

Form **990-PF**

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ 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.

2019

Open to Public Inspection

For calendar year 2019 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) \$ 14,115,600.	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	2,089,315.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	18,828.	18,828.		STATEMENT 1
	4 Dividends and interest from securities	145,879.	145,879.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	304,440.			
	b Gross sales price for all assets on line 6a 2,274,878.				
	7 Capital gain net income (from Part IV, line 2)		304,440.		
	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	329,886.	0.	0.	STATEMENT 3	
12 Total. Add lines 1 through 11	2,888,348.	469,147.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	144,969.	0.	0.	144,969.
	14 Other employee salaries and wages	157,702.	0.	0.	157,702.
	15 Pension plans, employee benefits	18,159.	0.	0.	21,655.
	16a Legal fees STMT 4	8,199.	0.	0.	8,199.
	b Accounting fees STMT 5	49,875.	0.	0.	49,875.
	c Other professional fees STMT 6	183,019.	35,580.	0.	147,439.
	17 Interest				
	18 Taxes STMT 7	4,624.	190.	0.	0.
	19 Depreciation and depletion	130,187.	0.	0.	
	20 Occupancy	190,484.	0.	0.	219,618.
	21 Travel, conferences, and meetings	23,955.	0.	0.	26,049.
	22 Printing and publications	2,981.	0.	0.	2,981.
	23 Other expenses STMT 8	296,681.	0.	0.	380,945.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,210,835.	35,770.	0.	1,159,432.
	25 Contributions, gifts, grants paid	1,864,578.			2,522,233.
26 Total expenses and disbursements. Add lines 24 and 25	3,075,413.	35,770.	0.	3,681,665.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-187,065.				
b Net investment income (if negative, enter -0-)		433,377.			
c Adjusted net income (if negative, enter -0-)			0.		

**THE HEALTH FOUNDATION OF GREATER
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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	1,080,462.	814,248.	814,248.
	3 Accounts receivable ▶ <u>2,089.</u>			
	Less: allowance for doubtful accounts ▶	831.	2,089.	2,089.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable	532,588.	428,698.	428,698.
	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	7,220.	6,722.	6,722.
	10a Investments - U.S. and state government obligations STMT 9	6,563,970.	5,895,045.	6,371,236.
	b Investments - corporate stock STMT 10	2,180,174.	1,794,369.	2,392,662.
	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>5,062,634.</u>				
Less: accumulated depreciation STMT 11 ▶ <u>1,528,941.</u>	3,579,526.	3,533,693.	3,533,693.	
15 Other assets (describe ▶)	23,924.	566,252.	566,252.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	13,968,695.	13,041,116.	14,115,600.	
Liabilities	17 Accounts payable and accrued expenses	131,141.	98,445.	
	18 Grants payable	1,111,994.	436,940.	
	19 Deferred revenue	38,488.	3,714.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)	23,344.	29,831.	
	23 Total liabilities (add lines 17 through 22)	1,304,967.	568,930.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	11,971,722.	12,045,043.	
	25 Net assets with donor restrictions	692,006.	427,143.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances	12,663,728.	12,472,186.	
30 Total liabilities and net assets/fund balances	13,968,695.	13,041,116.		

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 29 (must agree with end-of-year figure reported on prior year's return)	12,663,728.
2 Enter amount from Part I, line 27a	-187,065.
3 Other increases not included in line 2 (itemize) ▶ PRIOR ADJUSTMENT	6,268.
4 Add lines 1, 2, and 3	12,482,931.
5 Decreases not included in line 2 (itemize) ▶ CHANGE IN DEFERRED TAX LIABILITY	10,745.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	12,472,186.

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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 PUBLICLY TRADED SECURITIES	P		
b CAPITAL GAINS DIVIDENDS			
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 2,258,857.		1,970,438.	288,419.
b 16,021.			16,021.
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			288,419.
b			16,021.
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	304,440.
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))
2018	4,234,880.	10,673,700.	.396758
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

2 Total of line 1, column (d)	2	1.779070
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	.355814
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	9,359,606.
5 Multiply line 4 by line 3	5	3,330,279.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,334.
7 Add lines 5 and 6	7	3,334,613.
8 Enter qualifying distributions from Part XII, line 4	8	3,681,665.

