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PUBLIC DISCLOSURE COPY



**CBIZ MHM, LLC**

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Columbia, MD 21046  
Ph: 443.656.3044

JUNE 19, 2013

COMMUNITY HEALTH CHARITIES  
1240 NORTH PITT STREET THIRD FLOOR  
ALEXANDRIA, VA 22314

DEAR MOLLY:

ENCLOSED IS THE 2011 EXEMPT ORGANIZATION RETURN, AS  
FOLLOWS...

2011 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US  
WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX  
AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE  
THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU  
MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH  
POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

SINCERELY,

JEFFREY E. SABOT  
CERTIFIED PUBLIC ACCOUNTANT

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
..... JUNE 30, 2012 .....

<b>Prepared for</b>	COMMUNITY HEALTH CHARITIES 1240 NORTH PITT STREET THIRD FLOOR ALEXANDRIA, VA 22314
<b>Prepared by</b>	CBIZ MHM, LLC 3 BETHESDA METRO CENTER, SUITE 600 BETHESDA, MD 20814
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

# 2011

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY HEALTH CHARITIES</b>		<b>D</b> Employer identification number  13-6167225
	Doing Business As		<b>E</b> Telephone number  (703)528-1007
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1240 NORTH PITT STREET THIRD FLOOR		<b>G</b> Gross receipts \$ 31,905,749.
City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314			
<b>F</b> Name and address of principal officer: THOMAS BOGNANNO 1240 N PITT ST 3RD FL, ALEXANDRIA, VA 22314			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: ▶ WWW.HEALTHCHARITIES.ORG			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1957	<b>M</b> State of legal domicile: DC

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	18
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	21
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	28,834,402.	29,169,146.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	425,500.	2,724,127.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,516.	406.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,584.	12,070.
		29,269,002.	31,905,749.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,604,010.	28,385,694.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,704,047.	1,737,667.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 419,562.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,945,048.	2,348,187.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,253,105.	32,471,548.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	15,897.	-565,799.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	23,911,143.	25,249,906.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	22,241,739.	24,146,629.
	1,669,404.	1,103,277.	

## 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.

<b>Sign Here</b>	▶ Signature of officer	Date			
	THOMAS BOGNANNO, CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFFREY E. SABOT	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00159255
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 34-1862269	Firm's address ▶ 3 BETHESDA METRO CENTER, SUITE 600 BETHESDA, MD 20814	Phone no. 301-951-3636	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 31,529,535. including grants of \$ 28,385,694. ) (Revenue \$ 2,281,627. ) DISTRIBUTIONS OF REVENUE FROM COMBINED FEDERAL CAMPAIGN AND PRIVATE SECTOR CAMPAIGN TO MEMBER HEALTH AGENCIES AND EXPENSES DIRECTLY RELATED TO MAKING DISTRIBUTIONS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 31,529,535.

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.



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

Check if Schedule O contains a response to any question 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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request; 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, physical address, and telephone number of the person who possesses the books and records of the organization: MOLLY GRAVHOLT - (571)451-2867 1240 NORTH PITT STREET, THIRD FLOOR, ALEXANDRIA, VA 22314

