

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 www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2018 or tax year beginning , and ending

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	Room/suite 300	B Telephone number (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"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <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) _____	
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 <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	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.		STATEMENT 1
	4 Dividends and interest from securities	311,814.	311,814.		STATEMENT 2
	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				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	362,080.	0.	0.	STATEMENT 3	
12 Total. Add lines 1 through 11	4,800,736.	728,205.	0.		
Operating and Administrative Expenses	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	15,218.	0.	0.	15,218.
	b Accounting fees	85,947.	0.	0.	85,947.
	c Other professional fees	178,436.	38,669.	0.	139,767.
	17 Interest				
	18 Taxes	6,864.	321.	0.	0.
	19 Depreciation 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	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.		

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		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			
	7 Other notes and loans receivable ▶			
	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 STMT 9	5,788,850.	6,563,970.	6,268,796.
	b Investments - corporate stock STMT 10	2,206,673.	2,180,174.	2,440,810.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶ <u>4,989,995.</u>				
Less: accumulated depreciation STMT 11 ▶ <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 Total assets (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			
	22 Other liabilities (describe ▶ <u>SECURITY DEPOSITS</u>)	25,810.	23,344.	
	23 Total liabilities (add lines 17 through 22)	1,143,199.	1,304,967.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	11,730,179.	11,971,722.	
	25 Temporarily restricted	819,767.	692,006.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ... ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	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 Total net assets or fund balances	12,549,946.	12,663,728.		
31 Total liabilities and net assets/fund balances	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) ▶ <u>CHANGE IN DEFERRED TAX LIABILITY</u>	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.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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.)
1a VARIOUS MARKETABLE					
b					
c					
d					
e					
(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))		
a 3,854,613.		3,444,007.	410,606.		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			410,606.		
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7			2	410,606.	
3 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). If (loss), enter -0- in Part I, line 8			3	N/A	

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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.	.313769
2016	2,771,388.	9,292,268.	.298247
2015	5,241,425.	12,374,115.	.423580
2014	5,554,867.	16,021,384.	.346716
2013	2,616,102.	15,135,753.	.172843
2 Total of line 1, column (d)			2 1.555155
3 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			3 .311031
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 10,673,700.
5 Multiply line 4 by line 3			5 3,319,852.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 6,892.
7 Add lines 5 and 6			7 3,326,744.
8 Enter qualifying distributions from Part XII, line 4			8 4,241,772.

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.

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

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

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
1d		
1e		
2		X
3		X
4a		X
4b		N/A
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

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

	Yes	No
11 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		X
12 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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ WWW.THFGI.ORG		
14 The books are in care of ▶ JASON GRISELL Telephone no. ▶ 317-630-1805		
Located at ▶ 429 VERMONT STREET, INDIANAPOLIS, IN ZIP+4 ▶ 46202		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N/A	
and enter the amount of tax-exempt interest received or accrued during the year	15	
16 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?	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X

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.

	Yes	No
1a 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? (Exception. 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 If any answer is "Yes" to 1a(1)-(6), did any 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		X
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
c 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?		X
2 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)):		
a 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 ▶ _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a 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 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.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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?		X

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(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 If any answer is "Yes" to 5a(1)-(5), did any 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	N/A	
Organizations relying on a current notice regarding disaster assistance, check here	▶ <input type="checkbox"/>	
c 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?	N/A	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a 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 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
If "Yes" to 6b, file Form 8870.		
7a 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 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(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 STATEMENT 13		128,654.	8,828.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(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 - 429 E VERMONT STREET, INDIANAPOLIS, IN 46202	PRESIDENT & CEO 50.00	128,654.	8,828.	0.
RYAN MCCONNELL - 429 E VERMONT STREET, INDIANAPOLIS, IN 46202	PROGRAM DIRECTOR 40.00	77,553.	4,464.	0.

Total number of other employees paid over \$50,000 ▶ 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
KATHERINE CAMPBELL CONSULTING - 10555 SPRING MILL ROAD, INDIANAPOLIS, IN 46290	DEVELOPMENT	55,000.

Total 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
1 NONE	
	0.
2	
3	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

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

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

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

Part XII Qualifying Distributions (see instructions)

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

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Part XIII Undistributed Income (see instructions)

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

**THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.**

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

1 a 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 foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

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

NONE

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.

NONE

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.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 14

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

c Any submission deadlines:

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

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

Form 990-PF (2018)

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Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	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
a Paid during the year				
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.
ASPIRE INDIANA 9615 EAST 148TH STREET NOBLESVILLE, IN 46060	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000.
AYOKAY 2549 E 55TH PLACE INDIANAPOLIS, IN 46220	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	6,000.
Total	SEE CONTINUATION SHEET(S)			3,182,208.
b Approved for future payment				
NONE				
Total				
				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	5,785.	
4 Dividends and interest from securities			14	311,814.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	410,606.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			16	362,080.	
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,090,285.	0.
13 Total. Add line 12, columns (b), (d), and (e)			13	1,090,285.	

