

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491287001149			
Form 990-PF Department of the Treasury Internal Revenue Service		Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <a href="http://www.irs.gov/Form990PF">www.irs.gov/Form990PF</a> for instructions and the latest information.			OMB No 1545-0052  2018  Open to Public Inspection		
For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018							
Name of foundation THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC				A Employer identification number 35-6203550			
Number and street (or P.O. box number if mail is not delivered to street address) 429 E VERMONT STREET NO 300			Room/suite	B Telephone number (see instructions) (317) 630-1805			
City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46202				C If exemption application is pending, check here ▶ <input type="checkbox"/>			
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change				D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>			
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 13,934,157		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>			
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )				(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	3,710,451				
	2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	5,785	5,785			
	4	Dividends and interest from securities	311,814	311,814			
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	410,606				
	b	Gross sales price for all assets on line 6a					
			3,854,613				
	7	Capital gain net income (from Part IV, line 2)		410,606			
	8	Net short-term capital gain					
	9	Income modifications					
Operating and Administrative Expenses	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	362,080	0	0		
	12	Total. Add lines 1 through 11	4,800,736	728,205	0		
	13	Compensation of officers, directors, trustees, etc.	137,481	0	0	137,481	
	14	Other employee salaries and wages	132,904	0	0	132,904	
	15	Pension plans, employee benefits	18,104	0	0	18,104	
	16a	Legal fees (attach schedule)	15,218	0	0	15,218	
	b	Accounting fees (attach schedule)	85,947	0	0	85,947	
	c	Other professional fees (attach schedule)	178,436	38,669	0	139,767	
	17	Interest					
	18	Taxes (attach schedule) (see instructions)	6,864	321	0	0	
	19	Depreciation (attach schedule) and depletion	126,562	0	0		
	20	Occupancy	194,156	0	0	185,755	
	21	Travel, conferences, and meetings	33,552	0	0	34,203	
	22	Printing and publications	904	0	0	904	
	23	Other expenses (attach schedule)	309,206	0	0	309,281	
24	Total operating and administrative expenses. Add lines 13 through 23	1,239,334	38,990	0	1,059,564		
25	Contributions, gifts, grants paid	3,462,217			3,182,208		
26	Total expenses and disbursements. Add lines 24 and 25	4,701,551	38,990	0	4,241,772		
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	99,185				
	b	Net investment income (if negative, enter -0-)		689,215			
	c	Adjusted net income (if negative, enter -0-)			0		
For Paperwork Reduction Act Notice, see instructions.				Cat No 11289X		Form 990-PF (2018)	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .					
	2	Savings and temporary cash investments . . . . .	1,722,105	1,080,462		1,080,462	
	3	Accounts receivable ▶ <u>831</u>					
		Less allowance for doubtful accounts ▶ _____	16,695	831		831	
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .	248,704	532,588		532,588	
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .	6,243	7,220		7,220	
	10a	Investments—U S and state government obligations (attach schedule)	5,788,850	6,563,970		6,268,796	
	b	Investments—corporate stock (attach schedule) . . . . .	2,206,673	2,180,174		2,440,810	
	c	Investments—corporate bonds (attach schedule) . . . . .					
	11	Investments—land, buildings, and equipment basis ▶ _____					
	Less accumulated depreciation (attach schedule) ▶ _____						
12	Investments—mortgage loans . . . . .						
13	Investments—other (attach schedule) . . . . .						
14	Land, buildings, and equipment basis ▶ <u>4,989,995</u>						
	Less accumulated depreciation (attach schedule) ▶ <u>1,410,469</u>	3,676,321	3,579,526		3,579,526		
15	Other assets (describe ▶ _____)	27,554	23,924		23,924		
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	13,693,145	13,968,695		13,934,157		
Liabilities	17	Accounts payable and accrued expenses . . . . .	122,740	131,141			
	18	Grants payable . . . . .	922,509	1,111,994			
	19	Deferred revenue . . . . .	72,140	38,488			
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ _____)	25,810	23,344			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	1,143,199	1,304,967			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .	11,730,179	11,971,722			
	25	Temporarily restricted . . . . .	819,767	692,006			
	26	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds . . . . .					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	12,549,946	12,663,728			
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	13,693,145	13,968,695			