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA C. IRELAND CHAIR	2.00	X		X				0.	0.	0.
(2) FREDERICK J. DOREY VICE CHAIR	2.00	X		X				0.	0.	0.
(3) STEPHEN KEITH, M.D. SECRETARY	2.00	X		X				0.	0.	0.
(4) ALFRED MASSIDAS TREASURER-ELECT	2.00	X		X				0.	0.	0.
(5) BILL HEFFERNAN DIRECTOR	2.00	X						0.	0.	0.
(6) THOMAS G. BOGNANNO PRESIDENT	40.00	X		X			263,146.	0.	38,181.	
(7) SONJA BANKS DIRECTOR	2.00	X						0.	0.	0.
(8) DUANE N. BRUCE, J.D., LL.M. DIRECTOR	2.00	X						0.	0.	0.
(9) RUSTY BURWELL DIRECTOR	2.00	X						0.	0.	0.
(10) PARREL A. CAPLAN DIRECTOR	2.00	X						0.	0.	0.
(11) STEPHEN A. CORBISIER DIRECTOR	2.00	X						0.	0.	0.
(12) ROBERT M. DOUCETTE, CAE DIRECTOR	2.00	X						0.	0.	0.
(13) KERRY FINNEGAN DIRECTOR	2.00	X						0.	0.	0.
(14) LINDA B. FORD, MD DIRECTOR	2.00	X						0.	0.	0.
(15) JAMES A. HORBOWICZ DIRECTOR	2.00	X						0.	0.	0.
(16) KIM KINDSCHI DIRECTOR	2.00	X						0.	0.	0.
(17) DAN KUETER DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYN LAKIN DIRECTOR	2.00	X						0.	0.	0.
(19) PATRICIA LOPEZ DIRECTOR	2.00	X						0.	0.	0.
(20) STEVE MCCURDY DIRECTOR	2.00	X						0.	0.	0.
(21) S. MARSHALL POINDEXTER DIRECTOR	2.00	X						0.	0.	0.
(22) RICK REYNOLDS, JR. DIRECTOR	2.00	X						0.	0.	0.
(23) JIM SWANSTROM DIRECTOR	2.00	X						0.	0.	0.
(24) HAROLD SAMORIAN CHIEF OPERATING OFFICER	40.00				X			177,038.	0.	28,298.
(25) JAMES GALLISDORFER VICE PRESIDENT	40.00					X		129,615.	0.	17,069.
(26) DAVID GRIFFITHS VICE PRESIDENT	40.00					X		143,077.	0.	26,467.
<b>1b Sub-total</b>								712,876.	0.	110,015.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								712,876.	0.	110,015.

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 4

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	28,385,693.				
	<b>b</b> Membership dues .....	<b>1b</b>	637,569.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	145,884.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			29,169,146.			
	<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES			Business Code		
			561000	2,281,627.	2,281,627.		
<b>b</b> APPLICATION FEES			561000	442,500.	442,500.		
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				2,724,127.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....				406.		406.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....			(i) Real			
	<b>b</b> Less: rental expenses .....			(ii) Personal			
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....			(i) Securities			
	<b>b</b> Less: cost or other basis and sales expenses .....			(ii) Other			
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS			900099	12,070.	12,070.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....				12,070.			
<b>12 Total revenue.</b> See instructions. ....				31,905,749.	2,736,197.	0.	406.

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	28,385,694.	28,385,694.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	822,890.	625,396.	32,916.	164,578.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	767,035.	582,947.	30,680.	153,408.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	53,229.	40,454.	2,129.	10,646.
<b>9</b> Other employee benefits	26,371.	20,042.	1,055.	5,274.
<b>10</b> Payroll taxes	68,142.	51,788.	2,726.	13,628.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion	119,609.	119,609.		
<b>13</b> Office expenses	83,320.	55,437.	27,883.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	131,767.	98,825.	25,694.	7,248.
<b>17</b> Travel	230,243.	166,177.	41,699.	22,367.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	22,208.	16,657.	5,551.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SERVICE CENTER FEES	935,000.	701,246.	233,754.	0.
<b>b</b> PROFESSIONAL FEES	436,605.	327,452.	109,153.	0.
<b>c</b> AFFILIATE GRANTS	216,389.	216,389.	0.	0.
<b>d</b> INTERNET/WEBSITE	100,039.	76,029.	4,002.	20,008.
<b>e</b> All other expenses	73,007.	45,393.	5,209.	22,405.
<b>25</b> Total functional expenses. Add lines 1 through 24e	32,471,548.	31,529,535.	522,451.	419,562.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	3,134,772.	<b>2</b>	5,122,775.	
	<b>3</b> Pledges and grants receivable, net .....	20,368,611.	<b>3</b>	19,527,199.	
	<b>4</b> Accounts receivable, net .....	0.	<b>4</b>	7,238.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	44,555.	<b>9</b>	46,011.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 232,389.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 164,834.	87,189.	<b>10c</b>	67,555.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	276,016.	<b>15</b>	479,128.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	23,911,143.	<b>16</b>	25,249,906.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	215,038.	<b>17</b>	227,473.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	22,026,701.	<b>25</b>	23,919,156.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	22,241,739.	<b>26</b>	24,146,629.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,669,404.	<b>27</b>	1,103,277.	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	1,669,404.	<b>33</b>	1,103,277.	
<b>34</b> Total liabilities and net assets/fund balances .....	23,911,143.	<b>34</b>	25,249,906.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,905,749.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	32,471,548.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-565,799.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,669,404.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-328.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	1,103,277.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form **990** (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> COMMUNITY HEALTH CHARITIES	<b>Employer identification number</b> 13-6167225
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24,678,563.	24,508,604.	25,137,021.	28,834,402.	29,169,146.	132,327,736.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	24,678,563.	24,508,604.	25,137,021.	28,834,402.	29,169,146.	132,327,736.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						132,327,736.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	24,678,563.	24,508,604.	25,137,021.	28,834,402.	29,169,146.	132,327,736.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	80,229.	24,841.	7,273.	3,516.	406.	116,265.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	427,339.	457,540.	475,647.	431,084.	649,639.	2,441,249.
<b>11 Total support.</b> Add lines 7 through 10						134,885,250.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.10	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	98.18	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

