEARCH/PUBLIC EDUCATION

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SUSAN G KOMEN NEW JERSEY CENTRAL AND SOUTH JERSEY AFFILIATE 2 PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	8,182				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)	12,008				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN NEW YORK UPSTATE AFFILIATE BUFFALO 742 DELAWARE AVE BUFFALO, NY 14209	75-2875179	501(C)(3)	10,965				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN NORTH CAROLINA CHARLOTTE AFFILIATE 2316 RANDOLPH RD CHARLOTTE, NC 28207	75-2854959	501(C)(3)	5,247				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN NORTH CAROLINA NC TRIANGLE TO THE COAST 600 AIRPORT BLVD STE 100 MORRISVILLE, NC 27560	75-2845066	501(C)(3)	14,882				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN OHIO COLUMBUS AFFILIATE 929 EASTWIND DR STE 211 WESTERVILLE, OH 43081	75-2844651	501(C)(3)	15,293				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN OHIO GREATER CINCINNATI AFFILIATE 6120 S GILMORE RD STE 206 CINCINNATI, OH 45014	75-2855038	501(C)(3)	7,513				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN OHIO NORTHWEST OH AFFILIATE 3100 W CENTRAL AVE STE 235 TOLEDO, OH 43606	75-2845063	501(C)(3)	8,159				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN OKLAHOMA CENTRAL OK AFFILIATE 101 PARK AVE STE 225 OKLAHOMA CITY, OK 73102	73-1372249	501(C)(3)	5,767				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN PENNSYLVANIA NE PENNSYLVANIA 125 N WASHINGTON AVE STE 305 SCRANTON, PA 18503	23-2657570	501(C)(3)	8,638				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN PENNSYLVANIA PHILADELPHIA 125 S 9TH ST STE 202 PHILADELPHIA, PA 19107	75-2949264	501(C)(3)	9,805				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN TENNESSEE CENTRAL TENNESSEE NASHVILLE 4009 HILLSBORO PIKE STE 209 NASHVILLE, TN 37215	62-1671774	501(C)(3)	5,242				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN TEXAS AUSTIN AFFILIATE 1705 S CAPITAL TEXAS HWY STE 130 AUSTIN, TX 78746	75-2854966	501(C)(3)	25,428				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN TEXAS HOUSTON AFFILIATE 602 SAWYER ST STE 201 HOUSTON, TX 77007	76-0360372	501(C)(3)	6,563				RESEARCH/PUBLIC EDUCATION

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SUSAN G KOMEN TEXAS NORTH TEXAS AFFILIATE 6130 W PARKER MEDICAL OFFICE BLDG 1 STE 312 PLANO, TX 75093	75-2356437	501(C)(3)	5,530				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)	21,582				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN UTAH SALT LAKE CITY AFFILIATE 4900 S HIGHLAND DR STE B SALT LAKE CITY, UT 84117	75-2855032	501(C)(3)	5,033				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN VIRGINIA RICHMONDCENTRAL AFFILIATE 1403 JOHNSTON WILLIS DR RICHMOND, VA 23235	75-2844659	501(C)(3)	7,228				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN VIRGINIA TIDEWATER AFFILIATE 6363 CENTER DR NORFOLK, VA 23502	75-2875178	501(C)(3)	8,465				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN WASHINGTON PUGET SOUND CHAPTER 112 5TH AVE N SEATTLE, WA 98109	91-1624040	501(C)(3)	13,215				RESEARCH/PUBLIC EDUCATION

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

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SUSAN G KOMEN WISCONSIN MILWAUKEE 2025 W OKLAHOMA AVE STE 116 MILWAUKEE, WI 53215	75-2844639	501(C)(3)	15,919				RESEARCH/PUBLIC EDUCATION
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN 2222 WELBORN ST DALLAS, TX 75219	75-0818178	501(C)(3)	57,709				RESEARCH/PUBLIC EDUCATION

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THE CHILDREN'S CENTER INC 6800 NORTHWEST 39TH EXPRESSWAY BETHANY, OK 73008	73-0580264	501(C)(3)	5,159				RESEARCH/PUBLIC EDUCATION
THE PAINTED TURTLE 1300 4TH ST STE 300 SANTA MONICA, CA 90401	95-4612481	501(C)(3)	6,701				RESEARCH/PUBLIC EDUCATION

