

CHERRY BEKAERT LLP
3 BETHESDA METRO CTR, STE 600
BETHESDA, MD 20814

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





May 16, 2016

COMMUNITY HEALTH CHARITIES
1240 North Pitt Street Third Floor
ALEXANDRIA, VA 22314

DEAR MOLLY:

Enclosed is the 2014 Exempt Organization return, as follows...

2014 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We 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.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Cherry Bekaert LLP
CERTIFIED PUBLIC ACCOUNTANT

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2015

Prepared For:

COMMUNITY HEALTH CHARITIES
1240 North Pitt Street Third Floor
ALEXANDRIA, VA 22314

Prepared By:

Cherry Bekaert LLP
3 Bethesda Metro Ctr, Ste 600
Bethesda, MD 20814
301-951-3636

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

If your return has been set up for electronic filing, please return ALL signed e-file forms by February 16, 2016 to the following:
PORTAL: Upload to your CB Portal Account (Login via www.cbh.com) or FAX: 1-844-487-1050

Special Instructions:

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 **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

COMMUNITY HEALTH CHARITIES

13-6167225

Name and title of officer

MOLLY GRAVHOLT

CFO

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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>23,730,864.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

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 2014 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 CHERRY BEKAERT LLP 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 2014 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 2014 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.

54900775545

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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

Return of Organization Exempt From Income Tax

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

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

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

A For the **2014** calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY HEALTH CHARITIES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1240 NORTH PITT STREET THIRD FLOOR City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314 F Name and address of principal officer: MOLLY GRAVHOLT 1240 N PITT ST 3RD FL, ALEXANDRIA, VA 22314	D Employer identification number 13-6167225 E Telephone number (703)528-1007 G Gross receipts \$ 23,730,864. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.HEALTHCHARITIES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1957 M State of legal domicile: DC

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	56
	6 Total number of volunteers (estimate if necessary)	6	23
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	20,263,817.	22,729,575.
	9 Program service revenue (Part VIII, line 2g)	1,050,344.	927,120.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,052.	23,156.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,099.	51,013.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,327,312.	23,730,864.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,983,086.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,118,184.	4,977,346.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 484,387.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,138,763.	2,395,696.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,240,033.	25,980,533.
19 Revenue less expenses. Subtract line 18 from line 12	87,279.	-2,249,669.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	21,156,227.	39,856,271.
	21 Total liabilities (Part X, line 26)	18,306,736.	31,675,498.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,849,491.	8,180,773.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MOLLY GRAVHOLT, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SCOTT DENLINGER	Preparer's signature Date
	Firm's name ▶ CHERRY BEKAERT LLP Firm's address ▶ 3 BETHESDA METRO CTR, STE 600 BETHESDA, MD 20814	Check if self-employed <input type="checkbox"/> PTIN P00740770 Firm's EIN ▶ 56-0574444 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 or note to any line in this Part III [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 24,174,195. including grants of \$ 18,607,491.) (Revenue \$ 978,133.) 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 24,174,195.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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?		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FREDERICK J. DOREY CHAIR	2.00	X		X				0.	0.	0.
(2) KERRY FINNEGAN VICE CHAIR	2.00	X		X				0.	0.	0.
(3) BILL HEFFERNAN SECRETARY	2.00	X		X				0.	0.	0.
(4) CHARLES A. BURBRIDGE TREASURER	2.00	X		X				0.	0.	0.
(5) LINDA IRELAND DIRECTOR	2.00	X						0.	0.	0.
(6) THOMAS G. BOGNANNO PRESIDENT/CEO	40.00	X		X			259,735.	0.	2,558.	
(7) LINDA BLOUNT DIRECTOR	2.00	X						0.	0.	0.
(8) LEW BARTFIELD DIRECTOR	2.00	X						0.	0.	0.
(9) WALT CHESLEY DIRECTOR	2.00	X						0.	0.	0.
(10) ANGIE DAHL DIRECTOR	2.00	X						0.	0.	0.
(11) JOHN HALLBERG DIRECTOR	2.00	X						0.	0.	0.
(12) RICH FORD DIRECTOR	2.00	X						0.	0.	0.
(13) BILL HEALEY DIRECTOR	2.00	X						0.	0.	0.
(14) CYNTHIA ROLFE DIRECTOR	2.00	X						0.	0.	0.
(15) STEPHEN KEITH, MD DIRECTOR	2.00	X						0.	0.	0.
(16) KIM KINDSCHI DIRECTOR	2.00	X						0.	0.	0.
(17) BEA PEREZ DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARU RAHEJA, PHD DIRECTOR	2.00	X						0.	0.	0.
(19) ALFRED MASSIDAS DIRECTOR	2.00	X						0.	0.	0.
(20) SEVREN MAYNARD DIRECTOR	2.00	X						0.	0.	0.
(21) STEVE MCCURDY DIRECTOR	2.00	X						0.	0.	0.
(22) FRANK RAIMONDI DIRECTOR	2.00	X						0.	0.	0.
(23) ADAM ROTHSCHILD DIRECTOR	2.00	X						0.	0.	0.
(24) BETH RUSERT DIRECTOR	2.00	X						0.	0.	0.
(25) JAMES GALLISDORFER VICE PRESIDENT	40.00				X			127,750.	0.	600.
(26) MOLLY GRAVHOLT CHIEF OPERATING OFFICER	40.00				X			163,254.	0.	616.
1b Sub-total								550,739.	0.	3,774.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								550,739.	0.	3,774.

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 22,419,884.						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 309,691.						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f						22,729,575.	
Program Service Revenue	2 a APPLICATION FEES	Business Code 561000	436,875.	436,875.				
	b ADMINISTRATIVE FEES	561000	408,291.	408,291.				
	c SERVICE CENTER FEE REV	561000	52,721.	52,721.				
	d EVENTS	561000	29,233.	29,233.				
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f		927,120.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,156.			23,156.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a MISCELLANEOUS		900099	51,013.	51,013.				
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			51,013.				
12 Total revenue. See instructions.			23,730,864.	978,133.	0.	23,156.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	18,607,491.	18,607,491.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	607,308.	429,793.	139,997.	37,518.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,537,668.	2,678,939.	606,099.	252,630.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	153,018.	115,875.	26,216.	10,927.
9 Other employee benefits	363,468.	271,490.	66,751.	25,227.
10 Payroll taxes	315,884.	236,913.	56,859.	22,112.
11 Fees for services (non-employees):				
a Management	381,947.	324,655.	57,292.	
b Legal	352,542.	299,661.	52,881.	
c Accounting	111,031.	94,376.	16,655.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	209,948.	178,456.	31,492.	
12 Advertising and promotion	9,345.	9,345.		
13 Office expenses	383,725.	287,793.	69,071.	26,861.
14 Information technology	93,343.	79,342.	14,001.	
15 Royalties				
16 Occupancy	288,301.	216,226.	46,128.	25,947.
17 Travel	188,833.	64,203.	62,315.	62,315.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	71,706.	50,194.	21,512.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,005.	9,004.	2,161.	840.
23 Insurance	35,267.	26,450.	6,348.	2,469.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND FEES	250,579.	187,934.	45,104.	17,541.
b TRAINING	7,124.	6,055.	1,069.	0.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,980,533.	24,174,195.	1,321,951.	484,387.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,525,313.	2	16,979,978.
	3 Pledges and grants receivable, net	15,327,830.	3	21,586,653.
	4 Accounts receivable, net	217,375.	4	1,125,080.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,650.	9	72,775.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 601,684.		
	b Less: accumulated depreciation	10b 509,899.	46,059.	10c 91,785.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,156,227.	16	39,856,271.	
Liabilities	17 Accounts payable and accrued expenses	353,390.	17	3,277,403.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	552,891.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,953,346.	25	27,845,204.
	26 Total liabilities. Add lines 17 through 25	18,306,736.	26	31,675,498.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,849,491.	27	8,180,773.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,849,491.	33	8,180,773.	
34 Total liabilities and net assets/fund balances	21,156,227.	34	39,856,271.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,730,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,980,533.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,249,669.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,849,491.
5	Net unrealized gains (losses) on investments	5	10,714.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,570,237.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,180,773.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization COMMUNITY HEALTH CHARITIES	Employer identification number 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,834,402.	29,169,146.	25,959,333.	20,263,817.	22,729,575.	126,956,273.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28,834,402.	29,169,146.	25,959,333.	20,263,817.	22,729,575.	126,956,273.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						126,956,273.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	28,834,402.	29,169,146.	25,959,333.	20,263,817.	22,729,575.	126,956,273.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,516.	406.	1,382.	1,052.	23,156.	29,512.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	431,084.	649,639.	1,066,686.	1,062,443.	896,179.	4,106,031.
11 Total support. Add lines 7 through 10						131,091,816.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	96.85 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	97.22 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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

OMB No. 1545-0047

2014

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that 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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization COMMUNITY HEALTH CHARITIES	Employer identification number 13-6167225
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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	AMERICAN EXPRESS 200 VESEY STREET NEW YORK, NY 10285	\$ 1,307,082.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHESAPEAKE BAY AREA CFC 100 S. CHARLES STREET, 5TH FLOOR BALTIMORE, MD 21203	\$ 731,323.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SOUTH HAMPTON ROADS CFC 2515 WALMER AVENUE NORFOLK, VA 23513	\$ 591,318.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CFC OF THE NATIONAL CAPITAL AREA 750 17TH STREET NW WASHINGTON, DC 20006	\$ 3,776,462.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OVERSEAS CFC 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314	\$ 677,909.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY HEALTH CHARITIES	Employer identification number 13-6167225
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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
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/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? (Yes/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), Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure.
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.
Table: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included 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 Revenue 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		601,684.	509,899.	91,785.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 91,785.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAMPAIGN FUNDS PAYABLE	27,789,780.
(3) DEPOSITS	55,424.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,845,204.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,704,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 10,714.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 7,570,237.		
e	Add lines 2a through 2d		2e	7,580,951.
3	Subtract line 2e from line 1		3	5,123,373.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 18,607,491.		
c	Add lines 4a and 4b		4c	18,607,491.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	23,730,864.

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

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

1	Total expenses and losses per audited financial statements		1	7,373,042.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,373,042.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 18,607,491.		
c	Add lines 4a and 4b		4c	18,607,491.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	25,980,533.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS

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

POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION

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

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

UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY

ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN

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

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

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

UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER

Part XIII Supplemental Information *(continued)*

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

STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS

FOLLOWING THE DATE FILED.