**Name of the organization**

COMMUNITY HEALTH CHARITIES

**Employer identification number**

13-6167225

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,262,946.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 702,049.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,859,543.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 633,950.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,517,509.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,131,230.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

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

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

**Part VI Land, Buildings, and Equipment.** 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				
d Equipment		85,583.	84,122.	1,461.
e Other		146,806.	80,712.	66,094.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				67,555.



**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAMPAIGN FUNDS PAYABLE	23,919,156.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	23,919,156.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,905,749.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,471,548.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-565,799.
4	Net unrealized gains (losses) on investments	4	-328.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-328.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-566,127.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,906,687.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-328.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-328.
3	Subtract line 2e from line 1	3	3,907,015.
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 XIV.)	4b	27,998,734.
c	Add lines 4a and 4b	4c	27,998,734.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,905,749.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	4,472,814.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,472,814.
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 XIV.)	4b	27,998,734.
c	Add lines 4a and 4b	4c	27,998,734.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	32,471,548.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY

UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE

RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL

MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY.

IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF

THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A

"CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX

LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED

**Part XIV** Supplemental Information (continued)

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.

PART XII & XIII - LINE 4B

AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIDS RESEARCH FOUNDATION (AMFAR) 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	13-3163817	501(C)(3)	47,204.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, MINNESOTA CHAPTER 333 WASHINGTON AVE N SUITE 105 MINNEAPOLIS, MN 55401	41-1756085	501(C)(3)	8,587.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION 27001 AGOURA ROAD, SUITE 250 CALABASAS HILLS, CA 91301	13-3271855	501(C)(3)	75,708.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMERS ASSOCIATION 225 NORTH MICHIGAN AVE, 17TH FLOOR CHICAGO, IL 60601	13-3039601	501(C)(3)	274,738.	0.			RESEARCH/PUBLIC EDUCATION
AMC CANCER RESEARCH CENTER 1600 PIERCE STREET DENVER, CO 80214	84-0402535	501(C)(3)	33,222.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501(C)(3)	863,086.	0.			RESEARCH/PUBLIC EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **111.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2011)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	281,281.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEARING RESEARCH FOUNDATION - 8 SOUTH MICHIGAN AVENUE, SUITE 1205 - CHICAGO, IL 60603	36-2612784	501(C)(3)	7,873.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	293,030.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD, SUITE 1010 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	37,559.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LIVER FOUNDATION 75 MAIDEN LANE, SUITE 603 NEW YORK, NY 10038	36-2883000	501(C)(3)	20,659.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LUNG ASSOCIATION 1301 PENNSYLVANIA AVE, NW, STE 800 WASHINGTON, DC 20004	13-1632524	501(C)(3)	65,592.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	15,530.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRITIS FOUNDATION 1330 W. PEACHTREE ST NW, STE 100 ATLANTA, GA 30309	58-1341679	501(C)(3)	46,041.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS 1060 STATE RD, 2ND FLOOR PRINCETON, NJ 08540	20-2329938	501(C)(3)	133,585.	0.			RESEARCH/PUBLIC EDUCATION