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	12,549,946
2	Enter amount from Part I, line 27a . . . . .	2	99,185
3	Other increases not included in line 2 (itemize) ▶ _____	3	14,597
4	Add lines 1, 2, and 3 . . . . .	4	12,663,728
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	12,663,728

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> VARIOUS MARKETABLE			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 3,854,613		3,444,007	410,606
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			410,606
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; font-size: small;">           { If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	410,606
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐

Yes

☒

No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	3,078,707	9,812,006	0 313769
2016	2,771,388	9,292,268	0 298247
2015	5,241,425	12,374,115	0 423580
2014	5,554,867	16,021,384	0 346716
2013	2,616,102	15,135,753	0 172843

<b>2</b> Total of line 1, column (d)	<b>2</b>	1 555155
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 311031
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	10,673,700
<b>5</b> Multiply line 4 by line 3	<b>5</b>	3,319,852
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	6,892
<b>7</b> Add lines 5 and 6	<b>7</b>	3,326,744
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	<b>8</b>	4,241,772

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	6,892
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	6,892
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	6,892
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	6,725
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	5,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	11,725
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	52
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	4,781
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> 4,781 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IN		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW THFGI ORG	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► JASON GRISELL Telephone no ► (317) 630-1805			

Located at ► 429 VERMONT STREET INDIANAPOLIS IN ZIP+4 ► 46202


<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .	<b>1b</b>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>	<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	
<b>c</b>	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JASON GRISELL	PRESIDENT & CEO	128,654	8,828	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202	50 00			
RYAN MCCONNELL	PROGRAM DIRECTOR	77,553	4,464	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202	40 00			
<b>Total</b> number of other employees paid over \$50,000.				0

Part VIII

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
KATHERINE CAMPBELL CONSULTING 10555 SPRING MILL ROAD INDIANAPOLIS, IN 46290	DEVELOPMENT	55,000
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

Part IX-A

**Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> NONE	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

Part IX-B

**Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	9,456,009
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,380,235
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	10,836,244
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	10,836,244
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	162,544
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	10,673,700
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	533,685

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	533,685
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	6,892
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	6,892
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	526,793
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	526,793
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	526,793

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	4,241,772
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	4,241,772
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	6,892
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	4,234,880

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				526,793
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	2,303,809			
<b>b</b> From 2014. . . . .	5,243,649			
<b>c</b> From 2015. . . . .	4,640,407			
<b>d</b> From 2016. . . . .	2,309,226			
<b>e</b> From 2017. . . . .	2,598,317			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	17,095,408			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>4,241,772</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				526,793
<b>e</b> Remaining amount distributed out of corpus	3,714,979			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,810,387			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	2,303,809			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	18,506,578			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	5,243,649			
<b>b</b> Excess from 2015. . . . .	4,640,407			
<b>c</b> Excess from 2016. . . . .	2,309,226			
<b>d</b> Excess from 2017. . . . .	2,598,317			
<b>e</b> Excess from 2018. . . . .	3,714,979			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

THE HEALTH FOUNDATION OF GREATER IN  
429 E VERMONT STREET SUITE 300  
INDIANAPOLIS, IN 46202  
(317) 630-1805  
INFO@THFGI.ORG

**b** The form in which applications should be submitted and information and materials they should include

POTENTIAL GRANTEEES CAN INQUIRE PER PHONE/LETTER FOR PROSPECTIVE PROPOSALS, A FOLLOW UP MEETING IS CONDUCTED TO DISCUSS DETAILS AND ADDITIONAL INFO NEEDED. THE FOLLOWING ARE ESSENTIAL DURING THE PROPOSAL PROCESS: 1) BRIEF SUMMARY (APPLICANT AGENCY, AMOUNT REQUESTED, PURPOSE, TIME FRAME, EXPECTED RESULTS, CONTACT INFO NAME, ADDRESS, & TELEPHONE), COVER LETTER OR COVER SHEET W/ SINGLE PAGE SYNOPSIS IS ACCEPTABLE, 2) NARRATIVE (W/ PROGRAM PROCEDURE DETAILS, PERSONNEL INVOLVED, ANTICIPATED OUTCOMES, MONITORING PROCEDURES), 3) COPY OF IRS DETERMINATION LETTER INDICATING TAX EXEMPT STATUS (PROPOSAL WILL NOT BE EVALUATED W/OUT IT), 4) DETAILED BUDGET (INCLD PROJECTED INC/EXP, NEW PROGRAMS MUST SUBMIT PRIOR INC/EXP STMTS & AUDITED FINANCIAL STMTS), 5) VERIFICATION OF GOVERNING BODY AUTHORIZATION, 6) LISTING OF GOVERNING BODY & KEY PROGRAM PERSONNEL (NAME & TITLE), 7) VISUAL MATERIAL SUCH AS CHARTS, SUPPORT LETTERS MAY BE ATTACHED TO PROPOSAL