PART XII & XIII - LINE 4B

AMOUNTS DESIGNATED BY DONORS TO SPECIFIC MEMBER AGENCIES.

CLIENT COPY

**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
COMMUNITY HEALTH CHARITIES

Employer identification number
13-6167225

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A KID AGAIN, OHIO, COLUMBUS 777 G DEARBORN PARK LANE COLUMBUS, OH 43085	31-1440073	501(C)(3)	14,150.	0.			RESEARCH/PUBLIC EDUCATION
AID ATLANTA 1605 PEACHTREE STREET NE ATLANTA, GA 30309	58-1537967	501(C)(3)	16,354.	0.			RESEARCH/PUBLIC EDUCATION
AIDS RESEARCH FOUNDATION (AMFAR) 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005	13-3163817	501(C)(3)	101,741.	0.			RESEARCH/PUBLIC EDUCATION
ALLY'S HOUSE 308 WEST MAIN STREET MOORE, OK 73160	20-0726554	501(C)(3)	9,624.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION 1275 K STREET NW SUITE 1050 WASHINGTON, DC 20005	13-3271855	501(C)(3)	217,433.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, ALABAMA, ALABAMA CHAPTER - 3313 SOUTH MEMORIAL PARKWAY SUITE 100 - HUNTSVILLE, AL 35801	20-2218566	501(C)(3)	22,130.	0.			RESEARCH/PUBLIC EDUCATION

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

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION, ARIZONA, ARIZONA CHAPTER - 360 EAST CORONADO ROAD SUITE 140 - PHOENIX, AZ 85004	86-0727136	501(C)(3)	6,651.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, GEORGIA, GEORGIA CHAPTER - 5881 GLENRIDGE DRIVE SUITE 200 - ATLANTA, GA 30328	58-1943490	501(C)(3)	17,041.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, MARYLAND, DC MD VA CHAPTER, ROCKVILLE - 7507 STANDISH PLACE - ROCKVILLE, MD 20855	52-1749047	501(C)(3)	74,744.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, NEW JERSEY, GREATER PHILADELPHIA CHAPTER, SERVING CENTRAL/S NJ - 321 NORRISTOWN RD - AMBLER, PA 19002	23-2387205	501(C)(3)	12,130.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, NEW YORK, GREATER NEW YORK CHAPTER - 42 BROADWAY SUITE 1724 - NEW YORK, NY 10004	13-3616680	501(C)(3)	11,107.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, NORTH CAROLINA, JIM "CATFISH" HUNTER CHAPTER - 4 NORTH BLOUNT STREET SECOND FLOOR SUITE 200 - RALEIGH, NC 27601	56-1609591	501(C)(3)	7,102.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, OHIO, CENTRAL AND SOUTHERN OHIO CHAPTER, COLUMBUS - 1170 OLD HENDERSON ROAD SUITE 221 - COLUMBUS, OH 43220	31-1235704	501(C)(3)	26,163.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, OHIO, NORTHERN OHIO CHAPTER - 6155 ROCKSIDE ROAD SUITE 403 - INDEPENDENCE, OH 44131	34-1595148	501(C)(3)	11,874.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, PENNSYLVANIA, GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN ROAD SUITE 260 - AMBLER, PA 19002	23-2387205	501(C)(3)	21,120.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION, PENNSYLVANIA, WESTERN PENNSYLVANIA CHAPTER - 416 LINCOLN AVENUE - PITTSBURGH, PA 15209	23-7123851	501(C)(3)	6,350.	0.			RESEARCH/PUBLIC EDUCATION
ALS ASSOCIATION, WASHINGTON, EVERGREEN CHAPTER - 19226 66TH AVENUE SOUTH L 105 - KENT, WA 98032	91-1950869	501(C)(3)	15,095.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	13-3039601	501(C)(3)	304,900.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, ALABAMA, ALABAMA & FLORIDA PANHANDLE - ONE PERIMETER PARK SOUTH SUITE 100 NORTH - BIRMINGHAM, AL 35243	13-3039601	501(C)(3)	7,350.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, ARIZONA, DESERT SOUTHWEST, PHOENIX - 1028 EAST MCDOWELL ROAD - PHOENIX, AZ 85006	86-0402582	501(C)(3)	12,097.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, COLORADO, DENVER - 455 SHERMAN STREET #500 - DENVER, CO 80203	84-0908354	501(C)(3)	14,183.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, FLORIDA, SOUTHEAST CHAPTER - 3333 FOREST HILL BOULEVARD - WEST PALM BEACH, FL 33406	59-2008883	501(C)(3)	5,378.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, GEORGIA, ATLANTA - 41 PERIMETER CENTER EAST SUITE 550 - ATLANTA, GA 30346	58-1492046	501(C)(3)	42,716.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, MAINE 383 U S ROUTE 1 SUITE 2C SCARBOROUGH, ME 04074	01-0428502	501(C)(3)	8,745.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION, MARYLAND 1850 YORK ROAD SUITE D TIMONIUM, MD 21093	52-1219428	501(C)(3)	119,112.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, MASSACHUSETTS, MASSACHUSETTS/NEW HAMPSHIRE CHAPTER - 480 PLEASANT STREET - WATERTOWN, MA 02472	04-2731194	501(C)(3)	5,663.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, NEW JERSEY, DENVILLE - 400 MORRIS AVENUE SUITE 251 - DENVILLE, NJ 07834	22-2603592	501(C)(3)	18,891.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, NORTH CAROLINA, WESTERN NC CHAPTER - 4600 PARK ROAD SUITE 250 - CHARLOTTE, NC 28209	56-1440727	501(C)(3)	11,014.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, OHIO, CENTRAL OHIO CHAPTER - 1379 DUBLIN ROAD - COLUMBUS, OH 43215	31-0996236	501(C)(3)	46,032.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, OHIO, CLEVELAND AREA CHAPTER - 23215 COMMERCE PARK DRIVE SUITE 300 - BEACHWOOD, OH 44122	34-1311175	501(C)(3)	12,769.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, OHIO, GREATER CINCINNATI CHAPTER - 644 LINN STREET SUITE1026 - CINCINNATI, OH 45203	31-1067991	501(C)(3)	6,492.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, OHIO, MIAMI VALLEY CHAPTER - 31 W WHIPP ROAD - DAYTON, OH 45459	31-1031867	501(C)(3)	15,628.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, OHIO, NORTHWEST OHIO CHAPTER, TOLEDO - 2500 NORTH REYNOLDS ROAD - TOLEDO, OH 43615	34-1423768	501(C)(3)	12,608.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION, OKLAHOMA/ARKANSAS CHAPTER - 2448 E 81ST STREET, SUITE 3000 - TULSA, OK 74137-4250	73-1183372	501(C)(3)	21,722.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, PENNSYLVANIA, DELAWARE VALLEY CHAPTER - 399 MARKET STREET SUITE 102 - PHILADELPHIA, PA 19106	23-2280056	501(C)(3)	17,114.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, PENNSYLVANIA, GREATER PENNSYLVANIA CHAPTER, WILKES BARR - 2595 INTERSTATE DRIVE SUITE 100 -	25-1510692	501(C)(3)	19,755.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, SOUTH CAROLINA, ANDERSON - 4124 CLEMSON BOULEVARD SUITE L - ANDERSON, SC 29621	57-0792592	501(C)(3)	5,086.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, UTAH 845 EAST 4800 SOUTH SUITE 100 SALT LAKE CITY, UT 84107	13-3039601	501(C)(3)	17,304.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, VIRGINIA, CENTRAL AND WESTERN VIRGINIA CHAPTER, CHARLOT - 1160 PEPSI PLACE SUITE 306 - CHARLOTTESVILLE,	54-1309570	501(C)(3)	7,440.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, VIRGINIA, GREATER RICHMOND CHAPTER, GLEN ALLEN - 4600 COX ROAD SUITE 130 - GLEN ALLEN, VA 23060	54-1263555	501(C)(3)	19,284.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, VIRGINIA, SOUTHEASTERN VA CHAPTER - 6350 NORTH CENTER DRIVE SUITE 102 - NORFOLK, VA 23502	13-3039601	501(C)(3)	45,792.	0.			RESEARCH/PUBLIC EDUCATION
ALZHEIMER'S ASSOCIATION, WASHINGTON, WASHINGTON STATE CHAPTER - 100 WEST HARRISON STREET N200 - SEATTLE, WA 98119	13-3039601	501(C)(3)	18,881.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS, NEW YORK CITY, INC. - 360 LEXINGTON AVENUE 4TH FLOOR - NEW YORK, NY 10017	13-3277408	501(C)(3)	8,675.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501(C)(3)	1,186,784.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, ARIZONA 4550 E. BELL RD., STE 126 PHOENIX, AZ 85032	13-1788491	501(C)(3)	47,051.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, CALIFORNIA, OAKLAND - 1700 WEBSTER ST - OAKLAND, CA 94612	13-1788491	501(C)(3)	13,901.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, FLORIDA, MIAMI - 8095 NW 12TH ST #200 - DORAL, FL 33126	13-1788491	501(C)(3)	7,278.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, FLORIDA, TAMPA - 3709 W. JETTON AVE. - TAMPA, FL 33629	13-1788491	501(C)(3)	8,057.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, NEW JERSEY, EASTERN DIVISION, SPRINGFIELD - 2 LYON PLACE - WHITE PLAINS, NY 10602	13-1788491	501(C)(3)	22,332.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, NEW YORK, EASTERN DIVISION, NEW YORK CITY - 2 LYON PLACE - WHITE PLAINS, NY 10602	13-1788491	501(C)(3)	15,147.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, NEW YORK, FLUSHING - 4160 MAIN STREET - FLUSHING, NY 11355	13-1788491	501(C)(3)	5,722.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, NORTH CAROLINA, SOUTH ATLANTIC DIVISION - 250 WILLIAMS STREET NW PO BOX 56567 - RALEIGH, GA 30303	13-1788491	501(C)(3)	6,145.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, NORTH CAROLINA, SOUTH ATLANTIC DIVISION, CHARLOTTE - 250 WILLIAMS STREET - ATLANTA, GA 30303	13-1788491	501(C)(3)	15,349.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, OHIO, EAST CENTRAL DIVISION, DUBLIN - ROUTE 42 AND SIPE AVENUE - HERSHEY, PA 17033	13-1788491	501(C)(3)	47,517.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, OKLAHOMA, HIGH PLAINS DIVISION, OKLAHOMA CITY - 1100 PENNSYLVANIA AVENUE - KANSAS CITY, MO 64105	13-1788491	501(C)(3)	19,369.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, PENNSYLVANIA, EAST CENTRAL DIVISION, HERSHEY - ROUTE 42 AND SIPE AVENUE - HERSHEY, PA 17033	13-1788491	501(C)(3)	74,537.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, SOUTH CAROLINA, SOUTH ATLANTIC DIVISION, COLUMBIA - 250 WILLIAMS STREET - ATLANTA, GA 30303	13-1788491	501(C)(3)	5,194.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, UTAH, GREAT WEST DIVISION, SALT LAKE CITY - 2120 FIRST AVENUE NORTH - SEATTLE, WA 98109	13-1788491	501(C)(3)	16,107.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, VIRGINIA, SOUTH ATLANTIC DIVISION, GLEN ALLEN - 250 WILLIAMS STREET - ATLANTA, GA 30303	13-1788491	501(C)(3)	7,528.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN CANCER SOCIETY, WASHINGTON, GREAT WEST DIVISION, SEATTLE - 2120 FIRST AVENUE NORTH - SEATTLE, WA 98109	13-1788491	501(C)(3)	43,509.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	279,160.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, ALABAMA - 3918 MONTCLAIR ROAD SUITE 218 - BIRMINGHAM, AL 35213	13-1623888	501(C)(3)	13,901.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, ARIZONA, PHOENIX - 5333 NORTH 7TH STREET SUITE B212 - PHOENIX, AZ 85014	13-1623888	501(C)(3)	23,306.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, GEORGIA, ATLANTA - 233 PEACHTREE STREET SUITE 2225 - ATLANTA, GA 30303	13-1623888	501(C)(3)	35,677.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, MAINE - 10 SPEEN STREET 2ND FLOOR - FRAMINGHAM, MA 01701	13-1623888	501(C)(3)	6,547.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, MARYLAND - 2002 CLIPPER PARK ROAD SUITE 110 - BALTIMORE, MD 21211	13-1623888	501(C)(3)	85,170.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, NEW JERSEY, BRIDGEWATER - 1160 ROUTE 22 EAST SUITE 103 - BRIDGEWATER, NJ 08807	13-1623888	501(C)(3)	28,352.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, NEW YORK - 333 SEVENTH AVENUE 17TH FLOOR - NEW YORK, NY 10001	13-1623888	501(C)(3)	7,879.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, OHIO, COLUMBUS - 471 EAST BROAD STREET SUITE 1630 - COLUMBUS, OH 43215	13-1623888	501(C)(3)	32,292.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION, OKLAHOMA, TULSA - 6600 SOUTH YALE AVENUE SUITE 1310 - TULSA, OK 74136	13-1623888	501(C)(3)	21,203.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, PENNSYLVANIA, BALA CYNWYD - 150 MONUMENT ROAD SUITE 100 - BALA CYNWYD, PA 19004	13-1623888	501(C)(3)	20,808.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, UTAH NEVADA - 4424 SOUTH 700 EAST SUITE 100 - SALT LAKE CITY, UT 84107	38-3826066	501(C)(3)	24,698.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, VIRGINIA, CHESAPEAKE - 870 GREENBRIAR CIRCLE SUITE 404 - CHESAPEAKE, VA 23320	13-1623888	501(C)(3)	65,315.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN DIABETES ASSOCIATION, WASHINGTON - 2815 EASTLAKE AVENUE EAST SUITE 240 - SEATTLE, WA 98102	38-3826066	501(C)(3)	21,999.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEARING RESEARCH FOUNDATION - 275 NORTH YORK STREET SUITE 401 - ELMHURST, IL 60126	36-2612784	501(C)(3)	12,687.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	547,785.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, ALABAMA, GREATER SOUTHEAST AFFILIATE, BIRMINGHAM - 1101 NORTHCHASE PARKWAY SUITE 1 -	13-5613797	501(C)(3)	9,018.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, ARIZONA, WESTERN STATES AFFILIATE, TUCSON - 816 SOUTH FIGUEROA STREET - LOS ANGELES, CA 90017	13-5613797	501(C)(3)	6,358.	0.			RESEARCH/PUBLIC EDUCATION