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BE THE MATCH FOUNDATION 3001 BROADWAY STREET NE SUITE 601 MINNEAPOLIS, MN 55413	41-1704734	501(C)(3)	5,382.	0.			RESEARCH/PUBLIC EDUCATION
BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET 8TH FLOOR NEW YORK, NY 10022	13-3727250	501(C)(3)	15,866.	0.			RESEARCH/PUBLIC EDUCATION
CANCER KIDS FUND OF CHILDRENS HOSPITALS AND CLINICS OF MN - 2910 CENTRE POINTE DRIVE - ROSEVILLE, MN 55113	41-1814223	501(C)(3)	7,357.	0.			RESEARCH/PUBLIC EDUCATION
CANCER RESEARCH INSTITUTE 55 BROADWAY, SUITE 1802 NEW YORK, NY 10006	13-1837442	501(C)(3)	101,877.	0.			RESEARCH/PUBLIC EDUCATION
CARINGBRIDGE 1715 YANKEE DOODLE RD, SUITE 301 EAGAN, MN 55121	42-1529394	501(C)(3)	22,118.	0.			RESEARCH/PUBLIC EDUCATION
CHC - ALABAMA 3918 MONTCLAIR ROAD, SUITE 210 BIRMINGHAM, AL 35213	63-0474320	501(C)(3)	319,158.	0.			RESEARCH/PUBLIC EDUCATION
CHC - ARIZONA 24654 N LAKE PLEASANT PKWY, #10342 PEORIA, AZ 85383	86-0951766	501(C)(3)	640,656.	0.			RESEARCH/PUBLIC EDUCATION
CHC - ARKANSAS P.O. BOX 3094 LITTLE ROCK, AR 72203	71-0490654	501(C)(3)	57,513.	0.			RESEARCH/PUBLIC EDUCATION
CHC - CALIFORNIA 1331 GARDEN HWY SACRAMENTO, CA 95833	94-1732873	501(C)(3)	1,502,534.	0.			RESEARCH/PUBLIC EDUCATION

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CHC - COLORADO 1805 S. BELLAIRE ST, STE 185 DENVER, CO 80222	31-1543705	501(C)(3)	444,821.	0.			RESEARCH/PUBLIC EDUCATION
CHC - FLORIDA 3333 W. PENSACOLA STREET, BLDG. 200, SUITE 240 - TALLAHASSEE, FL 32304	59-3218006	501(C)(3)	912,615.	0.			RESEARCH/PUBLIC EDUCATION
CHC - ILLINOIS 307 N. MICHIGAN AVE, SUITE 800 CHICAGO, IL 60601	36-3243189	501(C)(3)	518,255.	0.			RESEARCH/PUBLIC EDUCATION
CHC - INDIANA 5372 COLLETT DR. E CAMBY, IN 46113	51-0213521	501(C)(3)	154,357.	0.			RESEARCH/PUBLIC EDUCATION
CHC - IOWA 1111 9TH STREET, SUITE 275 DES MOINES, IA 50314	42-1484988	501(C)(3)	80,767.	0.			RESEARCH/PUBLIC EDUCATION
CHC - KENTUCKY 310 W LIBERTY ST, SUITE 604 LOUISVILLE, KY 40202	61-1202972	501(C)(3)	156,157.	0.			RESEARCH/PUBLIC EDUCATION
CHC - LOUISIANA P.O. BOX 1730 COVINGTON, LA 70434	72-0812884	501(C)(3)	323,474.	0.			RESEARCH/PUBLIC EDUCATION
CHC - MAINE 39 MECHANIC STREET, SUITE 100 WESTBROOK, ME 04091	22-2478946	501(C)(3)	30,597.	0.			RESEARCH/PUBLIC EDUCATION
CHC - MARYLAND 1777 REISTERTOWN ROAD, SUITE 354 BALTIMORE, MD 21208	52-0728032	501(C)(3)	559,662.	0.			RESEARCH/PUBLIC EDUCATION