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	4,334.
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	4,334.
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	4,334.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	7,056.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	6,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	13,056.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
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	8,722.	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax 4,500. Refunded	11	4,222.	

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 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? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>IN</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
9 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		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 2019, 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?		X
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.

	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 2019?		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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	<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 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	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 2019?		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	5b	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
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?		6b	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	7b	
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 14		136,844.	8,125.	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
Laurie Blackburn - 429 E Vermont Street, Indianapolis, IN 46202	COMMUNITY ENGAGEMENT 40.00	75,888.	2,844.	0.
Ryan McConnell - 429 E Vermont Street, Indianapolis, IN 46202	PROGRAM MANAGER 40.00	72,024.	4,290.	0.
Ebony Barney - 429 E Vermont Street, Indianapolis, IN 46202	PROGRAM MANAGER 40.00	71,253.	2,654.	0.
James Budden - 429 E Vermont Street, Indianapolis, IN 46202	PROGRAM MANAGER AND COMPLIANCE COOR 40.00	55,979.	2,085.	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	72,000.
TERESA CRAIG, CPA 8921 WATERSIDE CIRCLE, INDIANAPOLIS, IN 46278	ACCOUNTING	57,443.

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	
4	

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.	
3	

Total. Add lines 1 through 3 0.

**THE HEALTH FOUNDATION OF GREATER
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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	8,669,740.
b	Average of monthly cash balances	1b	832,398.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,502,138.
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	9,502,138.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	142,532.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,359,606.
6	Minimum investment return. Enter 5% of line 5	6	467,980.

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	467,980.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	4,334.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	4,334.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	463,646.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	463,646.
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	463,646.

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	3,681,665.
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	3,681,665.
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	4,334.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,677,331.

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.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				463,646.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014	5,243,649.			
b From 2015	4,640,407.			
c From 2016	2,309,226.			
d From 2017	2,598,317.			
e From 2018	3,714,979.			
f Total of lines 3a through e	18,506,578.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 3,681,665.				
a Applied to 2018, 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 2019 distributable amount				463,646.
e Remaining amount distributed out of corpus	3,218,019.			
5 Excess distributions carryover applied to 2019 (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	21,724,597.			
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7	5,243,649.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	16,480,948.			
10 Analysis of line 9:				
a Excess from 2015 ...	4,640,407.			
b Excess from 2016 ...	2,309,226.			
c Excess from 2017 ...	2,598,317.			
d Excess from 2018 ...	3,714,979.			
e Excess from 2019 ...	3,218,019.			

**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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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 15

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 (2019)

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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 MINISTRIES/AIDS ASSIST 201 S. WILLIAM STREET SOUTH BEND, IN 46601	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	84,067.
AIDS RESOURCE GROUP OF EVANSVILLE 201 NW 4TH STREET, STE B-7 EVANSVILLE, IN 47708	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	6,750.
ALIVENESS PROJECT OF NW INDIANA 5490 BROADWAY L-3 MERRILLVILLE, IN 46410	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	41,862.
ALMOST4MINDS 2345 S LYNHURST DRIVE SUITE 107 INDIANAPOLIS, IN 46241	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	65,563.
ANDRY SELUZHITSKIY 8984 E US 20 NEW CARLISLE, IN 46552	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
Total SEE CONTINUATION SHEET(S)			3a	2,522,184.
b Approved for future payment				
NONE				
Total			3b	0.

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
ANNA GIUSTI 235 W CREIGHTON AVE FORT WAYNE, IN 46807	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
ARTHUR JACKSON 3758 N PENNSYLVANIA ST #7A INDIANAPOLIS, IN 46205	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	383.
ASHLEY TOWNSEND DE LARA 3400 LAFAYETTE RD SUITE 200 INDIANAPOLIS, IN 46222	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
ASPIRE INDIANA 9615 EAST 148TH STREET NOBLESVILLE, IN 46060	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	24,500.
AYOKAY 2549 E 55TH PLACE INDIANAPOLIS, IN 46220	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	105,500.
BROTHERS UNITED 3737 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	117,000.
BYRON REYNOLDS 3615 N COLORADO AVE INDIANAPOLIS, IN 46218	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	266.
CALVIN KNIGHT-NELLIS 8426 SOTHEBY DR INDIANAPOLIS, IN 46239	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	87.
CLARK COUNTY HEALTH DEPARTMENT 1320 DUNCAN AVE JEFFERSONVILLE, IN 47130	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	155,000.
COMMUNITY HEALTHNET 1021 WEST 5TH AVE GARY, IN 46402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000.
Total from continuation sheets				2,323,814.