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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 HEART ASSOCIATION, GEORGIA, GREATER SOUTHEAST AFFILIATE, MARIETTA - 1101 NORTHCHASE PARKWAY SUITE 1 -	13-5613797	501(C)(3)	12,182.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, LOUISIANA, GREATER SOUTHEAST AFFILIATE, METAIRIE - 1101 NORTHCHASE PARKWAY SUITE 1 -	13-5613797	501(C)(3)	5,042.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, NEW YORK, FOUNDERS AFFILIATE, SYRACUSE - 122 EAST 42ND STREET 18TH FLOOR - NEW YORK, NY 10168	13-5613797	501(C)(3)	6,150.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, NORTH CAROLINA, MID-ATLANTIC AFFILIATE, MORRISVILLE - 4217 PARK PLACE COURT - GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	9,626.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, OHIO, GREAT RIVERS AFFILIATE, COLUMBUS - 5455 NORTH HIGH STREET - COLUMBUS, OH 43214	13-5613797	501(C)(3)	5,729.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, PENNSYLVANIA, GREAT RIVERS - 5455 N. HIGH STREET - COLUMBUS, OH 43214	13-5613797	501(C)(3)	13,831.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, VIRGINIA, MID-ATLANTIC AFFILIATE, GLEN ALLEN - 4217 PARK PLACE COURT - GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	31,071.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN HEART ASSOCIATION, WASHINGTON, WESTERN STATES AFFILIATE, SEATTLE - 816 SOUTH FIGUEROA STREET - LOS ANGELES, CA	13-5613797	501(C)(3)	11,788.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	73,708.	0.			RESEARCH/PUBLIC EDUCATION

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AMERICAN KIDNEY FUND, GEORGIA, SOUTHEAST REGION - 11921 ROCKVILLE PIKE - ROCKVILLE, MD 20852	23-7124261	501(C)(3)	8,100.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	23,914.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LUNG ASSOCIATION 55 WEST WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	116,568.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LUNG ASSOCIATION OF PENNSYLVANIA, MID-ATLANTIC REGION - 3001 OLD GETTYSBURG ROAD - CAMP HILL, PA 17011	25-1825116	501(C)(3)	7,010.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN LUNG ASSOCIATION OF VIRGINIA, MID-ATLANTIC REGION - 3001 OLD GETTYSBURG ROAD - CAMP HILL, PA 17011	25-1825116	501(C)(3)	5,467.	0.			RESEARCH/PUBLIC EDUCATION
AMERICAN PARKINSON DISEASE ASSOCIATION - 135 PARKINSON AVENUE - STATEN ISLAND, NY 10305	13-1962771	501(C)(3)	23,256.	0.			RESEARCH/PUBLIC EDUCATION
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405	95-3956297	501(C)(3)	5,341.	0.			RESEARCH/PUBLIC EDUCATION
ARC INDUSTRIES OF FRANKLIN COUNTY, OHIO - 2300 MARILYN LANE - COLUMBUS, OH 43219	31-0800770	501(C)(3)	8,210.	0.			RESEARCH/PUBLIC EDUCATION
ARC OF VIRGINIA 2147 STAPLES MILL ROAD RICHMOND, VA 23230	54-0652554	501(C)(3)	8,586.	0.			RESEARCH/PUBLIC EDUCATION

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ARTHRTIS FOUNDATION 1355 PEACHTREE STREET 6TH FLOOR ATLANTA, GA 30309	58-1341679	501(C)(3)	53,906.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRTIS FOUNDATION, MARYLAND, MID-ATLANTIC REGION, BETHESDA - 4720 MONTGOMERY LANE SUITE 300 - BETHESDA, MD 20814	58-1341679	501(C)(3)	13,012.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRTIS FOUNDATION, MARYLAND, MID-ATLANTIC REGION, COLUMBIA - 4720 MONTGOMERY LANE SUITE 300 - BETHESDA, MD 20814	58-1341679	501(C)(3)	21,460.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRTIS FOUNDATION, OHIO, GREAT LAKES REGION, CINCINNATI - 3740 RIDGE MILL DRIVE - HILLIARD, OH 43026	27-4014550	501(C)(3)	5,510.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRTIS FOUNDATION, VIRGINIA, MID-ATLANTIC REGION, RICHMOND - 4720 MONTGOMERY LANE SUITE 300 - BETHESDA, MD 58794	58-1341679	501(C)(3)	7,055.	0.			RESEARCH/PUBLIC EDUCATION
ARTHRTIS FOUNDATION, WASHINGTON, GREAT WEST REGION, BELLINGHAM - 115 NORTHEAST 100TH STREET SUITE 350 - SEATTLE, WA 98125	38-3826066	501(C)(3)	6,809.	0.			RESEARCH/PUBLIC EDUCATION
ASTHMA & ALLERGY FOUNDATION OF AMERICA, MARYLAND, MARYLAND-GREATER DC CHAPTER - 1498 REISTERSTOWN ROAD SUITE 324 -	52-1160896	501(C)(3)	11,468.	0.			RESEARCH/PUBLIC EDUCATION
ATLANTA MISSION 2353 BOLTON ROAD NORTHWEST ATLANTA, GA 30318	58-0572430	501(C)(3)	29,144.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SOCIETY OF ALABAMA 4217 DOLLY RIDGE ROAD BIRMINGHAM, AL 35243	74-3099595	501(C)(3)	10,467.	0.			RESEARCH/PUBLIC EDUCATION

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AUTISM SOCIETY OF OHIO 470 GLENMONT AVENUE COLUMBUS, OH 43214	34-1694514	501(C)(3)	20,123.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	20-2329938	501(C)(3)	208,096.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS, DC, NATIONAL CAPITAL AREA - 1990 K STREET NW SUITE 200 - WASHINGTON, DC 20006	20-2329938	501(C)(3)	20,853.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS, GEORGIA 900 CIRCLE 75 PARKWAY SUITE 445 ATLANTA, GA 30339	20-2329938	501(C)(3)	12,515.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS, NEW JERSEY 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 08540	20-2329938	501(C)(3)	25,948.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS, NEW YORK 382 MAIN STREET 1ST FLOOR PORT WASHINGTON, NY 11050	20-2329938	501(C)(3)	6,605.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS, NORTH CAROLINA 8604 CLIFF CAMERON DRIVE SUITE 144 CHARLOTTE, NC 28269	20-2329938	501(C)(3)	8,303.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS, PENNSYLVANIA 8035 MCKNIGHT ROAD SUITE 302 PITTSBURGH, PA 15237	20-2329938	501(C)(3)	11,952.	0.			RESEARCH/PUBLIC EDUCATION
AUTISM SPEAKS, VIRGINIA 1990 K STREET, NW WASHINGTON, DC 20006	20-2329938	501(C)(3)	19,681.	0.			RESEARCH/PUBLIC EDUCATION