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CHC - MICHIGAN P.O. BOX 4900 TROY, MI 48099	51-0240030	501(C)(3)	278,201.	0.			RESEARCH/PUBLIC EDUCATION
CHC - MINNESOTA 2626 EAST 82ND STREET, SUITE 340 BLOOMINGTON, MN 55425	41-1555901	501(C)(3)	726,743.	0.			RESEARCH/PUBLIC EDUCATION
CHC - MISSOURI 6405 METCALF AVENUE, SUITE 315 OVERLAND PARK, KS 66202	43-1604240	501(C)(3)	561,586.	0.			RESEARCH/PUBLIC EDUCATION
CHC OF NATIONAL CAPITAL AREA 750 17TH STREET NW WASHINGTON, DC 20006	52-1089036	501(C)(3)	3,748,188.	0.			RESEARCH/PUBLIC EDUCATION
CHC - NEBRASKA 7101 NEWPORT AVENUE, SUITE 311 OMAHA, NE 68152	23-7162972	501(C)(3)	81,994.	0.			RESEARCH/PUBLIC EDUCATION
CHC - NEVADA P.O. BOX 93154 LAS VEGAS, NV 89193	88-0141929	501(C)(3)	136,942.	0.			RESEARCH/PUBLIC EDUCATION
CHC OF NEW ENGLAND 30 LAUREL ST HARTFORD, CT 06106	06-6079596	501(C)(3)	641,539.	0.			RESEARCH/PUBLIC EDUCATION
CHC - NEW JERSEY 23 NORTH RHODA STREET MONROE TOWNSHIP, NJ 08831	22-2614885	501(C)(3)	427,175.	0.			RESEARCH/PUBLIC EDUCATION
CHC - NEW MEXICO 1224 PENNSYLVANIA NE, SUITE A ALBUQUERQUE, NM 87110	85-0258784	501(C)(3)	144,978.	0.			RESEARCH/PUBLIC EDUCATION

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CHC - NEW YORK 26 CENTURY HILL DRIVE, SUITE 205 LATHAM, NY 12110	22-2570476	501(C)(3)	690,338.	0.			RESEARCH/PUBLIC EDUCATION
CHC - NORTH CAROLINA 104 SOUTH WHITE STREET, SUITE 208 WAKE FOREST, NC 27587	56-1173133	501(C)(3)	495,426.	0.			RESEARCH/PUBLIC EDUCATION
CHC - OHIO 5050 #C PINE CREEK DR. WESTERVILLE, OH 43081	31-1055345	501(C)(3)	631,631.	0.			RESEARCH/PUBLIC EDUCATION
CHC - OKLAHOMA 1609 MESA TRAIL EDMOND, OK 73025	73-1337456	501(C)(3)	230,025.	0.			RESEARCH/PUBLIC EDUCATION
CHC - OREGON 5331 SW MACADAM AVENUE, SUITE 350 PORTLAND, OR 97239	23-7081441	501(C)(3)	97,637.	0.			RESEARCH/PUBLIC EDUCATION
CHC - PENNSYLVANIA 1536 MANTON STREET PHILADELPHIA, PA 19146	25-1676478	501(C)(3)	369,865.	0.			RESEARCH/PUBLIC EDUCATION
CHC - SOUTH CAROLINA 1013 BROAD RIVER RD, STE 60/341 COLUMBIA, SC 29210	57-0548274	501(C)(3)	211,459.	0.			RESEARCH/PUBLIC EDUCATION
CHC - SOUTH DAKOTA 7101 NEWPORT AVENUE, SUITE 311 OMAHA, NE 68152	23-7162972	501(C)(3)	15,631.	0.			RESEARCH/PUBLIC EDUCATION
CHC - TENNESSEE 20 ATHENS WAY, SUITE 480 NASHVILLE, TN 37228	23-7456385	501(C)(3)	554,981.	0.			RESEARCH/PUBLIC EDUCATION

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CHC - TEXAS 16414 SAN PEDRO AVENUE, SUITE 940 SAN ANTONIO, TX 78232	75-0954584	501(C)(3)	1,418,012.	0.			RESEARCH/PUBLIC EDUCATION
CHC OF THE SOUTHEAST (FORMERLY CHC OF GEORGIA) - 2971 FLOWERS ROAD SOUTH, SUITE 291 - ATLANTA, GA 30341	58-1705677	501(C)(3)	766,297.	0.			RESEARCH/PUBLIC EDUCATION
CHC - UTAH 275 EAST SOUTH TEMPLE, SUITE 205 SALT LAKE CITY, UT 84111	87-0330204	501(C)(3)	171,078.	0.			RESEARCH/PUBLIC EDUCATION
CHC - VIRGINIA 813 DILIGENCE DRIVE, SUITE 121-A NEWPORT NEWS, VA 23606	54-1876027	501(C)(3)	736,588.	0.			RESEARCH/PUBLIC EDUCATION
CHC - WASHINGTON 4812 RUTAN PLACE SW, PO BOX 16727 SEATTLE, WA 98116	91-0995998	501(C)(3)	376,997.	0.			RESEARCH/PUBLIC EDUCATION
CHC - WISCONSIN 6737 W. WASHINGTON ST, STE 2253 WEST ALLIS, WI 53214	39-1261126	501(C)(3)	157,880.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER RESEARCH FUND - MINNESOTA - 7301 OHMS LANE SUITE 460 - MINNEAPOLIS, MN 55439	41-1893645	501(C)(3)	11,996.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEART FOUNDATION 620 MARGATE DRIVE LINCOLNSHIRE, IL 60069	36-4077528	501(C)(3)	11,882.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S MEMORIAL HOSPITAL - ILLINOIS - 737 N MICHIGAN AVENUE SUITE 2040 - CHICAGO, IL 60611	36-3393780	501(C)(3)	5,981.	0.			RESEARCH/PUBLIC EDUCATION