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
COMMUNITY SOLUTIONS 10 S NEW JERSEY STREET SUITE 300 INDIANAPOLIS, IN 46204	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	1,733.
CONCORD CENTER ASSOCIATION 1310 S MERIDIAN ST INDIANAPOLIS, IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	6,000.
D&D ADVENTURE CORP 735 SHELBY STREET SUITE 206 INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	186,900.
DAMIEN CARES 26 NORTH ARSENAL AVENUE INDIANAPOLIS, IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	165,000.
DAMON HAMILTON 6015 MAPLEWOOD DR #2020 INDIANAPOLIS, IN 46224	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	450.
DARLENE BROWN 11043 WISMAR DR INDIANAPOLIS, IN 46235	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	293.
DOLLY SERRANT 317 E CAVEN ST INDIANAPOLIS, IN 46225	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
DR. BOTTLE & VIAL 2345 S LYNHURST DRIVE SUITE 107 INDIANAPOLIS, IN 46241	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	1,582.
ERIC PFLEIDER 5639 GROVE TREE CT INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	171.
ESKENAZI HEALTH FOUNDATION 1001 W. 10TH STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	145,831.
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
FIGURE4ADVISORS 7227 MARLOWE PLACE UNIVERSITY PARK, FL 34201	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	4,000.
IMANI NUNLEY 9205 TANSEL CREEK DR INDIANAPOLIS, IN 46234	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	383.
INDIANA COALITION TO END SEXUAL ASSAULT 9245 N MERIDIAN ST SUITE 227 INDIANAPOLIS, IN 46260	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
INDIANA HISTORICAL SOCIETY 450 WEST OHIO STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,305.
INDIANA PRIMARY HEALTHCARE ASSOCIATION 429 N PENNSYLVANIA STREET SUITE 333 INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	40,000.
INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN 47402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	15,000.
INDIANA YOUTH GROUP 3733 N MERIDIAN ST. INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
JACK SHEPLER 2549 E 55TH PLACE INDIANAPOLIS, IN 46220	NO RELATIONSHIP	NOT APPLICABLE	USCAPD	128.
JACOB PARKER 50691 GLENSHIRE CT GRANGER, IN 46530	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
JERMAL MILLER 3525 N PENNSYLVANIA ST APT A INDIANAPOLIS, IN 46205	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	126.
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
JESUS VESGA 451 N GALESTON AVE INDIANAPOLIS, IN 46229	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	360.
JUSTIN HOLDERMAN SURRG/CDC ISDH 2 N MERIDIAN ST SUITE 6-C INDIANAPOLIS, IN 46204	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	96.
KEVIN HUNTER 12012 PAINTED ROCK FORT WAYNE, IN 46845	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	1,140.
KINETICIQ 1905 S NEW MARKET ST SUITE 130 CARMEL, IN 46032	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	175,500.
LIA TEWELDE 1757 FOUFRAY CIRCLE N AVON, IN 46123	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	153.
LIFECARE OF INDIANA UNIVERSITY HEALTH 1633 N. CAPITAL AVE, STE700 INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	78,000.
M. SOLEDAD ROBLEDO 201 S WILLIAM ST SOUTH BEND, IN 46601	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
MAJESTER MCDUFFIE 7816 MUSKET ST APT A INDIANAPOLIS, IN 46256	NO RELATIONSHIP	NOT APPLICABLE	BMHF BLACK EXPO	360.
MARGARET WETZEL 3900 MCCARTY LN SUITE 107-108 LAFAYETTE, IN 47905	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
MATTHEW 25 452 OLD CORYDON ROAD HENDERSON, KY 42420	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	62,500.
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
MENTAL HEALTH ASSOCIATION IN INDIANA 1441 N DELAWARE ST INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	40,000.
MONROE COUNTY HEALTH DEPARTMENT 119 W 7TH ST BLOOMINGTON, IN 47404	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	15,000.
MW CONSULTING, LLC 1755 STETSON LANE INDIANAPOLIS, IN 46143	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	21,855.
NATHAN WALSH 735 SHELBY STREET SUITE 206 INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	USCAPD	128.
NATIONAL BANK OF INDIANAPOLIS 107 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	22,574.
NE IN POSITIVE RESOURCE CONNECTION 525 OXFORD STREET FORT WAYNE, IN 46806	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	150,289.
PAULA FRENCH CONSULTING 12146 HONEY LOCUST DRIVE INDIANAPOLIS, IN 46236	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	11,183.
PLANNED PARENTHOOD OF IN & KY 200 S MERIDIAN INDIANAPOLIS, IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	15,000.
REFRESH (F5) 25 W MAIN ST AUSTIN, IN 47102	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
RICHARD WALSH 735 SHELBY STREET SUITE 206 INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	USCAPD	128.
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
ROSS MORRIS 3400 LAFAYETTE RD SUITE 200 INDIANAPOLIS, IN 46222	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
SCOTT COUNTY HEALTH DEPARTMENT 1471 N GARDNER ST. SCOTTSBURG, IN 47170	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	21,000.
STEP-UP, INC. 850 N MERIDIAN ST INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	30,000.
SUSANA LANGUNAS 764 S MICHIGAN ST SOUTH BEND, IN 46601	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
SYNICO SOLUTIONS 735 SHELBY STREET SUITE 206 INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	5,000.
TCJB CONSULTING 10302 INDIAN LAKE BLDV S INDIANAPOLIS, IN 46236	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	31,937.
THE DAMIEN CENTER 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	232,206.
THE STORY SHOP 227 S PENDELTON AVE. PENDELTON, IN 46064	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	125,925.
THE WINEINGER COMPANY 8950 HOPEWELL RD CINCINNATI, OH 45242	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	5,360.
TIPPECANOE COUNTY HEALTH DEPARTMENT 20 N. 3RD STREET LAFAYETTE, IN 47901	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	10,000.
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
VANESSA ARROYO 421 MORRIS ST NEW HAVEN, IN 46774	NO RELATIONSHIP	NOT APPLICABLE	LATINX CONFERENCE	128.
VICTORY SUN PO BOX 199114 INDIANAPOLIS, IN 46219	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	66,695.
WALSH VENTURES, LLC DBA SYNICO 735 SHELBY STREET SUITE 206 INDIANAPOLIS, IN 46203	NO RELATIONSHIP	NOT APPLICABLE	PROMOTE WELLNESS	74,760.
WFYI 1630 N MERIDIAN INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	116,875.
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