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AUTISM SPEAKS, WASHINGTON, PACIFIC NW - 159 WESTERN AVENUE WEST SUITE 454A - SEATTLE, WA 98119	20-2329938	501(C)(3)	9,599.	0.			RESEARCH/PUBLIC EDUCATION
BE THE MATCH FOUNDATION 500 NORTH 5TH STREET MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	27,653.	0.			RESEARCH/PUBLIC EDUCATION
BRAIN INJURY ASSOCIATION OF MASSACHUSETTS - 30 LYMAN STREET SUITE 10 - WESTBOROUGH, MA 01581	04-2753269	501(C)(3)	7,204.	0.			RESEARCH/PUBLIC EDUCATION
BREAST CANCER RESEARCH FOUNDATION, THE - 60 EAST 56TH STREET - NEW YORK, NY 10002	13-3727250	501(C)(3)	5,304.	0.			RESEARCH/PUBLIC EDUCATION
CAMP HOBE 2536 SOUTH 1900 EAST SALT LAKE CITY, UT 84106	57-1149391	501(C)(3)	8,762.	0.			RESEARCH/PUBLIC EDUCATION
CAMP TWIN LAKES 600 MEANS STREET SUITE 110 ATLANTA, GA 30318	58-1826782	501(C)(3)	7,926.	0.			RESEARCH/PUBLIC EDUCATION
CANCER RESEARCH INSTITUTE 55 BROADWAY SUITE 1802 NEW YORK, NY 10006	13-1837442	501(C)(3)	197,532.	0.			RESEARCH/PUBLIC EDUCATION
CARE NET PREGNANCY CENTER OF FREDERICK - 707 NORTH MARKET STREET - FREDERICK, MD 21701	52-1322581	501(C)(3)	7,962.	0.			RESEARCH/PUBLIC EDUCATION
CARINGBRIDGE 1715 YANKEE DOODLE ROAD SUITE 301 EAGAN, MN 55121	42-1529394	501(C)(3)	24,280.	0.			RESEARCH/PUBLIC EDUCATION

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CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIRCLE 15TH FLOOR NEW YORK, NY 10019	13-6093337	501(C)(3)	35,825.	0.			RESEARCH/PUBLIC EDUCATION
CEREBRAL PALSY OF VIRGINIA 5825 ARROWHEAD DRIVE SUITE 201 VIRGINIA BEACH, VA 23462	54-1310168	501(C)(3)	9,804.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S CANCER NETWORK 6150 WEST CHANDLER BOULEVARD SUITE CHANDLER, AZ 85226	20-2129902	501(C)(3)	8,647.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HEART FOUNDATION 620 MARGATE DRIVE LINCOLNSHIRE, IL 60069	36-4077528	501(C)(3)	26,840.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL FOUNDATION - OKLAHOMA - 6501 NORTH BROADWAY EXTENSION SUITE 190 - OKLAHOMA CITY, OK 73116	73-1200262	501(C)(3)	11,474.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 601 CHILDRENS LANE - NORFOLK, VA 23507	54-0506321	501(C)(3)	232,829.	0.			RESEARCH/PUBLIC EDUCATION
CHILDREN'S TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEW YORK, NY 10005	13-2298956	501(C)(3)	24,714.	0.			RESEARCH/PUBLIC EDUCATION
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	89,954.	0.			RESEARCH/PUBLIC EDUCATION
COLON CANCER ALLIANCE 1025 VERMONT AVENUE NW SUITE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	66,577.	0.			RESEARCH/PUBLIC EDUCATION

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COMMUNITY HEALTH CHARITIES OF ARIZONA - 24654 N. LAKE PLEASANT PKWY - PEORIA, AZ 85383	86-0951766	501(C)(3)	21,608.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF GEORGIA - 3301 BUCKEYE ROAD SUITE 203 - ATLANTA, GA 30341	58-1705677	501(C)(3)	8,062.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF IOWA 1111 9TH STREET DES MOINES, IA 50314	42-1484988	501(C)(3)	41,143.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF MAINE - 39 MECHANIC STREET - WESTBROOK, ME 04092	22-2478946	501(C)(3)	29,178.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF MARYLAND - 1777 REISTERSTOWN ROAD SUITE 354 - BALTIMORE, MD 21208	52-0728032	501(C)(3)	10,017.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF NEW JERSEY - 23 NORTH RHODA STREET - MONROE, NJ 08831	22-2614885	501(C)(3)	58,790.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF OHIO 5050 PINE CREEK DR., STE. C WESTERVILLE, OH 43081	31-1055345	501(C)(3)	14,950.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF OKLAHOMA - 4200 PERIMETER CENTER DRIVE - OKLAHOMA CITY, OK 73112	73-1337456	501(C)(3)	17,705.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF PENNSYLVANIA - 1536 MANTON STREET - PHILADELPHIA, PA 19146	22-2614885	501(C)(3)	8,663.	0.			RESEARCH/PUBLIC EDUCATION

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COMMUNITY HEALTH CHARITIES OF UTAH 480 EAST 400 SOUTH, STE. 50 SALT LAKE CITY, UT 84111	87-0330204	501(C)(3)	46,023.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF VIRGINIA - 813 DILIGENCE DRIVE - NEWPORT NEWS, VA 23606	54-1876027	501(C)(3)	10,898.	0.			RESEARCH/PUBLIC EDUCATION
COMMUNITY HEALTH CHARITIES OF WASHINGTON/IDAHO - 4812 RUTAN PL SW - SEATTLE, WA 98116	91-0995998	501(C)(3)	12,749.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA - 733 THIRD AVENUE SUITE 510 - NEW YORK, NY 10017	13-6193105	501(C)(3)	114,791.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, ALABAMA, ALABAMA/NORTHWEST FLORIDA CHAP - 9 OFFICE PARK CIRCLE SUITE 200 -	13-6193105	501(C)(3)	5,656.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, ARIZONA, SOUTHWEST CHAPTER - 4647 NORTH 32ND STREET SUITE B100 - PHOENIX, AZ 85018	13-6193105	501(C)(3)	5,308.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, GEORGIA - 2250 NORTH DRUID HILLS ROAD SUITE 250 - ATLANTA, GA 30329	13-6193105	501(C)(3)	12,759.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, MARYLAND, GREATER WASHINGTON D.C./VIRGI - 11900 PARKLAWN DRIVE SUITE 360 -	13-6193105	501(C)(3)	30,412.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, MARYLAND, MARYLAND/SOUTHERN DELAWARE CH - 1201 SOUTH SHARP STREET SUITE 107	13-6193105	501(C)(3)	31,397.	0.			RESEARCH/PUBLIC EDUCATION

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CROHN'S & COLITIS FOUNDATION OF AMERICA, NEW JERSEY - 45 WILSON AVE - MANALAPAN, NJ 07726	13-6193105	501(C)(3)	8,513.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, OHIO, CENTRAL OHIO CHAPTER - 6797 NORTH HIGH STREET SUITE 119 - WORTHINGTON, OH 43085	13-6193105	501(C)(3)	13,781.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, PENNSYLVANIA, PHILADELPHIA/DELAWARE VAL - 150 MONUMENT ROAD SUITE 402 - BALA	13-6193105	501(C)(3)	17,309.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, WASHINGTON DC/VIRGINIA - 11300 ROCKVILLE PIKE SUITE 1005 - ROCKVILLE, MD 20852	13-6193105	501(C)(3)	18,268.	0.			RESEARCH/PUBLIC EDUCATION
CROHN'S & COLITIS FOUNDATION OF AMERICA, WASHINGTON, NORTHWEST CHAPTER - 9 LAKE BELLEVUE DRIVE SUITE 203 - BELLEVUE, WA 98005	13-6193105	501(C)(3)	10,394.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD SUITE 200 BETHESDA, MD 20814	13-1930701	501(C)(3)	136,788.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, DC, METROPOLITAN WASHINGTON DC - 6931 ARLINGTON ROAD SUITE B - BETHESDA, MD 20814	52-6068825	501(C)(3)	15,619.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, GEORGIA - 2302 PARKLAKE DRIVE NORTHEAST SUITE 210 - ATLANTA, GA 30345	58-0943901	501(C)(3)	7,986.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, MARYLAND - 10626 YORK ROAD SUITE A - COCKEYSVILLE, MD 21030	52-6019357	501(C)(3)	28,763.	0.			RESEARCH/PUBLIC EDUCATION

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CYSTIC FIBROSIS FOUNDATION, NEW HAMPSHIRE, NORTHERN NEW ENGLAND - 114 PERIMETER ROAD UNIT G H - NASHUA, NH 03063	02-6013029	501(C)(3)	6,725.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, OHIO, CENTRAL OHIO - 740 LAKEVIEW PLAZA BOULEVARD SUITE 225 - WORTHINGTON, OH 43085	31-0680391	501(C)(3)	8,320.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, OKLAHOMA, SOONER - 2642 EAST 21ST STREET SUITE 100 - TULSA, OK 74114	73-0932820	501(C)(3)	6,176.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, PENNSYLVANIA, DELAWARE VALLEY CHAPTER - 2004 SPROUL ROAD SUITE 208 - BROOMALL, PA 19008	23-1518199	501(C)(3)	5,737.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, UTAH 124 SOUTH 400 EAST SUITE 250 SALT LAKE CITY, UT 84111	87-6127344	501(C)(3)	9,566.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, VIRGINIA - 1500 FORREST AVENUE SUITE 124 - RICHMOND, VA 23229	54-0859311	501(C)(3)	15,987.	0.			RESEARCH/PUBLIC EDUCATION
CYSTIC FIBROSIS FOUNDATION, WASHINGTON - 520 PIKE STREET SUITE 1075 - SEATTLE, WA 98101	91-1742590	501(C)(3)	14,300.	0.			RESEARCH/PUBLIC EDUCATION
DEBORAH HEART & LUNG CENTER, NEW JERSEY - 20 PINE MILL ROAD - BROWNS MILLS, NJ 08015	22-2049500	501(C)(3)	10,692.	0.			RESEARCH/PUBLIC EDUCATION
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE - 55 EAST JACKSON BOULEVARD SUITE 490 - CHICAGO, IL 60604	36-3379124	501(C)(3)	32,183.	0.			RESEARCH/PUBLIC EDUCATION