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CHILDREN'S TUMOR FOUNDATION 95 PINE STREET, 16TH FLOOR NEW YORK, NY 10005	13-2298956	501(C)(3)	10,486.	0.			RESEARCH/PUBLIC EDUCATION
CITY OF HOPE 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	95-3435919	501(C)(3)	32,826.	0.			RESEARCH/PUBLIC EDUCATION
COLON CANCER ALLIANCE 1025 VERMONT AVENUE NW SUITE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	25,405.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION 386 PARK AVENUE SOUTH, 17TH FLOOR NEW YORK, NY 10016	13-6193105	501(C)(3)	85,159.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, SUITE 200 BETHESDA, MD 20814	13-1930701	501(C)(3)	92,488.	0.			RESEARCH/PUBLIC EDUCATION
DEPRESSION & BIPOLAR SUPPORT ALLIANCE - 730 N. FRANKLIN ST, STE 501 - CHICAGO, IL 60654	36-3379124	501(C)(3)	14,485.	0.			RESEARCH/PUBLIC EDUCATION
EASTER SEALS 233 SOUTH WACKER DRIVE CHICAGO, IL 60606	36-2171729	501(C)(3)	10,436.	0.			RESEARCH/PUBLIC EDUCATION
ENDOMETRIOSIS ASSOCIATION 8585 NORTH 76TH PLACE MILWAUKEE, WI 53223	39-1414754	501(C)(3)	10,184.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 20785	52-0856660	501(C)(3)	56,094.	0.			RESEARCH/PUBLIC EDUCATION

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HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVENUE, SUITE 902 - NEW YORK, NY 10018	13-3349872	501(C)(3)	24,959.	0.			RESEARCH/PUBLIC EDUCATION
JUVENILE DIABETES RESEARCH FOUNDATION INTL - 26 BROADWAY, 14TH FLOOR - NEW YORK, NY 10004	23-1907729	501(C)(3)	142,378.	0.			RESEARCH/PUBLIC EDUCATION
KARLA SMITH FOUNDATION 301 SOUTHRIDGE DRIVE SHILOH, IL 62269	20-2699020	501(C)(3)	12,037.	0.			RESEARCH/PUBLIC EDUCATION
LAWSON'S LEGACY FUND OF CHILDRENS HOSPITALS AND CLINICS OF MN - 2910 CENTRE POINTE DRIVE - ROSEVILLE, MN 55113	41-1814223	501(C)(3)	8,997.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, 3RD FLOOR WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	153,915.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA 2000 L STREET, NW, SUITE 710 WASHINGTON, DC 20036	43-1131436	501(C)(3)	87,833.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	89,039.	0.			RESEARCH/PUBLIC EDUCATION
MASONIC CANCER CENTER- UNIVERSITY OF MINNESOTA - MAIL CODE 806 420 DELAWARE STREET SE - MINNEAPOLIS, MN 55455	41-6027707	501(C)(3)	8,768.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA 2000 N. BEAUREGARD ST, 6TH FLOOR ALEXANDRIA, VA 22311	13-1614906	501(C)(3)	12,695.	0.			RESEARCH/PUBLIC EDUCATION