2019

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHRISTEL DEHAAN FAMILY FOUNDATION, INC. 10 WEST MARKET STREET, SUITE 1990 INDIANAPOLIS, IN 46204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEBORAH J. SIMON 950 LAURELWOOD CARMEL, IN 46032	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEER/ZINK CICF FUND 615 N. ALABAMA STREET, #300 INDIANAPOLIS, IN 46204	\$ 8,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	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.)
5	ESKENAZI HEALTH 1001 WEST 10TH STREET INDIANAPOLIS, IN 46202	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESKENAZI HEALTH FOUNDATION 720 ESKENAZI AVENUE, FIFTH THIRD BANK BUILDING INDIANAPOLIS, IN 46202	\$ 7,250.	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
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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
7	GILEAD SCIENCES 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GREG'S OUR PLACE 231 EAST 16TH STREET INDIANAPOLIS, IN 46202	\$ 7,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	INDIANA UNIVERSITY HEALTH BOOMINGTON P.O.BOX 1149 BLOOMINGTON, IN 47402	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JAMES E. SPAIN 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	\$ 28,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012	\$ 59,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	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.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 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
13	RANDOLPH DEER 3657 CROOKED CREEK ROAD INDIANAPOLIS, IN 47448	\$ 25,000.	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	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	WAYNE ZINK 901 SOUTH 2ND STREET UNIT 401 MINNEAPOLIS, MN 55415	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	INDIANA STATE DEPARTMENT OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204	\$ 1,460,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input 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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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	18,828.	18,828.	18,828.
TOTAL TO PART I, LINE 3	18,828.	18,828.	18,828.