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
▼	NA

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

		Yes	No
1	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?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
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
		N/A	

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
N/A		

Sign Here 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.

Signature of officer or trustee: _____ Date: _____ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only	Print/Type preparer's name ANGELA N. CRAWFORD, CPA	Preparer's signature	Date 10/14/19	Check <input type="checkbox"/> if self-employed	PTIN 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	

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

35-6203550

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
BROTHERS UNITED 3737 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	40,500.
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.
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.
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.
Total from continuation sheets				2,408,708.

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

35-6203550

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
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.
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.
KEVIN HUNTER 12012 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.
MATTHEW 25 452 OLD CORYDON ROAD HENDERSON, KY 42420	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	31,250.
Total from continuation sheets				

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

35-6203550

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
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)				
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.
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.
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.
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.
Total from continuation sheets				

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

35-6203550

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
SERO PROJECT PO BOX 1233 MILFORD, PA 18337	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
SHALOM HEALTHCARE CENTER 3400 LAFAYETTE RD SUITE 200 INDIANAPOLIS, IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000.
STEP-UP, INC. 850 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.
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.
WALSH VENTURES, LLC DBA SYNICO 735 SHELBY STREET SUITE 206 INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	245,940.
Total from continuation sheets				

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

**THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.**

Employer identification number

35-6203550

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
------------------------------------------------------------------------------------	-----------------------------------------------------

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

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
------------------------------------------------------------------------------------	-----------------------------------------------------

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
7	IONA BELL WILKERSON, JAMES G. AND JAMES W. WILKERSON WHITTED LAW, 431 WASHINGTON STREET COLUMBUS, IN 47201	\$ 21,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ESKENAZI HEALTH 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	METHODIST HOSPITAL FOUNDATION METHODIST MEDICAL TOWER, 1633 N. CAPITOL AVE. INDIANAPOLIS, IN 46202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HEALTH AND HOSPITAL CORP OF MARION COUNTY, IN 3838 N. RURAL STREET INDIANAPOLIS, IN 46205	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MARION COUNTY PUBLIC HEALTH DEPARTMENT 3838 N. RURAL STREET INDIANAPOLIS, IN 46205	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BAG LADIES 429 E VERMONT STREET, SUITE 300 INDIANAPOLIS, IN 46202	\$ 13,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
------------------------------------------------------------------------------------	-----------------------------------------------------

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
13	GREG'S OUR PLACE 231 EAST 16TH STREET INDIANAPOLIS, IN 46202	\$ 6,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	RYAN CROMER 7526 PEACH BLOSSOM PLACE INDIANAPOLIS, IN 46254	\$ 5,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	METRO RESTAURANT & NIGHTCLUB 707 MASSACHUSETTS AVENUE INDIANAPOLIS, IN 46204	\$ 5,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DR. TIM GARNETT & MR. PETER SLAYMAKER 87 W. 43RD STREET INDIANAPOLIS, IN 46208	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CENTRAL INDIANA COMMUNITY FOUNDATION 615 N. ALABAMA STREET, #119 INDIANAPOLIS, IN 46204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CHRISTEL DEHAAN FAMILY FOUNDATION 601 W 2ND STREET BLOOMINGTON, IN 47403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
------------------------------------------------------------------------------------	-----------------------------------------------------

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
19	COMMUNITY HEALTH NETWORK 7330 SHADELAND STATION INDIANAPOLIS, IN 46256	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN 47402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	SAMARIAN FOUNDATION 9650 COMMERCE DRIVE, SUITE 532 CARMEL, IN 46032	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	NATIONAL BANK OF INDIANAPOLIS 107 N PENNSYLVANIA SUITE 700 INDIANAPOLIS, IN 46204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	VMS BIOMARKETING 501 PENNSYLVANIA PKWY SUITE 100 INDIANAPOLIS, IN 46280	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INDIANA STATE DEPARTMENT OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204	\$ 3,048,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
------------------------------------------------------------------------------------	-----------------------------------------------------

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 THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
------------------------------------------------------------------------------------	----------------------------------------------

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	

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

2018

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.**

Employer identification number
35-6203550

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	6,892.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
2c	Credit for federal tax paid on fuels (see instructions)	2c		
2d	Total. Add lines 2a through 2c	2d		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3		6,892.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4		5,105.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5		5,105.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/18	06/15/18	09/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	1,276.	2,170.	1,723.	1,723.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			5,225.	1,500.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				56.
13 Add lines 11 and 12	13			5,225.	1,556.
14 Add amounts on lines 16 and 17 of the preceding column	14		1,276.	3,446.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	1,779.	1,556.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		1,276.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	1,276.	2,170.		167.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			56.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			52.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.					Identifying Number 35-6203550
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/18	1,276.	1,276.	31	.000136986	5.
06/15/18	2,170.	3,446.	92	.000136986	43.
09/15/18	1,723.	5,169.			
09/15/18	-5,225.	-56.			
12/15/18	1,723.	1,667.			
12/15/18	-1,500.	167.	16	.000136986	
12/31/18	0.	167.	135	.000164384	4.