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MENTAL HEALTH AMERICA INC. OF NORTH CAROLINA - 3729 MURPHY SCHOOL ROAD - DURHAM, NC 27705	27-3194876	501(C)(3)	5,257.	0.			RESEARCH/PUBLIC EDUCATION
MINNESOTA AIDS PROJECT 1400 PARK AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1524746	501(C)(3)	5,586.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 3300 EAST SUNRISE DRIVE TUCSON, AZ 85718	13-1665552	501(C)(3)	71,118.	0.			RESEARCH/PUBLIC EDUCATION
MYASTHENIA GRAVIS FOUNDATION 355 LEXINGTON AVE, 15TH FLOOR NEW YORK, NY 10017	13-5672224	501(C)(3)	10,468.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL ALLIANCE ON MENTAL ILLNESS - 3803 N. FAIRFAX DR, STE 100 - ARLINGTON, VA 22203	43-1201653	501(C)(3)	26,589.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL ALLIANCE ON MENTAL ILLNESS, MINNESOTA - 800 TRANSFER ROAD SUITE 31 - SAINT PAUL, MN 55114	41-1317030	501(C)(3)	5,971.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HEMOPHILIA FOUNDATION 116 WEST 32ND STREET, 11TH FLOOR NEW YORK, NY 10001	13-5641857	501(C)(3)	7,820.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HOSPICE & PALLIATIVE CARE ORGANIZATION - 1731 KING STREET, SUITE 100 - ALEXANDRIA, VA 22314	54-1096334	501(C)(3)	13,715.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016	13-1673104	501(C)(3)	50,223.	0.			RESEARCH/PUBLIC EDUCATION

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NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVE, SUITE 304 - NEW YORK, NY 10017	13-5661935	501(C)(3)	20,194.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - MID SOUTH CHAPTER - 214 OVERLOOK CIRCLE SUITE 153 - BRENTWOOD, TN 37027	62-0693217	501(C)(3)	12,531.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - NATL CAPITAL CHAPTER - 1800 M ST NW SUITE 750 SOUTH - WASHINGTON, DC 20036	53-0237585	501(C)(3)	33,245.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - NY CITY-SOUTHERN NY - 733 THIRD AVE 3RD FLOOR - NEW YORK, NY 10017	13-2835721	501(C)(3)	10,346.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - S CA & NV CHAPTER - 2440 S SEPULVEDA BLVD SUITE 115 - LOS ANGELES, CA 90064	95-1727656	501(C)(3)	20,002.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - S CENTRAL CHAPTER - 8111 N STADIUM DR 100 - HOUSTON, TX 77054	74-1266225	501(C)(3)	5,569.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - UPPER MIDWEST CHAPTER - 2508 S CAROLYN AVE - SIOUX FALLS, SD 57106	45-0255544	501(C)(3)	12,296.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY -OH BUCKEYE CHAPTER - 6155 ROCKSIDE RD SUITE 202 - INDEPENDENCE, OH 44131	34-0801307	501(C)(3)	6,130.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL PARKINSON FOUNDATION 1501 NW 9TH AVENUE, BOB HOPE ROAD MIAMI, FL 33136	59-0968031	501(C)(3)	10,323.	0.			RESEARCH/PUBLIC EDUCATION

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NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVENUE SUITE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	12,027.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL STROKE ASSOCIATION 9707 E EASTER LANE ENGLEWOOD, CO 80112	74-2317104	501(C)(3)	18,654.	0.			RESEARCH/PUBLIC EDUCATION
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	75,715.	0.			RESEARCH/PUBLIC EDUCATION
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY, SUITE 1509 NEW YORK, NY 10018	13-1866796	501(C)(3)	36,462.	0.			RESEARCH/PUBLIC EDUCATION
RESEARCH TO PREVENT BLINDNESS 645 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022	13-1945117	501(C)(3)	7,037.	0.			RESEARCH/PUBLIC EDUCATION
SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVENUE WESTPORT, CT 06880	31-1794455	501(C)(3)	8,359.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA - 231 E. BALTIMORE ST, STE 800 - BALTIMORE, MD 21202	23-7175985	501(C)(3)	83,191.	0.			RESEARCH/PUBLIC EDUCATION
SIDS ALLIANCE/FIRST CANDLE 1314 BEDFORD AVE, STE 210 BALTIMORE, MD 21208	52-1591162	501(C)(3)	19,558.	0.			RESEARCH/PUBLIC EDUCATION
SPINA BIFIDA ASSOCIATION 4590 MACARTHUR BLVD, NW, STE 250 WASHINGTON, DC 20007	58-1342181	501(C)(3)	25,262.	0.			RESEARCH/PUBLIC EDUCATION