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	161,900.	16,021.	145,879.	145,879.	145,879.
TO PART I, LINE 4	161,900.	16,021.	145,879.	145,879.	145,879.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	329,886.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	329,886.	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	8,199.	0.	0.	8,199.
TO FM 990-PF, PG 1, LN 16A	8,199.	0.	0.	8,199.

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	49,875.	0.	0.	49,875.
TO FORM 990-PF, PG 1, LN 16B	49,875.	0.	0.	49,875.

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	41,479.	0.	0.	41,479.
INVESTMENT FEES	35,580.	35,580.	0.	0.
CONTRACT LABOR	105,960.	0.	0.	105,960.
TO FORM 990-PF, PG 1, LN 16C	183,019.	35,580.	0.	147,439.

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	4,434.	0.	0.	0.
FOREIGN TAX EXPENSE	190.	190.	0.	0.
TO FORM 990-PF, PG 1, LN 18	4,624.	190.	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	10,920.	0.	0.	10,920.
INSURANCE	12,006.	0.	0.	12,006.
OTHER EXPENSES	36,312.	0.	0.	36,312.
COMPUTER SUPPORT	21,896.	0.	0.	21,896.
DUES	42,718.	0.	0.	42,718.
AIDS PROGRAM EXPENSES	124,629.	0.	0.	124,629.
COMMISSIONS AND FEES	8,786.	0.	0.	8,786.
FUNDRAISING EVENT EXPENSES	39,414.	0.	0.	39,414.
FIXED ASSET PURCHASES	0.	0.	0.	84,264.
TO FORM 990-PF, PG 1, LN 23	296,681.	0.	0.	380,945.

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		5,895,045.	6,371,236.
TOTAL U.S. GOVERNMENT OBLIGATIONS			5,895,045.	6,371,236.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			5,895,045.	6,371,236.

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK	1,794,369.	2,392,662.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,794,369.	2,392,662.

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	4,882,231.	1,476,874.	3,405,357.
FURNITURE & EQUIPMENT	64,443.	52,067.	12,376.
CONSTRUCTION IN PROGRESS	23,610.	0.	23,610.
TOTAL TO FM 990-PF, PART II, LN 14	5,062,634.	1,528,941.	3,533,693.

FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
LEASE ACQUISITION COST	13,775.	15,973.	15,973.
ACCRUED INTEREST RECEIVABLE	3,658.	2,098.	2,098.
OTHER ASSETS	6,491.	0.	0.
INVESTMENT IN INDIANA AIDS FUND	0.	548,181.	548,181.
TO FORM 990-PF, PART II, LINE 15	23,924.	566,252.	566,252.

FORM 990-PF OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
SECURITY DEPOSITS	23,344.	19,086.
DEFERRED EXCISE TAX	0.	10,745.
TOTAL TO FORM 990-PF, PART II, LINE 22	23,344.	29,831.

FORM 990-PF

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

STATEMENT 14

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	136,844.	8,125.	0.
ROBERT SCHMID 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.
BRAD JACKLIN 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
MICHAEL BUTLER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
LISA VIELEE 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
JON MARKEE 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.
CHRISTIAN SMELTZER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.

THE HEALTH FOUNDATION OF GREATER INDIANA

35-6203550

PETER SLAYMAKER	TRUSTEE			
429 E. VERMONT STREET	1.00	0.	0.	0.
INDIANAPOLIS, IN 46202				

SEAN OBERMEYER	TRUSTEE			
429 E. VERMONT STREET	1.00	0.	0.	0.
INDIANAPOLIS, IN 46202				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>136,844.</u>	<u>8,125.</u>	<u>0.</u>
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FORM 990-PF

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

STATEMENT 15

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

317-630-1805

NAME OF GRANT PROGRAM

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.