Penalty Due (Sum of Column F) **52.**

* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	5,785.	5,785.	5,785.
TOTAL TO PART I, LINE 3	5,785.	5,785.	5,785.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	311,814.	0.	311,814.	311,814.	311,814.
TO PART I, LINE 4	311,814.	0.	311,814.	311,814.	311,814.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	362,080.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	362,080.	0.	0.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	15,218.	0.	0.	15,218.
TO FM 990-PF, PG 1, LN 16A	15,218.	0.	0.	15,218.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING EXPENSES	85,947.	0.	0.	85,947.
TO FORM 990-PF, PG 1, LN 16B	85,947.	0.	0.	85,947.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	26,400.	0.	0.	26,400.
INVESTMENT FEES	38,669.	38,669.	0.	0.
CONTRACT LABOR	113,367.	0.	0.	113,367.
TO FORM 990-PF, PG 1, LN 16C	178,436.	38,669.	0.	139,767.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	6,543.	0.	0.	0.
FOREIGN TAX EXPENSE	321.	321.	0.	0.
TO FORM 990-PF, PG 1, LN 18	6,864.	321.	0.	0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) 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.
TO FORM 990-PF, PG 1, LN 23	309,206.	0.	0.	309,281.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	X		6,563,970.	6,268,796.
TOTAL U.S. GOVERNMENT OBLIGATIONS			6,563,970.	6,268,796.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			6,563,970.	6,268,796.

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK	2,180,174.	2,440,810.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,180,174.	2,440,810.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	92,350.	0.	92,350.
BUILDINGS & IMPROVEMENTS	4,815,359.	1,348,696.	3,466,663.
FURNITURE & EQUIPMENT	65,176.	61,773.	3,403.
CONSTRUCTION IN PROGRESS	17,110.	0.	17,110.
TOTAL TO FM 990-PF, PART II, LN 14	4,989,995.	1,410,469.	3,579,526.

FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	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.
TO FORM 990-PF, PART II, LINE 15	27,554.	23,924.	23,924.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JASON GRISELL 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	PRESIDENT & CEO 50.00	128,654.	8,828.	0.
PETER SLAYMAKER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	CHAIR 2.00	0.	0.	0.
JAMES SPAIN 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	VICE CHAIR 2.00	0.	0.	0.
NINYA BOSTIC 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	SECRETARY/TREASURER 2.00	0.	0.	0.
TERESA CRAIG, CPA 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
MICHAEL CARTER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
BRAD JACKLIN 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
LYNN KLUS 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
JON MARKEE 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE-TERM BEGAN JUN'18 1.00	0.	0.	0.
SEAN OBERMEYER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE-TERM BEGAN AUG'18 1.00	0.	0.	0.

THE HEALTH FOUNDATION OF GREATER INDIANA

35-6203550

CHRISTIAN SMELTZER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
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ROBERT SCHMID 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
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LISA VIELEE 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE-TERM BEGAN AUG '18 1.00	0.	0.	0.
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DAVID KELLEHER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	SEC./TREAS.-TERM ENDED 2.00	0.	0.	0.
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DWAYNE ISAACS 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE-TERM ENDED 1.00	0.	0.	0.
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MONICA MEDINA 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE-TERM ENDED 1.00	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>128,654.</u>	<u>8,828.</u>	<u>0.</u>
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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.
429 E VERMONT STREET SUITE 300
INDIANAPOLIS, IN 46202

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

317-630-1805

PROGRAM GRANTS AND AIDS PROGRAM GRANTS

EMAIL ADDRESS

INFO@THFGI.ORG

FORM AND CONTENT OF APPLICATIONS

POTENTIAL GRANTEES 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.

ANY SUBMISSION DEADLINES

PROSPECTIVE GRANTEES WILL NEED TO INQUIRE WITH FOUNDATION.

RESTRICTIONS AND LIMITATIONS ON AWARDS

POTENTIAL GRANTEES 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 GRANTEES WILL NEED TO INQUIRE WITH FOUNDATION.