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TOURETTE ASSOCIATION OF AMERICA 42 40 BELL BLVD BAYSIDE, NY 11361	23-7191992	501(C)(3)	15,101				RESEARCH/PUBLIC EDUCATION
UNITED CEREBRAL PALSY OF GREATER DANE COUNTY 2801 COHO ST STE 300 MADISON, WI 53713	39-1034054	501(C)(3)	13,755				RESEARCH/PUBLIC EDUCATION

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UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 73106	73-0589829	501(C)(3)	29,112				RESEARCH/PUBLIC EDUCATION
UNITED WAY OF METROPOLITAN DALLAS 1800 N LAMAR ST DALLAS, TX 75202	75-6005352	501(C)(3)	14,398				RESEARCH/PUBLIC EDUCATION

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UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	32,513				RESEARCH/PUBLIC EDUCATION
UNITED WAY OF WESTERN CONNECTICUT 301 MAIN ST STE 2-5 DANBURY, CT 06810	06-0646577	501(C)(3)	23,685				RESEARCH/PUBLIC EDUCATION

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WISCONSIN PARKINSON ASSOCIATION 16655 W BLUEMOUND RD STE 330 BROOKFIELD, WI 53005	39-1492810	501(C)(3)	12,584				RESEARCH/PUBLIC EDUCATION
WISCONSIN WOMEN'S HEALTH FOUNDATION 2503 TODD DRIVE MADISON, WI 53713	39-1900678	501(C)(3)	8,878				RESEARCH/PUBLIC EDUCATION

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ZERO - THE END OF PROSTATE CANCER 515 KING ST STE 420 ALEXANDRIA, VA 22314	59-3400922	501(C)(3)	39,954				RESEARCH/PUBLIC EDUCATION
ALLIANCE FOR CANCER GENE THERAPY INC 96 CUMMINGS POINT RD STAMFORD, CT 06902	06-1619523	501(C)(3)	10,376				RESEARCH/PUBLIC EDUCATION

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ALS ASSOCIATION MISSOURI MID-AMERICA CHAPTER OZARK 2209 PETRUS CIRCLE OZARK, MO 65721	48-1021611	501(C)(3)	31,337				RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION TEXAS TEXAS CHAPTER SAN ANTONIO 4939 DEZAVALA RD STE 105 SAN ANTONIO, TX 78240	74-2678974	501(C)(3)	9,192				RESEARCH/PUBLIC EDUCATION

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ALS ASSOCIATION VIRGINIA DCMDVA CHAPTER RICHMOND 8100 THREE CHOPT RD STE 147 RICHMOND, VA 23229	52-1749047	501(C)(3)	16,702				RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S GREATER LOS ANGELES RANCHO MIRAGE 69 730 HIGHWAY 111 STE 111 RANCHO MIRAGE, CA 92270	95-3718119	501(C)(3)	13,390				RESEARCH/PUBLIC EDUCATION

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AMERICAN BIBLE SOCIETY 101 N INDEPENDENCE MALL E 8TH FL PHILADELPHIA, PA 19106	13-1623885	501(C)(3)	6,050				RESEARCH/PUBLIC EDUCATION
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRLE SUITE 108 LARKSPUR, CA 94939	94-3067804	501(C)(3)	31,334				RESEARCH/PUBLIC EDUCATION

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AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275	54-1517707	501(C)(3)	7,704				RESEARCH/PUBLIC EDUCATION
ANGEL FOUNDATION 1155 CENTRE POINTE DR STE 7 MENDOTA HEIGHTS, MN 55120	41-1990883	501(C)(3)	15,539				RESEARCH/PUBLIC EDUCATION

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AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF ST STE 102 SAINT PAUL, MN 55114	41-1718029	501(C)(3)	14,229				RESEARCH/PUBLIC EDUCATION
BADGER CHILDHOOD CANCER NETWORK 2211 ATWOOD AVE MADISON, WI 53704	57-1151037	501(C)(3)	10,366				RESEARCH/PUBLIC EDUCATION

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BLACK WOMEN'S HEALTH IMPERATIVE 55 M ST SE WASHINGTON, DC 20003	58-1557556	501(C)(3)	42,894				RESEARCH/PUBLIC EDUCATION
CAN DO CANINES 9440 SCIENCE CENTER DR NEW HOPE, MN 55428	41-1594165	501(C)(3)	34,257				RESEARCH/PUBLIC EDUCATION