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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
DIABETES RESEARCH INSTITUTE FOUNDATION, DC - 200 S PARK ROAD SUITE 100 - HOLLYWOOD, FL 33021	59-1361955	501(C)(3)	28,397.	0.			RESEARCH/PUBLIC EDUCATION
DOWN SYNDROME ASSOCIATION OF CENTRAL OHIO - 510 EAST NORTH BROADWAY FOURTH FLOOR - COLUMBUS, OH 43214	31-1126185	501(C)(3)	10,136.	0.			RESEARCH/PUBLIC EDUCATION
EASTER SEALS 233 SOUTH WACKER DRIVE SUITE 2400 CHICAGO, IL 60606	36-2171729	501(C)(3)	20,455.	0.			RESEARCH/PUBLIC EDUCATION
ENDOMETRIOSIS ASSOCIATION INC. 8585 NORTH 76TH PLACE MILWAUKEE, WI 53223	39-1414754	501(C)(3)	24,282.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 20785	52-0856660	501(C)(3)	91,538.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF GEORGIA 6065 ROSWELL ROAD SUITE 715 ATLANTA, GA 30328	58-1115869	501(C)(3)	7,189.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF MARYLAND, CHESAPEAKE REGION - 8503 LASALLE ROAD - TOWSON, MD 21286	52-2210541	501(C)(3)	12,827.	0.			RESEARCH/PUBLIC EDUCATION
EPILEPSY FOUNDATION OF VIRGINIA, CHARLOTTESVILLE - 560 RAY C HUNT DRIVE - CHARLOTTESVILLE, VA 22903	54-1379432	501(C)(3)	12,147.	0.			RESEARCH/PUBLIC EDUCATION
FLYING HORSE FARMS, OHIO 5260 STATE ROUTE 95 MT. GILEAD, OH 43338	20-3498125	501(C)(3)	12,234.	0.			RESEARCH/PUBLIC EDUCATION

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FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DRIVE SUITE 1 COLUMBIA, MD 21046	23-7135845	501(C)(3)	7,403.	0.			RESEARCH/PUBLIC EDUCATION
GEORGIA BREAST CANCER COALITION 8014 CUMMING HIGHWAY SUITE 403 318 CANTON, GA 30115	58-2104476	501(C)(3)	5,311.	0.			RESEARCH/PUBLIC EDUCATION
GRADY HEALTH FOUNDATION 191 PEACHTREE STREET NE SUITE 820 ATLANTA, GA 30303	58-2130437	501(C)(3)	7,011.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE & PALLIATIVE CARE NETWORK OF MARYLAND, INC. - 201 INTERNATIONAL CIRCLE SUITE 230 - HUNT VALLEY, MD 21030	52-1364551	501(C)(3)	28,265.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE OF DAYTON, OHIO 324 WILMINGTON AVENUE DAYTON, OH 45420	31-0933339	501(C)(3)	43,939.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE OF THE VALLEY, OHIO 5190 MARKET STREET YOUNGSTOWN, OH 44512	34-1288745	501(C)(3)	9,332.	0.			RESEARCH/PUBLIC EDUCATION
HOSPICE ORGANIZATION OF OHIO 2233 NORTH BANK DRIVE COLUMBUS, OH 43220	31-0966673	501(C)(3)	24,894.	0.			RESEARCH/PUBLIC EDUCATION
HOUSE OF HOPE FOR ALCOHOLICS, OHIO 825 DENNISON AVENUE COLUMBUS, OH 43215	31-4443449	501(C)(3)	6,812.	0.			RESEARCH/PUBLIC EDUCATION
HUMANIM, INC. 6355 WOODSIDE COURT COLUMBIA, MD 21046	52-0962588	501(C)(3)	19,037.	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)	36,528.	0.			RESEARCH/PUBLIC EDUCATION
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN SALT LAKE CITY, UT 84108	87-0541293	501(C)(3)	96,143.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	154,625.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, ALABAMA, ALABAMA CHAPTER - 600 BEACON PARKWAY WEST SUITE 860 - BIRMINGHAM, AL 35209	23-1907729	501(C)(3)	8,883.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, ARIZONA, DESERT SOUTHWEST CHAPTER - 4343 EAST CAMELBACK ROAD SUITE 230 - PHOENIX, AZ 85018	23-1907729	501(C)(3)	10,146.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, CONNECTICUT, GREATER NEW HAVEN CHAPTER - 2969 WHITNEY AVENUE - HAMDEN, CT 06518	23-1907729	501(C)(3)	5,083.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, DC, GREATER CHESAPEAKE AND POTOMAC CHAPTER - 1400 K STREET NW SUITE 725 - WASHINGTON, DC 20005	23-1907729	501(C)(3)	24,926.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, GEORGIA, GEORGIA CHAPTER - 3525 PIEDMONT ROAD NE BUILDING 6 SUITE 300 - ATLANTA, GA 30305	23-1907729	501(C)(3)	7,778.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, INDIANA, INDIANA STATE CHAPTER - 10401 NORTH MERIDIAN STREET SUITE 150 - INDIANAPOLIS, IN 46290	23-1907729	501(C)(3)	9,922.	0.			RESEARCH/PUBLIC EDUCATION

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JDRF INTERNATIONAL, MARYLAND CHAPTER - 825 HAMMONDS FERRY ROAD, SUITE H AND J - LINTHICUM, MD 21090	23-1907729	501(C)(3)	66,145.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, NORTH CAROLINA, GREATER WESTERN CAROLINAS CHAPTER - 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 -	23-1907729	501(C)(3)	5,216.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, OHIO, CENTRAL OHIO CHAPTER - 1550 OLD HENDERSON ROAD SUITE N160 - COLUMBUS, OH 43220	23-1907729	501(C)(3)	11,071.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, OKLAHOMA, OKLAHOMA CHAPTER - 2212 NW 50TH STREET SUITE 158C - OKLAHOMA CITY, OK 73112	23-1907729	501(C)(3)	10,462.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, PENNSYLVANIA, EASTERN PENNSYLVANIA CHAPTER - 225 CITY LINE AVENUE SUITE 104 - BALA CYNWYD, PA 19004	23-1907729	501(C)(3)	10,314.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, UTAH, UTAH CHAPTER - 132 SOUTH 600 EAST SUITE 100 - SALT LAKE CITY, UT 84102	23-1907729	501(C)(3)	19,841.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, VIRGINIA, CENTRAL VIRGINIA CHAPTER - 1801 LIBBIE AVENUE SUITE 106 - RICHMOND, VA 23226	23-1907729	501(C)(3)	10,097.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, VIRGINIA, HAMPTON ROADS CHAPTER - 291 INDEPENDENCE BOULEVARD SUITE 517 - VIRGINIA BEACH, VA 23462	23-1907729	501(C)(3)	15,110.	0.			RESEARCH/PUBLIC EDUCATION
JDRF INTERNATIONAL, WASHINGTON, NORTHWEST CHAPTER - 1215 FOURTH AVENUE SUITE 1100 - SEATTLE, WA 98161	23-1907729	501(C)(3)	16,862.	0.			RESEARCH/PUBLIC EDUCATION

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KID ONE TRANSPORT 3535 7TH COURT SOUTH BIRMINGHAM, AL 35222	63-1165579	501(C)(3)	5,152.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	158,411.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, ARIZONA, ARIZONA CHAPTER - 3877 NORTH 7TH STREET SUITE 300 - PHOENIX, AZ 85014	13-5644916	501(C)(3)	11,092.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, CALIFORNIA, CALIFORNIA SOUTHLAND CHAPTER - 6033 WEST CENTURY BOULEVARD SUITE 300 - LOS ANGELES,	13-5644916	501(C)(3)	6,999.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, DC, NATIONAL CAPITAL AREA - 3601 EISENHOWER AVENUE SUITE 450 - ALEXANDRIA, VA 22304	13-5644916	501(C)(3)	48,034.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, GEORGIA CHAPTER, ATLANTA - 3715 NORTHSIDE PARKWAY BUILDING 400 SUITE 300 - ATLANTA, GA 30327	13-5644916	501(C)(3)	16,352.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, MARYLAND, MARYLAND CHAPTER - 100 PAINTERS MILL ROAD SUITE 800 - OWINGS MILLS, MD 21117	13-5644916	501(C)(3)	62,209.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, NEW JERSEY, NEW JERSEY CHAPTER - 14 COMMERCE DRIVE SUITE 301 - CRANFORD, NJ 07016	13-5644916	501(C)(3)	5,050.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, NEW YORK, NEW YORK CITY CHAPTER - 61 BROADWAY SUITE 400 - NEW YORK, NY 10006	13-5644916	501(C)(3)	10,248.	0.			RESEARCH/PUBLIC EDUCATION

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LEUKEMIA & LYMPHOMA SOCIETY, OHIO, CENTRAL OHIO CHAPTER - 2215 CITYGATE DRIVE SUITE A - COLUMBUS, OH 43219	13-5644916	501(C)(3)	13,546.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, OHIO, NORTHERN OHIO - 5700 BRECKSVILLE ROAD - INDEPENDENCE, OH 44131	13-5644916	501(C)(3)	7,995.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, OHIO, TRI-STATE CHAPTER - 4370 GLENDALE MILFORD ROAD - CINCINNATI, OH 45242	13-5644916	501(C)(3)	5,795.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, OKLAHOMA, OKLAHOMA CHAPTER - 500 NORTH BROADWAY SUITE 250 - OKLAHOMA CITY, OK 73102	13-5644916	501(C)(3)	8,889.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, PENNSYLVANIA, CENTRAL PENNSYLVANIA CHAPTER - 2405 PARK DRIVE SUITE 100 - HARRISBURG, PA 17110	13-5644916	501(C)(3)	9,654.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, PENNSYLVANIA, EASTERN PENNSYLVANIA CHAPTER - 100 NORTH 20 STREET SUITE 405 - PHILADELPHIA, PA 19103	13-5644916	501(C)(3)	11,101.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, UTAH, UTAH CHAPTER - 5296 SOUTH COMMERCE DRIVE SUITE 101 - MURRAY, UT 84107	13-5644916	501(C)(3)	5,452.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, VIRGINIA, VIRGINIA CHAPTER, RICHMOND - 5540 FALMOUTH STREET SUITE 101 - RICHMOND, VA 23230	13-5644916	501(C)(3)	28,423.	0.			RESEARCH/PUBLIC EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY, WASHINGTON, WASHINGTON ALASKA CHAPTER - 123 NW 36TH STREET SUITE 100 - SEATTLE, WA 98107	13-5644916	501(C)(3)	13,461.	0.			RESEARCH/PUBLIC EDUCATION