**c** Any submission deadlines

PROSPECTIVE GRANTEEES WILL NEED TO INQUIRE WITH FOUNDATION

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

POTENTIAL GRANTEEES PROPOSALS ARE EVALUATED BY THE BOARD OF DIRECTORS ON THE IMPACT/USEFULNESS TO THE COMMUNITY, ABILITY TO FULFILL NEED, FEASIBILITY, PLAN'S IMPLEMENTATION SOUNDNESS, & SUBSEQUENT LONG-TERM FINANCING. FUNDS ARE TO BE APPLIED W/IN PROPOSAL SPECIFICATIONS W/OUT ALTERATION/DIVERSION. ADDITIONAL INFORMATION I.E. SITE VISITS AND INTERVIEWS MAY BE REQUIRED. FUNDS CANNOT BE HELD TO GENERATE INVESTMENT INCOME AND UNEXPENDED AMOUNTS ARE TO BE RETURNED. PROSPECTIVE GRANTEEES WILL NEED TO INQUIRE WITH FOUNDATION

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

<b>13 Total.</b> Add line 12, columns (b), (d), and (e).	<b>13</b>	<b>1,090,285</b>
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(See worksheet in line 13 instructions to verify calculations )

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

<b>Sign Here</b> ***** Signature of officer or trustee	2019-10-14 Date	***** Title
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May the IRS discuss this return with the preparer shown below  
 (see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ANGELA N CRAWFORD CPA		2019-10-14		P00573197
	Firm's name ► BLUE & CO LLC				Firm's EIN ► 35-1178661
Firm's address ► 500 N MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204					Phone no (317) 633-4705

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JASON GRISELL	PRESIDENT & CEO 50 00	128,654	8,828	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
PETER SLAYMAKER	CHAIR 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
JAMES SPAIN	VICE CHAIR 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
NINYA BOSTIC	SECRETARY/TREASURER 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
TERESA CRAIG CPA	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
MICHAEL CARTER	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
BRAD JACKLIN	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
LYNN KLUS	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
JON MARKEE	TRUSTEE-TERM BEGAN JUN'18 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
SEAN OBERMEYER	TRUSTEE-TERM BEGAN AUG'18 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
CHRISTIAN SMELTZER	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
ROBERT SCHMID	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
LISA VIELEE	TRUSTEE-TERM BEGAN AUG'18 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
DAVID KELLEHER	SEC /TREAS -TERM ENDED 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				
DWAYNE ISAACS	TRUSTEE-TERM ENDED 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation ( <b>If not paid, enter -0-</b> )	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
MONICA MEDINA	TRUSTEE-TERM ENDED 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS, IN 46202				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AIDS RESOURCE GROUP OF EVANSVILLE 201 NW 4TH STREET STE B-7 EVANSVILLE, IN 47708	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	347,500
ALIVENESS PROJECT OF NW INDIANA 5490 BROADWAY L-3 MERRILLVILLE, IN 46410	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	207,000
ALMOST4MINDS 2345 S LYNHURST DRIVE SUITE 107 INDIANAPOLIS, IN 46241	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	188,000
<b>Total . . . . .</b> ► <b>3a</b>				3,182,208