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CHILDREN'S HEALTH FUND 215 W 125TH ST STE 301 NEW YORK, NY 10027	13-3468427	501(C)(3)	22,255				RESEARCH/PUBLIC EDUCATION
COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE NW STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	49,149				RESEARCH/PUBLIC EDUCATION

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COLUMBUS HOUSE CONNECTICUT 586 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	22-2511873	501(C)(3)	6,489				RESEARCH/PUBLIC EDUCATION
COVENANT HOUSE INTERNATIONAL 5 PENN PLAZA NEW YORK, NY 10001	13-2725416	501(C)(3)	14,071				RESEARCH/PUBLIC EDUCATION

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CROHN'S & COLITIS FOUNDATION OF AMERICA NEW HAMPSHIRE NEW ENGLAND CHAPTER 280 HILLSIDE AVE NEEDHAM, MA 02494	13-6193105	501(C)(3)	5,048				RESEARCH/PUBLIC EDUCATION
EASTER SEALS TEXAS CENTRAL TEXAS 8505 CROSS PARK DR STE 120 AUSTIN, TX 78754	75-0808811	501(C)(3)	6,397				RESEARCH/PUBLIC EDUCATION

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FACING ADDICTION WITH NCADD 217 BROADWAY STE 712 NEW YORK, NY 10007	13-1334053	501(C)(3)	7,076				RESEARCH/PUBLIC EDUCATION
GILDA'S CLUB TWIN CITIES 10560 WAYZATA BLVD MINNETONKA, MN 55305	20-4265823	501(C)(3)	14,747				RESEARCH/PUBLIC EDUCATION

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GREATER TWIN CITIES UNITED WAY 404 S 8TH ST MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	7,496				RESEARCH/PUBLIC EDUCATION
HOSPICE ALLIANCE 10220 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158	39-1822945	501(C)(3)	6,512				RESEARCH/PUBLIC EDUCATION

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JDRF INTERNATIONAL MICHIGAN GREAT LAKES WEST CHAPTER 4595 BROADMOOR AVE SE STE 230 KENTWOOD, MI 49512	23-1907729	501(C)(3)	6,158				RESEARCH/PUBLIC EDUCATION
JUSTUS HEALTH 2577 TERRITORIAL ROAD SAINT PAUL, MN 55114	41-1524746	501(C)(3)	12,755				RESEARCH/PUBLIC EDUCATION

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KIDS IN CRISIS ONE SALEM ST COS COB, CT 06807	06-1027885	501(C)(3)	10,535				RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA NEW YORK & CONNECTICUT NE REGIONAL OFFICE 315 W 36TH ST NEW YORK, NY 10018	43-1131436	501(C)(3)	7,362				RESEARCH/PUBLIC EDUCATION

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NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) MASSACHUSETTS 529 MAIN ST STE 1M17 BOSTON, MA 02126	04-2777012	501(C)(3)	8,731				RESEARCH/PUBLIC EDUCATION
NATIONAL STEM CELL FOUNDATION KENTUCKY 462 S 4TH ST LOUISVILLE, KY 40202	83-0392250	501(C)(3)	10,605				RESEARCH/PUBLIC EDUCATION

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NEIGHBOR TO NATION 44330 PREMIER PLAZA ST 220 ASHBURN, VA 20147	54-1879282	501(C)(3)	58,833				RESEARCH/PUBLIC EDUCATION
NEW CITY FELLOWSHIP 9358 MAIN STREET MANASSAS, VA 20110	54-1887342	501(C)(3)	5,600				RESEARCH/PUBLIC EDUCATION

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

(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
PARKINSON'S FOUNDATION 1359 BROADWAY STE 1509 NEW YORK, NY 10018	13-1866796	501(C)(3)	39,527				RESEARCH/PUBLIC EDUCATION
PARKINSON'S INSTITUTE CALIFORNIA (NORTHERN) 675 ALMANOR AVE SUNNYVALE, CA 94085	94-3061594	501(C)(3)	5,749				RESEARCH/PUBLIC EDUCATION

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

(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
PENNSYLVANIA TOURETTE SYNDROME ALLIANCE PO BOX 148 MC SHERRYSTOWN, PA 17344	23-2367689	501(C)(3)	15,486				RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD MAR MONTE INC CALIFORNIA SACRAMENTO REGIONAL OFFICE 201 29TH STREETE STE A SACRAMENTO, CA 95816	94-1583439	501(C)(3)	10,706				RESEARCH/PUBLIC EDUCATION