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	1,784,581.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN FOR THE CURE 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244	75-1835298	501(C)(3)	451,896.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN FOR THE CURE- MINNESOTA AFFILIATE - 301 SOUTH AVE MALL OF AMERICA - BLOOMINGTON, MN 55425	41-1924790	501(C)(3)	14,236.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN FOR THE CURE- NEW YORK- GNY AFFILIATE - 470 SEVENTH AVENUE 7TH FLOOR - NEW YORK, NY 10018	91-2049420	501(C)(3)	8,781.	0.			RESEARCH/PUBLIC EDUCATION
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN STREET - DALLAS, TX 75219	75-0818178	501(C)(3)	5,476.	0.			RESEARCH/PUBLIC EDUCATION
TOURETTE SYNDROME ASSOCIATION 42-40 BELL BOULEVARD BAYSIDE, NY 11361	23-7191992	501(C)(3)	13,001.	0.			RESEARCH/PUBLIC EDUCATION



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</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)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>									
<p><b>3</b> 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. 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 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 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 type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2011

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

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

(A) Name		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS G. BOGNANNO	(i)	263,146.	0.	0.	15,925.	22,256.	301,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 HAROLD SAMORIAN	(i)	172,038.	0.	5,000.	11,508.	16,790.	205,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DAVID GRIFFITHS	(i)	123,077.	0.	20,000.	9,300.	17,167.	169,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

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

ORGANIZATION SERVES AS A VEHICLE THROUGH WHICH FEDERAL EMPLOYEES AND

EMPLOYEES IN THE PRIVATE SECTOR MAY MAKE CONTRIBUTIONS TO MEMBER

AGENCIES AND THEIR LOCAL CHAPTERS, WHICH ARE NOT-FOR-PROFIT CHARITABLE

ORGANIZATIONS PERFORMING MEDICAL RESEARCH, PROVIDING COMMUNITY AND

PATIENT SERVICES, AND MATERIALS AND PROGRAMS FOR PUBLIC AND

PROFESSIONAL EDUCATION IN THE HEALTH FIELD.

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

ORGANIZATION SERVES AS A VEHICLE THROUGH WHICH FEDERAL EMPLOYEES AND

EMPLOYEES IN THE PRIVATE SECTOR MAY MAKE CONTRIBUTIONS TO MEMBER

AGENCIES AND THEIR LOCAL CHAPTERS, WHICH ARE NOT-FOR-PROFIT CHARITABLE

ORGANIZATIONS PERFORMING MEDICAL RESEARCH, PROVIDING COMMUNITY AND

PATIENT SERVICES, AND MATERIALS AND PROGRAMS FOR PUBLIC AND

PROFESSIONAL EDUCATION IN THE HEALTH FIELD.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ARE RESPONSIBLE FOR

ELECTING THE BOARD OF DIRECTORS AND APPROVING CHANGES TO THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS ARE RESPONSIBLE FOR

ELECTING THE BOARD OF DIRECTORS AND APPROVING CHANGES TO THE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED TO THE

AUDIT COMMITTEE AS PART OF THE FINANCIAL STATEMENT APPROVAL PROCESS.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

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

THEREAFTER, A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD VIA EMAIL.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST. CONFLICTS OF INTEREST STATEMENTS ARE SIGNED ANNUALLY BY EACH BOARD MEMBER. IN ADDITION, BOARD MEMBERS HAVE THE OBLIGATION TO UPDATE THE CONFLICT OF INTEREST STATEMENTS IF CIRCUMSTANCES CHANGE DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15: SALARY AND PERFORMANCE EVALUATIONS ARE DETERMINED BY THE EXECUTIVE COMMITTEE ANNUALLY FOR THE CEO. THE COMMITTEE REVIEWS CURRENT SALARY AND COMPARES WITH OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND MISSION.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST, THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST, AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S OWN WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED LOSSES ON INVESTMENTS: -328.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization <b>COMMUNITY HEALTH CHARITIES</b>	Employer identification number <b>13-6167225</b>
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Name and title of officer  
**THOMAS BOGNANNO**  
CEO

**Part I Type of Return and Return Information** (Whole Dollars Only)

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>31905749</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize CBIZ MHM, LLC to enter my PIN 13868  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

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

**52769475545**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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