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASPIRE INDIANA 9615 EAST 148TH STREET NOBLESVILLE, IN 46060	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000
AYOKAY2549 E 55TH PLACE INDIANAPOLIS, IN 46220	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	6,000
BROTHERS UNITED 3737 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	40,500
<b>Total . . . . . ▶ 3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLARK COUNTY HEALTH DEPARTMENT 1320 DUNCAN AVE JEFFERSONVILLE, IN 47130	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	11,650
COMMUNITY HEALTHNET 1021 WEST 5TH AVE GARY, IN 46402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	121,050
COMMUNITY SOLUTIONS 1433 N MERIDIAN ST SUITE 206 INDIANAPOLIS, IN 46202	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	2,200
<b>Total . . . . . ▶ 3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONCORD CENTER ASSOCIATION 1310 S MERIDIAN ST INDIANAPOLIS, IN 46225	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	6,000
DR BOTTLE & VIAL 2345 S LYNHURST DRIVE SUITE 107 INDIANAPOLIS, IN 46241	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	724,873
ESKENAZI HEALTH FOUNDATION 1001 W 10TH STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	93,855
<b>Total . . . . .</b> ► <b>3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE CONNERSVILLE, IN 47331	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,011
HEALTH AND HOSPITAL CORPORATION 3838 N RURAL STREET INDIANAPOLIS, IN 46205	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	20,145
IMANI AND UNIDAD INC 914 LINCOLN WAY WEST SOUTH BEND, IN 46616	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,900
<b>Total . . . . .</b> ► <b>3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INDIANA PRIMARY HEALTHCARE ASSOCIATION 429 N PENNSYLVANIA STREET SUITE 333 INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	40,000
INDIANA STATE DEPARTMENT OF HEALTH 2 N MERIDIAN STREET INDIANAPOLIS, IN 46204	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	5,000
INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN 47402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	153,637
<b>Total . . . . . ▶ 3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INDIANA UNIVERSITY SCHOOL OF MEDICINE 340 W 10TH STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	9,732
INDIANA YOUTH GROUP 3733 N MERIDIAN ST INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000
IU HEALTH PHYSICIANS 340 W 10TH STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	1,684
<b>Total . . . . . ▶ 3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KEVIN HUNTER12012 PAINTED ROCK FORT WAYNE, IN 46845	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	14,422
LIFECARE OF INDIANA UNIVERSITY HEALTH 1633 N CAPITAL AVE STE700 INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	103,000
MARION COUNTY HEALTH DEPARTMENT 3838 N RURAL STREET INDIANAPOLIS, IN 46205	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	15,000
<b>Total . . . . . ▶ 3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MATTHEW 25452 OLD CORYDON ROAD HENDERSON, KY 42420	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	31,250
MONROE COUNTY HEALTH DEPARTMENT 119 W 7TH ST BLOOMINGTON, IN 47404	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	20,000
MW CONSULTING LLC 1755 STETSON LANE INDIANAPOLIS, IN 46143	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	60,750
<b>Total . . . . .</b> ► <b>3a</b>				3,182,208




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NASTAD 444 N CAPITAL ST NW SUITE 339 WASHINGTON, DC 20001	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	14,364
NE IN POSITIVE RESOURCE CONNECTION 525 OXFORD STREET FORT WAYNE, IN 46806	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	147,340
OVERDOSE LIFE LINE INC 1100 W 42ND STREET 345 INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
<b>Total . . . . .</b> ► <b>3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PATHWAY TO RECOVERY INC 2135 N ALABAMA STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000
PAULA FRENCH CONSULTING 12146 HONEY LOCUST DRIVE INDIANAPOLIS, IN 46236	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	32,494
SCOTT COUNTY HEALTH DEPARTMENT 1471 N GARDNER ST SCOTTSBURG, IN 47170	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	15,000
<b>Total . . . . .</b> ► <b>3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SCOTT COUNTY HEALTH DEPARTMENT 201 S WILLIAM STREET SOUTH BEND, IN 46601	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	96,050
SCOTT COUNTY PARTNERSHIP INC 1092 W COMMUNITY WAY SCOTTSBURG, IN 47170	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	39,647
SERO PROJECTPO BOX 1233 MILFORD, PA 18337	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHALOM HEALTHCARE CENTER 3400 LAFAYETTE RD SUITE 200 INDIANAPOLIS, IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000
STEP-UP INC850 N MERIDIAN ST INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	76,000
TCJB CONSULTING 10302 INDIAN LAKE BLDV S INDIANAPOLIS, IN 46236	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	22,714
<b>Total . . . . . ▶ 3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE DAMIEN CENTER 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	161,500
THE STORY SHOP 227 S PENDELTON AVE PENDELTON, IN 46064	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	6,000
TIPPECANOE COUNTY HEALTH DEPARTMENT 20 N 3RD STREET LAFAYETTE, IN 47901	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	10,000
<b>Total . . . . . ▶ 3a</b>				3,182,208