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LUPUS FOUNDATION OF AMERICA 2000 L STREET NORTHWEST SUITE 410 WASHINGTON, DC 20036	43-1131436	501(C)(3)	142,722.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, DC, DC/MD/VA CHAPTER - 1319 F STREET NORTHWEST SUITE 305 - WASHINGTON, DC 20004	23-7748063	501(C)(3)	23,183.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, GEORGIA, GEORGIA CHAPTER - 1850 LAKE PARK DRIVE SUITE 101 - SMYRNA, GA 30080	58-1231804	501(C)(3)	19,444.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, MARYLAND, DC/MD/VA CHAPTER - 1319 F ST NW STE 305 - WASHINGTON, DC 20004-1143	23-7448063	501(C)(3)	16,505.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, NEW JERSEY, NEW JERSEY CHAPTER - 150 MORRIS AVENUE SUITE 102 - SPRINGFIELD, NJ 07081	22-2107053	501(C)(3)	6,444.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, OHIO, GREATER OHIO CHAPTER - 12930 CHIPPEWA ROAD SUITE 6 - BRECKSVILLE, OH 44141	34-1229407	501(C)(3)	12,256.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, PENNSYLVANIA, PHILADELPHIA TRI-STATE CHAPTER - 101 GREENWOOD AVENUE SUITE 200 - JENKINTOWN, PA	23-7080555	501(C)(3)	15,032.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, UTAH, UTAH CHAPTER - 352 SOUTH DENVER STREET SUITE 101 - SALT LAKE CITY, UT 84111	87-0408822	501(C)(3)	5,843.	0.			RESEARCH/PUBLIC EDUCATION
LUPUS FOUNDATION OF AMERICA, VIRGINIA, DC/MD/VA CHAPTER - 1319 F ST NW STE 305 - WASHINGTON, DC 20004-1143	23-7448063	501(C)(3)	8,091.	0.			RESEARCH/PUBLIC EDUCATION

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LUPUS FOUNDATION OF OKLAHOMA 3017 NORTH STILES AVENUE SUITE 203 OKLAHOMA CITY, OK 73105	23-7438732	501(C)(3)	7,568.	0.			RESEARCH/PUBLIC EDUCATION
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FALMOUTH, ME 04112	01-0351077	501(C)(3)	6,807.	0.			RESEARCH/PUBLIC EDUCATION
MAKE-A-WISH FOUNDATION, VIRGINIA 2810 NORTH PARHAM ROAD SUITE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	28,421.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	107,268.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, ALABAMA 450 CENTURY PARK SOUTH SUITE 200-B BIRMINGHAM, AL 35226	13-1846366	501(C)(3)	15,108.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, DC/MD, NATIONAL CAPITAL AREA CHAPTER, MD - 2110 WASHINGTON BOULEVARD SUITE 325 - ARLINGTON, VA 22204	13-1846366	501(C)(3)	30,284.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, DC/MD, NATIONAL CAPITAL AREA CHAPTER, VA - 2110 WASHINGTON BOULEVARD SUITE 325 - ARLINGTON, VA 22204	13-1846366	501(C)(3)	14,684.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, GEORGIA CHAPTER, ATLANTA - 1776 PEACHTREE STREET NW SUITE 100 - ATLANTA, GA 30309	13-1846366	501(C)(3)	9,195.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, NORTH CAROLINA CHAPTER - 6504 FALLS OF NEUSE SUITE 100 - RALEIGH, NC 27615	13-1846366	501(C)(3)	5,007.	0.			RESEARCH/PUBLIC EDUCATION

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MARCH OF DIMES FOUNDATION, OHIO CHAPTER, CINCINNATI - 10806 KENWOOD ROAD - CINCINNATI, OH 45242	13-1846366	501(C)(3)	11,413.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, OKLAHOMA, OKLAHOMA CITY - 5100 NORTH BROOKLINE SUITE 850 - OKLAHOMA CITY, OK 73112	13-1846366	501(C)(3)	5,532.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, PENNSYLVANIA CHAPTER - 435 DEVON PARK DRIVE BUILDING 300 - WAYNE, PA 19087	13-1846366	501(C)(3)	13,268.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, UTAH 670 EAST 3900 SOUTH SUITE 1-105 MURRAY, UT 84107	13-1846366	501(C)(3)	7,923.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, VIRGINIA CHAPTER, GLEN ALLEN - 4191 INNSLAKE DRIVE SUITE 201 - GLEN ALLEN, VA 23060	13-1846366	501(C)(3)	23,748.	0.			RESEARCH/PUBLIC EDUCATION
MARCH OF DIMES FOUNDATION, WASHINGTON CHAPTER - 1904 3RD AVENUE SUITE 230 - SEATTLE, WA 98101	13-1846366	501(C)(3)	6,038.	0.			RESEARCH/PUBLIC EDUCATION
MEDFLIGHT OF OHIO 2827 WEST DUBLIN GRANVILLE ROAD COLUMBUS, OH 43235	31-1428614	501(C)(3)	8,747.	0.			RESEARCH/PUBLIC EDUCATION
MEDICAL EYE BANK OF MARYLAND 815 PARK AVENUE BALTIMORE, MD 21201	52-1290067	501(C)(3)	5,481.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH AMERICA (FORMERLY NATIONAL MENTAL HEALTH ASSOCIATION) - 2000 NORTH BEAUREGARD STREET 6TH FLOOR -	13-1614906	501(C)(3)	30,719.	0.			RESEARCH/PUBLIC EDUCATION

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MENTAL HEALTH AMERICA OF VIRGINIA 2008 BREMO ROAD SUITE 101 RICHMOND, VA 23226	54-0534103	501(C)(3)	6,072.	0.			RESEARCH/PUBLIC EDUCATION
MENTAL HEALTH ASSOCIATION OF MARYLAND - 711 WEST 40TH STREET SUITE 460 - BALTIMORE, MD 21211	52-0591666	501(C)(3)	8,403.	0.			RESEARCH/PUBLIC EDUCATION
MISSION OF MERCY, MARYLAND 22 SOUTH MARKET STREET SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)	10,525.	0.			RESEARCH/PUBLIC EDUCATION
MOVEABLE FEAST 901 NORTH MILTON AVENUE FIRST FLOOR BALTIMORE, MD 21205	52-1663825	501(C)(3)	60,901.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 222 SOUTH RIVERSIDE PLAZA SUITE 150 CHICAGO, IL 60606	13-1665552	501(C)(3)	91,785.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION, GEORGIA, SOUTHEAST DIVISION, TUCKER - 1990 LAKESIDE PARKWAY SUITE100 - TUCKER, GA 30084	13-1665552	501(C)(3)	7,450.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION, MARYLAND, SOUTHEAST DIVISION, TOWSON - 1990 LAKESIDE PARKWAY SUITE 100 - TUCKER, GA 30084	13-1665552	501(C)(3)	7,709.	0.			RESEARCH/PUBLIC EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION, VIRGINIA, SOUTHEAST DIVISION, RESTON - 1990 LAKESIDE PARKWAY SUITE 100 - TUCKER, GA 30084	13-1665552	501(C)(3)	9,159.	0.			RESEARCH/PUBLIC EDUCATION
MYASTHENIA GRAVIS FOUNDATION OF AMERICA - 355 LEXINGTON AVENUE 15TH FLOOR - NEW YORK, NY 10017	13-5672224	501(C)(3)	25,162.	0.			RESEARCH/PUBLIC EDUCATION

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NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) - 3803 NORTH FAIRFAX DRIVE SUITE 100 - ARLINGTON, VA 22203	43-1201653	501(C)(3)	67,911.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), DC, PRINCE GEORGE'S COUNTY, MD - 8511 LEGATION ROAD - NEW CARROLLTON, MD 20784	52-1246659	501(C)(3)	6,205.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), OHIO, FRANKLIN COUNTY - 4500 EAST BROAD STREET - COLUMBUS, OH 43213	31-1197905	501(C)(3)	13,390.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), PENNSYLVANIA, HARRISBURG (STATE HQ) - 2149 NORTH SECOND STREET - HARRISBURG, PA 17110	23-2314602	501(C)(3)	9,513.	0.			RESEARCH/PUBLIC EDUCATION
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS), WASHINGTON, GREATER SEATTLE - 802 NW 70TH STREET - SEATTLE, WA 98117	91-1043712	501(C)(3)	5,116.	0.			RESEARCH/PUBLIC EDUCATION
NAMI, VIRGINIA 1904 BYRD AVENUE SUITE 218 RICHMOND, VA 23230	54-1267632	501(C)(3)	7,961.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE (NCADD) - 217 BROADWAY SUITE 712 - NEW YORK, NY 10007	13-1664053	501(C)(3)	11,937.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HEADACHE FOUNDATION 820 NORTH ORLEANS STREET SUITE 411 CHICAGO, IL 60610	23-7073022	501(C)(3)	8,871.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA SUITE 1204 NEW YORK, NY 10001	13-5641857	501(C)(3)	12,232.	0.			RESEARCH/PUBLIC EDUCATION

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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
NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION - 1731 KING STREET SUITE 100 - ALEXANDRIA, VA 22314	54-1096334	501(C)(3)	11,407.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016	13-1673104	501(C)(3)	71,558.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION, MARYLAND - 1301 YORK ROAD SUITE 404 HEAVER PLAZA - LUTHERVILLE, MD 21093	52-6069952	501(C)(3)	39,040.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL KIDNEY FOUNDATION, VIRGINIA, NATIONAL CAPITAL AREA AND VIRGINIA, VIRGIN - 5335 WISCONSIN AVENUE NW SUITE 300 -	13-1673104	501(C)(3)	12,484.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVENUE THIRD FLOOR - NEW YORK, NY 10017	13-5661935	501(C)(3)	161,861.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, ALABAMA, ALABAMA-MISSISSIPPI CHAPTER - 813 SHADES CREEK PARKWAY - BIRMINGHAM,	63-0367194	501(C)(3)	6,680.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, ARIZONA - 5025 EAST WASHINGTON STREET SUITE 102 - PHOENIX, AZ 85304	86-0180887	501(C)(3)	11,387.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, DC, GREATER DC-MARYLAND - 2219 YORK ROAD SUITE 302 - TIMONIUM, MD 21093	52-0663815	501(C)(3)	38,946.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, GEORGIA - 950 EAST PACES FERRY ROAD NE SUITE 110 - ATLANTA, GA 30326	58-0652901	501(C)(3)	5,954.	0.			RESEARCH/PUBLIC EDUCATION