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

(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
RONALD MCDONALD HOUSE CHARITIES OF CHICAGOLAND & NW INDIANA 1301 W 22ND ST OAK BROOK, IL 60523	36-3532553	501(C)(3)	5,016				RESEARCH/PUBLIC EDUCATION
SHATTERPROOF 101 MERRITT 7 NORWALK, CT 06851	45-4619712	501(C)(3)	10,523				RESEARCH/PUBLIC EDUCATION

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

(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
SHRINER'S HOSPITAL FOR CHILDREN - UT 1275 E FAIRFAX RD SALT LAKE CITY, UT 84103	36-2193608	501(C)(3)	8,921				RESEARCH/PUBLIC EDUCATION
SNOWBALL EXPRESS 611 S MAIN ST STE 400 GRAPEVINE, TX 76051	20-5627830	501(C)(3)	27,473				RESEARCH/PUBLIC EDUCATION

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

(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
SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006	31-1496646	501(C)(3)	8,363				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN ILLINOIS PEORIA MEMORIAL AFFILIATE 4700 N UNIVERSITY ST STE 91 PEORIA, IL 61614	37-1286285	501(C)(3)	5,872				RESEARCH/PUBLIC EDUCATION

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

(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
SUSAN G KOMEN PENNSYLVANIA GREATER PA 1133 S BRADDOCK AVE PITTSBURGH, PA 15218	81-0665396	501(C)(3)	5,876				RESEARCH/PUBLIC EDUCATION
SUSAN G KOMEN TEXAS WEST TEXAS AFFILIATE LUBBOCK 1655 MAIN ST STE 203 LUBBOCK, TX 79401	75-2509762	501(C)(3)	6,396				RESEARCH/PUBLIC EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOLE IN THE WALL GANG FUND 555 LONG WHARF DR NEW HAVEN, CT 06511	06-1157655	501(C)(3)	9,406				RESEARCH/PUBLIC EDUCATION
THE MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 10163	13-4141945	501(C)(3)	13,174				RESEARCH/PUBLIC EDUCATION

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

(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
UNITED WAY OF GREATER WATERBURY 1200 N ELM ST 2ND FL WATERBURY, CT 06702	06-0646634	501(C)(3)	7,150				RESEARCH/PUBLIC EDUCATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH CHARITIES

Employer identification number
13-6167225

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS BOGNANNO PRESIDENT & CEO	(i)	295,681	0	0	17,550	13,248	326,479	0
	(ii)	0	0	0	0	0	0	0
2 MOLLY GRAVHOLT COO/CFO	(i)	172,122	10,000	0	11,149	393	193,664	0
	(ii)	0	0	0	0	0	0	0
3 STEPHEN CORBISIER CHIEF FIELD OFFICER	(i)	102,207	0	87,500	3,194	129	193,030	0
	(ii)	0	0	0	0	0	0	0
4 DAVID SELZER VICE PRESIDENT CENTRAL REGION	(i)	136,865	0	41,953	7,158	7,827	193,803	0
	(ii)	0	0	0	0	0	0	0
5 AMANDA PONZAR CHIEF MARKETING OFFICER	(i)	155,600	5,000	0	3,100	206	163,906	0
	(ii)	0	0	0	0	0	0	0
6 SHELLEY HAYES VICE PRESIDENT CUSTOMER SOLUTIONS	(i)	143,005	7,500	0	9,293	5,633	165,431	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	STEPHEN CORBISIER AND DAVID SEIZER RECEIVED SEPARATION PAY IN THE AMOUNTS OF \$87,500 AND \$41,953 RESPECTIVELY
PART I, LINE 7	DISCRETIONARY MERIT BONUSES WERE AWARDED TO MOLLY GRAVHOLT, 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EXCESS OF ASSETS OVER LIABILITIES ACQUIRED IN ACQUISITION OF LOCAL AFFILIATE 478,973

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, SECTION B	THE ORGANIZATION IS FILING AN AMENDED RETURN TO CHANGE PAGE 1, PART I, QUESTION 3 TO REFLECT 22 VOTING BOARD MEMBERS TO ADHERE TO THEIR COMBINED FEDERAL CAMPAIGN GUIDELINES