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WALSH VENTURES LLC DBA SYNICO 735 SHELBY STREET SUITE 206 INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	245,940
<b>Total</b> . . . . .  <b>3a</b>				3,182,208

**TY 2018 Accounting Fees Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSES	85,947	0	0	85,947

**TY 2018 Investments Corporate Stock Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
COMMON STOCK	2,180,174	2,440,810



**TY 2018 Investments Government Obligations Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

**US Government Securities - End  
of Year Book Value:**

6,563,970

**US Government Securities - End  
of Year Fair Market Value:**

6,268,796

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2018 Land, Etc.  
Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	92,350	0	92,350	92,350
BUILDINGS & IMPROVEMENTS	4,815,359	1,348,696	3,466,663	3,466,663
FURNITURE & EQUIPMENT	65,176	61,773	3,403	3,403
CONSTRUCTION IN PROGRESS	17,110	0	17,110	17,110

# TY 2018 Legal Fees Schedule

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	15,218	0	0	15,218

**TY 2018 Other Assets Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
LEASE ACQUISITION COST	17,803	13,775	13,775
ACCRUED INTEREST RECEIVABLE	3,261	3,658	3,658
OTHER ASSETS	6,490	6,491	6,491

**TY 2018 Other Expenses Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES	9,717	0	0	9,792
INSURANCE	15,728	0	0	15,728
OTHER EXPENSES	32,979	0	0	32,979
COMPUTER SUPPORT	22,845	0	0	22,845
DUES	63,801	0	0	63,801
AIDS PROGRAM EXPENSES	127,033	0	0	127,033
BAD DEBT	0	0	0	0
COMMISSIONS AND FEES	13,998	0	0	13,998
FUNDRAISING EVENT EXPENSES	23,105	0	0	23,105

**TY 2018 Other Income Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	362,080	0	0

**TY 2018 Other Increases Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

Description	Amount
CHANGE IN DEFERRED TAX LIABILITY	14,597

**TY 2018 Other Liabilities Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

Description	Beginning of Year - Book Value	End of Year - Book Value
SECURITY DEPOSITS	25,810	23,344



**TY 2018 Other Professional Fees Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROFESSIONAL FEES	26,400	0	0	26,400
INVESTMENT FEES	38,669	38,669	0	0
CONTRACT LABOR	113,367	0	0	113,367

**TY 2018 Taxes Schedule**

**Name:** THE HEALTH FOUNDATION OF GREATER  
INDIANAPOLIS INC

**EIN:** 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	6,543	0	0	0
FOREIGN TAX EXPENSE	321	321	0	0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information	OMB No 1545-0047  <b>2018</b>
<b>Name of the organization</b> THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC		<b>Employer identification number</b> 35-6203550

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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<sup>1</sup>/<sub>3</sub>% 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC	<b>Employer identification number</b> 35-6203550
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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
—	See Additional Data Table _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