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NATIONAL MULTIPLE SCLEROSIS SOCIETY, NATIONAL CAPITAL CHAPTER - 1800 M STREET NW SUITE 750 SOUTH - WASHINGTON, DC 20036	53-0237585	501(C)(3)	29,068.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, NEW JERSEY, CENTRAL AND NORTHERN NEW JERSEY - 1480 US HIGHWAY 9N SUITE 301 - WOODBRIDGE,	22-6080521	501(C)(3)	6,976.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, NEW YORK, NEW YORK CITY-SOUTHERN NY - 733 THIRD AVENUE 3RD FLOOR - NEW YORK, NY	13-2835721	501(C)(3)	10,038.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, OHIO, BUCKEYE, CLEVELAND - 6155 ROCKSIDE ROAD SUITE 202 - INDEPENDENCE, OH 44131	34-0801307	501(C)(3)	19,929.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, PENNSYLVANIA, CENTRAL PA - 2040 LINGLESTOWN RD - HARRISBURG, PA 17110	23-1583611	501(C)(3)	10,435.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, PENNSYLVANIA, GREATER DELAWARE VALLEY - 30 SOUTH 17TH STREET SUITE 800 - PHILADELPHIA,	23-1401535	501(C)(3)	11,851.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, PENNSYLVANIA, KEYSTONE - 1501 REEDSDALE STREET SUITE 105 - PITTSBURGH, PA 15233	25-1066473	501(C)(3)	7,714.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, UTAH, UTAH-SOUTHERN IDAHO - 1440 SOUTH FOOTHILL DRIVE SUITE 200 - SALT LAKE CITY, UT 84108	23-7150399	501(C)(3)	19,050.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, VIRGINIA, HAMPTON ROADS CHAPTER - 760 LYNNHAVEN PARKWAY SUITE 201 - VIRGINIA BEACH, VA	54-0641099	501(C)(3)	17,068.	0.			RESEARCH/PUBLIC EDUCATION

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NATIONAL MULTIPLE SCLEROSIS SOCIETY, VIRGINIA, VIRGINIA-WEST VA, GLEN ALLEN (HQ) - 4200 INNSLAKE DRIVE SUITE 301 - GLEN	54-0633474	501(C)(3)	10,370.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, WASHINGTON, GREATER NW, SEATTLE - 192 NICKERSON STREET SUITE 100 - SEATTLE, WA 98109	91-0742424	501(C)(3)	15,369.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL OVARIAN CANCER COALITION 2501 OAK LAWN AVENUE SUITE 435 DALLAS, TX 75219	65-0628064	501(C)(3)	14,469.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL PARKINSON FOUNDATION 200 SE 1ST STREET SUITE 800 MIAMI, FL 33131	59-0968031	501(C)(3)	29,611.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL PSORIASIS FOUNDATION 6600 SOUTHWEST 92ND AVENUE SUITE 30 PORTLAND, OR 97223	93-0571472	501(C)(3)	32,352.	0.			RESEARCH/PUBLIC EDUCATION
NATIONAL STROKE ASSOCIATION 9707 EAST EASTER LANE ENGLEWOOD, CO 80112	74-2317104	501(C)(3)	25,762.	0.			RESEARCH/PUBLIC EDUCATION
NEW JERSEY HOSPICE ORGANIZATION 1044 ROUTE 22 WEST SUITE #2 MOUNTAINSIDE, NJ 07092	22-2357931	501(C)(3)	5,089.	0.			RESEARCH/PUBLIC EDUCATION
OHIO SICKLE CELL AND HEALTH ASSOCIATION - 309 SOUTH FOURTH STREET SUITE 212 - COLUMBUS, OH 43215	31-0968012	501(C)(3)	5,960.	0.			RESEARCH/PUBLIC EDUCATION
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE SUITE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	194,317.	0.			RESEARCH/PUBLIC EDUCATION

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PANCREATIC CANCER ACTION NETWORK, DC, NATIONAL CAPITAL AREA - 1050 CONNECTICUT AVENUE NORTHWEST 10TH FLOOR - WASHINGTON, DC 20036	33-0841281	501(C)(3)	37,845.	0.			RESEARCH/PUBLIC EDUCATION
PARKINSON FOUNDATION OF THE NATIONAL CAPITAL AREA, DC - 7700 LEESBURG PIKE SUITE 208 - FALLS CHURCH, VA 22043	54-2048636	501(C)(3)	7,972.	0.			RESEARCH/PUBLIC EDUCATION
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	13-1866796	501(C)(3)	63,574.	0.			RESEARCH/PUBLIC EDUCATION
PENNSYLVANIA BREAST CANCER COALITION - 2397 QUENTIN ROAD SUITE B - LEBANON, PA 17042	25-1722323	501(C)(3)	14,868.	0.			RESEARCH/PUBLIC EDUCATION
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 EAST CAMELBACK ROAD SUITE 122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	53,557.	0.			RESEARCH/PUBLIC EDUCATION
PLANNED PARENTHOOD, MARYLAND 330 NORTH HOWARD STREET BALTIMORE, MD 21201	52-0607930	501(C)(3)	190,497.	0.			RESEARCH/PUBLIC EDUCATION
PREGNANCY DECISION HEALTH CENTERS, OHIO - 665 EAST DUBLIN GRANVILLE ROAD SUITE 120 - COLUMBUS, OH 43229	31-1002913	501(C)(3)	7,144.	0.			RESEARCH/PUBLIC EDUCATION
PREVENT BLINDNESS (NATIONAL SOCIETY TO PREVENT BLINDNESS) - 211 WEST WACKER SUITE 1700 - CHICAGO, IL 60606	36-3667121	501(C)(3)	5,548.	0.			RESEARCH/PUBLIC EDUCATION
PREVENT BLINDNESS, OHIO 1500 WEST THIRD AVENUE SUITE 200 COLUMBUS, OH 43212	31-6063433	501(C)(3)	8,494.	0.			RESEARCH/PUBLIC EDUCATION

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RONALD MCDONALD HOUSE CHARITIES OF ALABAMA - 1700 4TH AVE S. - BIRMINGHAM, AL 35233	63-0753358	501(C)(3)	8,664.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF OKLAHOMA CITY, INC. - 1301 NORTHEAST14TH STREET - OKLAHOMA CITY, OK 73117	73-1103242	501(C)(3)	14,385.	0.			RESEARCH/PUBLIC EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA, INC. - 935 EAST SOUTH TEMPLE - SALT LAKE CITY, UT 84102	74-2386043	501(C)(3)	9,494.	0.			RESEARCH/PUBLIC EDUCATION
RYAN HOUSE 110 MERRELL STREET 1ST FLOOR PHOENIX, AZ 85013	20-1852393	501(C)(3)	6,198.	0.			RESEARCH/PUBLIC EDUCATION
SAFE HARBOR PO BOX 17996 RICHMOND, VA 23226	54-1950038	501(C)(3)	5,500.	0.			RESEARCH/PUBLIC EDUCATION
SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVENUE SUITE A WESTPORT, CT 06880	31-1794455	501(C)(3)	6,442.	0.			RESEARCH/PUBLIC EDUCATION
SHEPPARD PRATT HEALTH SYSTEM 6501 NORTH CHARLES STREET BALTIMORE, MD 21204	52-0591684	501(C)(3)	7,942.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL ASSOCIATION OF THE NATIONAL CAPITAL AREA - 5301 NORTH CAPITAL STREET NE SUITE 300 - WASHINGTON, DC 20011	52-1887817	501(C)(3)	20,772.	0.			RESEARCH/PUBLIC EDUCATION
SICKLE CELL DISEASE ASSOCIATION OF AMERICA - 3700 KOPPERS STREET SUITE 570 - BALTIMORE, MD 21227	23-7175985	501(C)(3)	206,468.	0.			RESEARCH/PUBLIC EDUCATION

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SICKLE CELL DISEASE ASSOCIATION OF AMERICA, PENNSYLVANIA, PHILADELPHIA/DELAWARE - 5070 PARKSIDE AVENUE - PHILADELPHIA, PA	22-2436381	501(C)(3)	15,947.	0.			RESEARCH/PUBLIC EDUCATION
SMILE TRAIN 41 MADISON AVENUE FLOOR 28 NEW YORK, NY 10010	13-3661416	501(C)(3)	232,111.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS GEORGIA 4000 DEKALB TECHNOLOGY PARKWAY BUILDING 400 SUITE 400 - ATLANTA, GA 30340	23-7201676	501(C)(3)	10,446.	0.			RESEARCH/PUBLIC EDUCATION
SPECIAL OLYMPICS WASHINGTON 2150 NORTH 107TH STREET SEATTLE, WA 98133	91-0962383	501(C)(3)	15,423.	0.			RESEARCH/PUBLIC EDUCATION
SPINA BIFIDA ASSOCIATION OF AMERICA - 1600 WILSON BOULEVARD SUITE 800 - ARLINGTON, VA 22209	58-1342181	501(C)(3)	37,625.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	4,729,665.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ALABAMA - 5901 PEACHTREE DUNWOODY ROAD - ATLANTA, GA 30328	35-1044585	501(C)(3)	15,313.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ARIZONA (SERVING ARIZONA & NEW MEXICO) - 706 EAST BELL ROAD SUITE 200 - PHOENIX, AZ 85022	35-1044585	501(C)(3)	11,948.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, GEORGIA (SERVING ALABAMA & GEORGIA) - 5901 A PEACHTREE DUNWOODY ROAD NE SUITE 255 -	35-1044585	501(C)(3)	74,486.	0.			RESEARCH/PUBLIC EDUCATION

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL, LOUISIANA (SERVING LOUISIANA & SOUTHERN M - 14333 PERKINS ROAD SUITE A - BATON	35-1044585	501(C)(3)	9,820.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MAINE - 313 WASHINGTON STREET - NEWTON, MA 02458	35-1044585	501(C)(3)	26,528.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MARYLAND - 5041 CORPORATE WOODS DRIVE - VIRGINIA BEACH, VA 23462	35-1044585	501(C)(3)	78,415.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, NEW JERSEY - 14 PENN PLAZA - NEW YORK, NY 10122	35-1044585	501(C)(3)	35,505.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, NEW YORK (SERVING NEW YORK, NEW JERSEY, & - 14 PENN PLAZA SUITE 1615 - NEW YORK, NY	35-1044585	501(C)(3)	11,583.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, NORTH CAROLINA (SERVING NORTH & SOUTH CAR - 6000 FAIRVIEW ROAD SUITE 305 - CHARLOTTE, NC	35-1044585	501(C)(3)	20,311.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, OHIO (SERVING OHIO) - 1335 DUBLIN ROAD SUITE 100 F - COLUMBUS, OH 43215	35-1044585	501(C)(3)	37,122.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, OKLAHOMA (SERVING KANSAS & OKLAHOMA) - 319 WEST MAIN STREET - NORMAN, OK 73069	35-1044585	501(C)(3)	88,512.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, PENNSYLVANIA (SERVING WESTERN PENNSYLVANI - 105 BRAUNLICH DRIVE SUITE 420 -	35-1044585	501(C)(3)	108,261.	0.			RESEARCH/PUBLIC EDUCATION

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL, TENNESSEE - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,222.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, UTAH - 1822 CRAIG ROAD - SAINT LOUIS, MO 63146	35-1044585	501(C)(3)	11,618.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, VIRGINIA - 5041 CORPORATE WOODS DRIVE - VIRGINIA BEACH, VA 23462	35-1044585	501(C)(3)	103,544.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, VIRGINIA (SERVING DC, DE, MD, VA, & EASTE - 4600 NORTH FAIRFAX DRIVE SUITE 900 -	35-1044585	501(C)(3)	139,332.	0.			RESEARCH/PUBLIC EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, WASHINGTON (SERVING AK, ID, MT, OR & WA) - 4738 11TH AVENUE NE SUITE 102 - SEATTLE, WA	35-1044585	501(C)(3)	45,355.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN 5005 LYNDON B JOHNSON FREEWAY SUITE DALLAS, TX 75244	75-1835298	501(C)(3)	438,523.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, ALABAMA, NORTH CENTRAL AL AFFILIATE - 1909 27TH AVENUE SOUTH SUITE 203 - HOMEWOOD, AL 35209	75-2844656	501(C)(3)	36,464.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, ARIZONA, PHOENIX 2040 WEST BETHANY HOME ROAD SUITE 1 PHOENIX, AZ 85015	75-2845061	501(C)(3)	20,725.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, COLORADO, DENVER METROPOLITAN AFFILIATE - 50 SOUTH STEELE STREET SUITE 100 - DENVER, CO 80209	84-1199858	501(C)(3)	6,485.	0.			RESEARCH/PUBLIC EDUCATION

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SUSAN G. KOMEN, FLORIDA, MIAMI AFFILIATE - 1333 SOUTH UNIVERSITY DRIVE, SUITE 206 - PLANTATION, FL 33324	75-2844638	501(C)(3)	9,077.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, GEORGIA, CENTRAL GA AFFILIATE - 277 MARTIN LUTHER KING BOULEVARD SUITE 101 - MACON, GA 31201	75-2881536	501(C)(3)	6,778.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, GEORGIA, GREATER ATLANTA AFFILIATE - 3525 PIEDMONT ROAD 5-215 - ATLANTA, GA 30305	58-1959763	501(C)(3)	58,494.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, INDIANA, INDIANAPOLIS - 3500 DEPAUW BOULEVARD SUITE 2070 - INDIANAPOLIS, IN 46268	75-2941627	501(C)(3)	9,356.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, MARYLAND 200 EAST JOPPA ROAD SUITE 407 TOWSON, MD 21286	52-2053491	501(C)(3)	64,547.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NEW JERSEY, CENTRAL AND SOUTH JERSEY AFFILIATE - 2 PRINCESS ROAD SUITE D - LAWRENCEVILLE, NJ 08648	43-2052349	501(C)(3)	12,414.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NEW JERSEY, NORTH JERSEY AFFILIATE - 44 MIDDLE AVENUE 2ND FLOOR - SUMMIT, NJ 07901	22-3528454	501(C)(3)	8,286.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NEW YORK, GREATER NEW YORK CITY AFFILIATE - 470 SEVENTH AVENUE 7TH FLOOR - NEW YORK, NY 10018	91-2049420	501(C)(3)	16,348.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, NORTH CAROLINA, CHARLOTTE AFFILIATE - 2316 RANDOLPH ROAD - CHARLOTTE, NC 28207	75-2854959	501(C)(3)	9,192.	0.			RESEARCH/PUBLIC EDUCATION

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SUSAN G. KOMEN, OHIO, COLUMBUS AFFILIATE - 929 EASTWIND DRIVE SUITE 211 - WESTERVILLE, OH 43081	75-2844651	501(C)(3)	30,867.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OHIO, GREATER CINCINNATI AFFILIATE - 6120 SOUTH GILMORE ROAD SUITE 206 - FAIRFIELD, OH 45014	75-2855038	501(C)(3)	12,572.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OHIO, NORTHEAST OH CHAPTER - 5350 TRANSPORTATION BOULEVARD SUITE 22 - GARFIELD HEIGHTS, OH 44125	34-1793460	501(C)(3)	13,150.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OHIO, NORTHWEST OH AFFILIATE - 3100 WEST CENTRAL AVENUE SUITE 235 - TOLEDO, OH 43606	75-2845063	501(C)(3)	8,847.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, OKLAHOMA, CENTRAL OK AFFILIATE - 101 PARK AVENUE SUITE 225 - OKLAHOMA CITY, OK 73102	73-1372249	501(C)(3)	10,124.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, PENNSYLVANIA, NE PENNSYLVANIA - 125 NORTH WASHINGTON AVENUE SUITE 305 - SCRANTON, PA 18503	23-2657570	501(C)(3)	11,595.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, PENNSYLVANIA, PHILADELPHIA - 125 SOUTH 9TH STREET SUITE 202 - PHILADELPHIA, PA 19107	75-2949264	501(C)(3)	26,848.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, PENNSYLVANIA, PITTSBURGH - 1133 SOUTH BRADDOCK AVENUE SUITE 1A - PITTSBURGH, PA 15218	81-0665396	501(C)(3)	9,711.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, UTAH, SALT LAKE CITY AFFILIATE - 4900 SOUTH HIGHLAND DRIVE SUITE B - SALT LAKE CITY, UT 84117	75-2855032	501(C)(3)	16,686.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G. KOMEN, VIRGINIA, RICHMOND/CENTRAL AFFILIATE - 1433 JOHNSTON WILLIS DRIVE - RICHMOND, VA 23235	75-2844659	501(C)(3)	21,071.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, VIRGINIA, TIDEWATER AFFILIATE - 420 NORTH CENTER DRIVE SUITE 143 - NORFOLK, VA 23502	75-2875178	501(C)(3)	29,920.	0.			RESEARCH/PUBLIC EDUCATION
SUSAN G. KOMEN, WASHINGTON, PUGET SOUND CHAPTER - 112 5TH AVENUE NORTH - SEATTLE, WA 98109	91-1624040	501(C)(3)	29,942.	0.			RESEARCH/PUBLIC EDUCATION
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN STREET - DALLAS, TX 75219	75-0818178	501(C)(3)	5,264.	0.			RESEARCH/PUBLIC EDUCATION
THE CHILDREN'S CENTER, INC. 6800 NORTHWEST 39TH EXPRESSWAY BETHANY, OK 73008	73-0580264	501(C)(3)	9,448.	0.			RESEARCH/PUBLIC EDUCATION
TOURETTE ASSOCIATION OF AMERICA 42-40 BELL BOULEVARD BAYSIDE, NY 11361	23-7191992	501(C)(3)	20,519.	0.			RESEARCH/PUBLIC EDUCATION
UC2 UNIFIED COMMUNITY CONNECTIONS 11350 MCCORMICK ROAD EXECUTIVE PLAZA III SUITE 1100 - HUNT VALLEY, MD 21031	52-0696384	501(C)(3)	12,872.	0.			RESEARCH/PUBLIC EDUCATION
UNITED WAY OF GREATER RICHMOND 2001 MAYWILL ST RICHMOND, VA 23230	23-7375346	501(C)(3)	25,298.	0.			RESEARCH/PUBLIC EDUCATION
VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1801 LIBBIE AVENUE SUITE 104 - RICHMOND, VA 23226	54-1802019	501(C)(3)	5,019.	0.			RESEARCH/PUBLIC EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA ASSOCIATION OF HOSPICES 3801 WESTERRE PARKWAY SUITE D RICHMOND, VA 23233	54-1296912	501(C)(3)	8,741.	0.			RESEARCH/PUBLIC EDUCATION
WASHINGTON HOME AND COMMUNITY HOSPICES, THE, DC - 3720 UPTON STREET NW - WASHINGTON, DC 20016	53-0196647	501(C)(3)	11,595.	0.			RESEARCH/PUBLIC EDUCATION
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	10,152.	0.			RESEARCH/PUBLIC EDUCATION

Part III Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ORGANIZATION RECEIVES PLEDGE REPORTS FROM EACH WORKPLACE GIVING

CAMPAIGN DETAILING THE DONOR DESIGNATION TO MEMBER HEALTH CHARITIES.

COMMUNITY HEALTH CHARITIES DISTRIBUTES CAMPAIGN FUNDS TO MEMBER HEALTH

CHARITIES IN PROPORTION TO THE DONOR DESIGNATIONS RECEIVED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2014

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

COMMUNITY HEALTH CHARITIES

Employer identification number

13-6167225

Part I Questions Regarding Compensation

1a 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.

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

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

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

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

- | | |
|---|--|
| <input 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 |

4 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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 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

8 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

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

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

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

Schedule J (Form 990) 2014

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS G. BOGNANNO PRESIDENT/CEO	(i)	259,735.	0.	0.	17,875.	7,894.	285,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MOLLY GRAVHOLT CHIEF OPERATING OFFICER	(i)	163,254.	0.	0.	10,135.	238.	173,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

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

OMB No. 1545-0047

2014

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.

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

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. 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 9, CHANGES IN NET ASSETS:

TRANSFERS OF NET ASSETS FROM MERGED AFFILIATES 7,570,237.

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURE	01/01/08	SL	7.00		16	13,297.				13,297.	13,297.		0.	13,297.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						13,297.				13,297.	13,297.		0.	13,297.
	MACHINERY & EQUIPMENT														
2	SOFTWARE	01/01/08	SL	5.00		16	26,814.				26,814.	26,814.		0.	26,814.
3	OFFICE EQUIPMENT	01/01/08	SL	5.00		16	88,633.				88,633.	88,633.		0.	88,633.
4	DEPOSITS ON PP&E	06/30/10	SL	5.00		16	104,120.				104,120.	83,296.		20,824.	104,120.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						219,567.				219,567.	198,743.		20,824.	219,567.
	* GRAND TOTAL 990 PAGE 10 DEPR						232,864.				232,864.	212,040.		20,824.	232,864.