35-6203550

(d)  
Date received

(d)  
Date received

(d)  
Date received

(d)  
Date received

(d)  
Date received

(d)  
Date received

<b>Name of organization</b> THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC	<b>Employer identification number</b> 35-6203550
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<b>Part III</b>	<b>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 information once. See instructions.) ▶ \$ _____</b> Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:  
Software Version:  
EIN: 35-6203550  
Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Form 990 Schedule B, 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
<u>1</u>	MAC AIDS FUND	\$ 66,445	Person <input checked="" type="checkbox"/>
	130 PRINCE STREET		Payroll <input type="checkbox"/>
	NEW YORK, NY 10012		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>2</u>	JAMES E SPAIN	\$ 39,500	Person <input checked="" type="checkbox"/>
	5420 NORTH MERIDIAN STREET		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46208		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>3</u>	GILEAD SCIENCES	\$ 32,500	Person <input checked="" type="checkbox"/>
	333 LAKESIDE DRIVE		Payroll <input type="checkbox"/>
	FOSTER CITY, CA 94404		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>4</u>	RANDOLPH DEER	\$ 30,000	Person <input checked="" type="checkbox"/>
	3657 CROOKED CREEK ROAD		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 47448		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>5</u>	DEBORAH J SIMON	\$ 25,000	Person <input checked="" type="checkbox"/>
	950 LAURELWOOD		Payroll <input type="checkbox"/>
	CARMEL, IN 46032		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>6</u>	EFROYMSON FAMILY FUND A CICF FUND	\$ 25,000	Person <input checked="" type="checkbox"/>
	615 N ALABAMA STREET 119		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46202		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	IONA BELL WILKERSON JAMES G AND JAMES W WILKERSON	\$ 21,478	Person <input checked="" type="checkbox"/>
	WHITTED LAW 431 WASHINGTON STREET		Payroll <input type="checkbox"/>
	COLUMBUS, IN 47201		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>8</u>	ESKENAZI HEALTH	\$ 20,000	Person <input checked="" type="checkbox"/>
	720 ESKENAZI AVENUE		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46202		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>9</u>	METHODIST HOSPITAL FOUNDATION	\$ 20,000	Person <input checked="" type="checkbox"/>
	METHODIST MEDICAL TOWER 1633 N CAPI		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46202		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>10</u>	HEALTH AND HOSPITAL CORP OF MARION COUNTY IN	\$ 17,500	Person <input checked="" type="checkbox"/>
	3838 N RURAL STREET		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46205		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>11</u>	MARION COUNTY PUBLIC HEALTH DEPARTMENT	\$ 15,000	Person <input checked="" type="checkbox"/>
	3838 N RURAL STREET		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46205		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>12</u>	BAG LADIES	\$ 13,013	Person <input checked="" type="checkbox"/>
	429 E VERMONT STREET SUITE 300		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46202		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	GREG'S OUR PLACE	\$ 6,706	Person <input checked="" type="checkbox"/>
	231 EAST 16TH STREET		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46202		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>14</u>	RYAN CROMER	\$ 5,625	Person <input checked="" type="checkbox"/>
	7526 PEACH BLOSSOM PLACE		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46254		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>15</u>	METRO RESTAURANT & NIGHTCLUB	\$ 5,325	Person <input checked="" type="checkbox"/>
	707 MASSACHUSETTS AVENUE		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46204		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>16</u>	DR TIM GARNETT & MR PETER SLAYMAKER	\$ 5,100	Person <input checked="" type="checkbox"/>
	87 W 43RD STREET		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46208		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>17</u>	CENTRAL INDIANA COMMUNITY FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/>
	615 N ALABAMA STREET 119		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46204		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>18</u>	CHRISTEL DEHAAN FAMILY FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/>
	601 W 2ND STREET		Payroll <input type="checkbox"/>
	BLOOMINGTON, IN 47403		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	COMMUNITY HEALTH NETWORK	\$ 5,000	Person <input checked="" type="checkbox"/>
	7330 SHADELAND STATION		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46256		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>20</u>	INDIANA UNIVERSITY HEALTH BLOOMINGTON	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 1149		Payroll <input type="checkbox"/>
	BLOOMINGTON, IN 47402		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>21</u>	SAMARIAN FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/>
	9650 COMMERCE DRIVE SUITE 532		Payroll <input type="checkbox"/>
	CARMEL, IN 46032		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>22</u>	NATIONAL BANK OF INDIANAPOLIS	\$ 5,000	Person <input checked="" type="checkbox"/>
	107 N PENNSYLVANIA SUITE 700		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46204		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>23</u>	VMS BIOMARKETING	\$ 5,000	Person <input checked="" type="checkbox"/>
	501 PENNSYLVANIA PKWY SUITE 100		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46280		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>24</u>	INDIANA STATE DEPARTMENT OF HEALTH	\$ 3,048,508	Person <input checked="" type="checkbox"/>
	2 NORTH MERIDIAN STREET		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46204		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )