See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491222001020

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning 01-01-2009 , and ending 12-31-2009

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
The Health Foundation of Greater Indianapolis INc

Number and street (or P O box number if mail is not delivered to street address) 429 E Vermont Street No 300 | Room/ suite

City or town, state, and ZIP code
Indianapolis, IN 46202

A Employer identification number
35-6203550

B Telephone number (see page 10 of the instructions)
(317) 630-1805

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 24,786,052

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _
(Part I, column (d) must be on cash basis.)

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	788,477			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	46,745	46,745		
	4	Dividends and interest from securities	384,369	384,369		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-1,636,049			
	b	Gross sales price for all assets on line 6a 16,180,199				
	7	Capital gain net income (from Part IV, line 2)		0		
	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) (attach schedule)				
	11	Other income (attach schedule)	210,297	0	210,297	
	12	**Total.** Add lines 1 through 11	-206,161	431,114	210,297	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	137,246	0	0	115,287
	14	Other employee salaries and wages	221,603	0	0	186,147
	15	Pension plans, employee benefits	62,904	0	0	52,839
	16a	Legal fees (attach schedule)	13,289	0	0	11,163
	b	Accounting fees (attach schedule)	54,269	0	0	45,586
	c	Other professional fees (attach schedule)	46,388	0	0	38,966
	17	Interest				
	18	Taxes (attach schedule) (see page 14 of the instructions)	106,651	0	0	89,587
	19	Depreciation (attach schedule) and depletion	117,738	0	0	
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	613,708	189,499	0	356,335
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,373,796	189,499	0	895,910
	25	Contributions, gifts, grants paid	2,137,770			1,942,511
	26	**Total expenses and disbursements.** Add lines 24 and 25	3,511,566	189,499	0	2,838,421
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-3,717,727			
	b	**Net investment income** (if negative, enter -0-)		241,615		
	c	**Adjusted net income** (if negative, enter -0-)			210,297	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	792,505	1,180,469	1,180,469
	2 Savings and temporary cash investments	1,483,957	1,054,971	1,054,971
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	1,066,385	462,148	462,108
	b Investments—corporate stock (attach schedule)	19,431,276	16,733,232	18,029,116
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 4,276,254 Less accumulated depreciation (attach schedule) ▶ 380,161	3,986,099	3,896,093	3,896,093
	15 Other assets (describe ▶ _____)	309,482	163,295	163,295
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	27,069,704	23,490,208	24,786,052
Liabilities	17 Accounts payable and accrued expenses	223,628	175,232	
	18 Grants payable	1,350,561	1,523,020	
	19 Deferred revenue	17,594	45,091	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	11,519	11,616	
	23 **Total liabilities** (add lines 17 through 22)	1,603,302	1,754,959	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	25,207,786	21,336,537	
	25 Temporarily restricted	258,616	398,712	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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** (see page 17 of the instructions)	25,466,402	21,735,249	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	27,069,704	23,490,208	

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	25,466,402
2	Enter amount from Part I, line 27a	2	-3,717,727
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	21,748,675
5	Decreases not included in line 2 (itemize) ▶ _____	5	13,426
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	21,735,249

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	Various Marketable Securities			
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	16,180,199		17,816,248	-1,636,049
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) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				-1,636,049
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	-1,636,049
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) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of 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))
2008	3,147,153	23,535,083	0 133722
2007	3,230,848	31,395,124	0 102909
2006	2,964,040	30,625,320	0 096784
2005	2,873,619	31,228,162	0 092020
2004	3,020,379	30,489,118	0 099064

2	**Total** of line 1, column (d)	2	0 524499
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 104900
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	18,646,430
5	Multiply line 4 by line 3	5	1,956,011
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,416
7	Add lines 5 and 6	7	1,958,427
8	Enter qualifying distributions from Part XII, line 4	8	2,838,421

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 on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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 ▶ ☑ and enter 1% of Part I, line 27b	1	2,416
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	2,416
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	2,416
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 6a: 5,164		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	5,164
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
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	2,748
11	Enter the amount of line 10 to be **Credited to 2010 estimated tax** ▶ 2,748 **Refunded** ▶	11	0

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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
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.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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?	6	Yes	
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*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ IN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

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 page 20 of the instructions)	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ www thfgi org

14 The books are in care of ▶ BETTY WILSON 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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? ☐ Yes ☑ 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) ☐ Yes ☑ 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 page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2009?	1c		No
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 page 20 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2009 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 2009.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2009?	4b		No

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

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))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☑ 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? ☐ Yes ☑ 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 page 22 of the instructions)?	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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? ☐ Yes ☐ 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? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		**No**
	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? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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
Stephen Everett 429 e vermont street indianpolis,IN 46202	V P Programs 40 00	81,533	5,300	0

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

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
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** (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions	
3	
Total. Add lines 1 through 3. ▶	0

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	16,674,435
b	Average of monthly cash balances		1b	2,255,951
c	Fair market value of all other assets (see page 24 of the instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	18,930,386
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	18,930,386
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)		4	283,956
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	18,646,430
6	**Minimum investment return.** Enter 5% of line 5		6	932,322

Part XI **Distributable Amount** (see page 25 of the 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	932,322
2a	Tax on investment income for 2009 from Part VI, line 5	2a 2,416		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	2,416
3	Distributable amount before adjustments Subtract line 2c from line 1		3	929,906
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	929,906
6	Deduction from distributable amount (see page 25 of the instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	929,906

Part XII **Qualifying Distributions** (see page 25 of the 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	2,838,421
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	2,838,421
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 (see page 26 of the instructions)	5	2,416
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,836,005

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

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				929,906
2 Undistributed income, if any, as of the end of 2008				
a Enter amount for 2008 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2009				
a From 2004 1,559,535				
b From 2005 1,377,637				
c From 2006 1,500,180				
d From 2007 1,732,566				
e From 2008 1,978,273				
f **Total** of lines 3a through e	8,148,191			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 2,838,421				
a Applied to 2008, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d Applied to 2009 distributable amount				929,906
e Remaining amount distributed out of corpus	1,908,515			
5 Excess distributions carryover applied to 2009	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,056,706			
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 page 27 of the instructions		0		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	1,559,535			
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	8,497,171			
10 Analysis of line 9				
a Excess from 2005 1,377,637				
b Excess from 2006 1,500,180				
c Excess from 2007 1,732,566				
d Excess from 2008 1,978,273				
e Excess from 2009 1,908,515				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a 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 organization had $5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:

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

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

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

Check here ▶☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

The Health Foundation of Greater In
429 E Vermont Street Suite 300
Indianapolis,IN 46202
(317) 630-1805

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

Potential grantees can inquiry 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 purpose 1)Brief Summary (applicant agency,amount requested,purpose,time frame,expected results,contract info name, address, & telephone) Cover letter or cover sheet w/single page synopsis are acceptable 2)Narrative (w/program procedure details,personnel involved,anticipated outcomes,monitoring procedures) 3) Copy of org's IRS determination letter indicating tax exempt status (Proposal will not be evaluated w/out #3) 4)Detailed budget (incld projected inc/exp) (New programs must submit prior inc/exp stmts & audited financial stmts) 5)Verification of org's governing body authorization 6)Listing of org's governing body & key program personnel (name & title) 7)Visual material such as charts, support letters may be attached to proposal

c Any submission deadlines

Prospective Grantees will need to inquire with foundation

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

Potential 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 Grantess will need to inquire with foundation

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient 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* See Additional Data Table				
Total . . . . . ▶ **3a**				1,942,511
b *Approved for future payment*				
Total . . . . . ▶ **3b**				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 (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion 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	46,745	
4 Dividends and interest from securities			14	384,369	
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	-1,636,049	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a Other income			01	210,297	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		-994,638	0

13 **Total.** Add line 12, columns (b), (d), and (e) . . . . . 13 -994,638

(See worksheet in line 13 instructions on page 28 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 organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions)

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) of the Code (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)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (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

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 or fiduciary) is based on all information of which preparer has any knowledge

****** | 2010-08-10 | ******

Signature of officer or trustee | Date | Title

Paid Preparer's Use Only

Preparer's Signature	Carrie A Merrill CPA	Date	Check if self-employed ☐	Preparer's identifying number (see **Signature** on page 30 of the instructions)
Firm's name (or yours if self-employed), address, and ZIP code	Blue & Co LLC One American Square 2200 Indianapolis, IN 46282		EIN ▶ Phone no (317) 633-4705	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of 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, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

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

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

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

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

Name of organization	**Employer identification number**
The Health Foundation of Greater Indianapolis INc	35-6203550

Part I **Contributors** (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization
The Health Foundation of Greater Indianapolis INc

Employer identification number
35-6203550

Part II Noncash Property (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(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., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete columns **(a)** through **(e) and** the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $

(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

Additional Data

Software ID:
Software Version:
EIN: 35-6203550
Name: The Health Foundation of Greater Indianapolis INc

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Indiana State Department of Health 2 North Meridian Street INDIANAPOLIS, IN 46204	$ 28,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2	Efroymson Family Fund 615 N ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
3	The Indianapolis Foundation 615 N ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
4	Marion County Health Department 3838 N Rural Street INDIANAPOLIS, IN 46205	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
5	Community Hospital of Indiana Inc 1500 North Ritter Avenue INDIANAPOLIS, IN 46219	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
6	St Vincent Hospital and HCC Inc 2001 W 86th Street INDIANAPOLIS, IN 46260	$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Great Lakes Productions PO Box 44288 INDIANAPOLIS, IN 46244	$ 5,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
8	Prudential Securities 8888 Keystone Crossing INDIANAPOLIS, IN 46240	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
9	Health and Hospital Corp of Marion 3838 N Rural Street INDIANAPOLIS, IN 46205	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
10	Bloomington Hospital and Healthcare PO Box 1149 BLOOMINGTON, IN 47403	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
11	MBS Associates LLC 10110 Ditch Road CARMEL, IN 46032	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
12	Other Various Contributors 5000 429 East Vermont Street Ste300 INDIANAPOLIS, IN 46202	$ 261,499	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Additional Data

Software ID: 09000028
Software Version: 2009.04000
EIN: 35-6203550
Name: The Health Foundation of Greater Indianapolis INc

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, 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
BETTY WILSON 429 E Vermont Street Indianapolis, IN 46202	President & CEO 40 00	127,946	8,316	0
Virginia A Caine MD 429 E Vermont Street Indianapolis, IN 46202	Chair 2 00	0	0	0
Daniel E Hodgkins 429 E Vermont Street Indianapolis, IN 46202	Vice Chair 2 00	0	0	0
Beverly A Swinney 429 E Vermont Street Indianapolis, IN 46202	Treasurer 2 00	1,800	0	0
Thomas Feeney 429 E Vermont Street Indianapolis, IN 46202	Secretary 2 00	2,000	0	0
Martin J Radecki 429 E Vermont Street indianapolis, IN 46202	Trustee 2 00	1,100	0	0
Betty A Conner 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0
Cynthia B Gardner 429 E Vermont Street indianapolis, IN 46202	Trustee 1 00	800	0	0
Dwayne C Isaacs 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0
John Hall 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0
Terence P Kahn 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	1,100	0	0
David Kelleher 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0
C Phillip Love 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0
George E Ludwig CPA 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	800	0	0
Monica Medina 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0
Robert D Robinson MD 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0
Lawrence M Ryan 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	1,700	0	0
David Suess 429 E Vermont Street Indianapolis, IN 46202	Trustee 1 00	0	0	0

Form 990PF Part XV Line 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*				
African Community International3737 N Meridian Street Indianapolis, IN 46208	No relationship	Public Charity	Promote wellness	5,500
AIDS MinistriesAIDS Assist of N IN 201 S William Street South Bend, IN 46601	No relationship	Public Charity	Promote wellness	27,000
AIDS Resource Group of Evansville 201 NW 4th Street Ste B-7 Evansville, IN 47708	No relationship	Public Charity	Promote wellness	21,500
AIDS Task Force Aliveness Project Merrillville5490 Broadway Suite L3 Merrillville, IN 46410	No relationship	Public Charity	Promote wellness	8,250
AIDS Task Force of LaportePO Box 64568 Gary, IN 46401	No relationship	Public Charity	Promote wellness	23,250
AIDS Task Force Inc2124 Fairfield Ave Fort Wayne, IN 46802	No relationship	Public Charity	Promote wellness	30,000
Alliance for Responsible Pet OwnershipPO Box 6385 Fishers, IN 46038	No relationship	Public Charity	Promote wellness	2,000
Black Nurses Association of Indianapolis6606 Carrow Drive Indianapolis, IN 46250	No relationship	Public Charity	Promote wellness	1,700
Bloomington Hospital333 Miller Drive Bloomington, IN 47401	No relationship	Public Charity	Promote wellness	16,000
Center for Leadership3536 Washington Blvd Indianapolis, IN 46205	No relationship	Public Charity	Promote wellness	2,000
Center for Mental Health - ElwoodPO Box 304 Elwood, IN 46036	No relationship	Public Charity	Promote wellness	7,500
Center for Mental Health - Lafayette12 N 9th Street Lafayette, IN 47901	No relationship	Public Charity	Promote wellness	2,750
Center for Mental Health - Richmond 1401 Chester Blvd Jenkins H Rm 310 Richmond, IN 47374	No relationship	Public Charity	Promote wellness	2,750
Central IN Lab Rescue and Adoption 8517 S 650 E Ladoga, IN 47954	No relationship	Public Charity	Promote wellness	3,000
Child Advocates8200 Haverstick Rd240 Indianapolis, IN 46240	No relationship	Public Charity	Promote wellness	5,000
Total . . . . . ▶ **3a**				1,942,511

Form 990PF Part XV Line 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*				
CICOA Client Assistance Fund4755 Kingsway Drive Indianapolis, IN 46205	No relationship	Public Charity	Promote wellness	4,000
Clarian Health Partners1633 N Capital Ave Ste 700 Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	16,750
Coalition for Homelessness Intervention3737 North Meridian St Indianapolis, IN 46208	No relationship	Public Charity	Promote wellness	1,000
Concord Center Association1310 S Meridian Street Indianapolis, IN 46225	No relationship	Public Charity	Promote wellness	16,000
Dance Kaleidoscope4603 Clarendon Road RM32 Indianapolis, IN 46208	No relationship	Public Charity	Promote wellness	1,250
Ebenezer Missionary Baptist Church 1863 N Harding Street Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	24,000
FACE Low Cost Spay Neuter Clinic 1505 Massachusetts Ave Indianapolis, IN 46201	No relationship	Public Charity	Promote wellness	4,000
Fairbanks Hospital8102 Clearvista Parkway Indianapolis, IN 46256	No relationship	Public Charity	Promote wellness	1,500
Federated Campaign Stewards55 S State Ave Indianapolis, IN 46201	No relationship	Public Charity	Promote wellness	1,000
Forest Manor Multi-Service center 5603 E 38th St Indianapolis, IN 46218	No relationship	Public Charity	Promote wellness	1,000
Gleaners Food Bank of Indiana Inc 3737 Waldemere Ave Indianapolis, IN 46241	No relationship	Public Charity	Promote wellness	1,000
Hawthorne Community Center2440 W Ohio St Indianapolis, IN 46222	No relationship	Public Charity	Promote wellness	3,500
HealthNet Foundation3401 East Raymond Street Indianapolis, IN 46203	No relationship	Public Charity	Promote wellness	3,000
Helping Challenged Children6962 Steinmeier Drive Indianapolis, IN 46220	No relationship	Public Charity	Promote wellness	1,000
Hoosier Hills AIDS Coalition1403 Spring Street Ste200 Jeffersonville, IN 47130	No relationship	Public Charity	Promote wellness	17,300
Total . . . . . ▶ **3a**				1,942,511

Form 990PF Part XV Line 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*				
Howard County Health Dept120 E Mulberry Street RM206 Kokomo, IN 46901	No relationship	Public Charity	Promote wellness	13,500
Indiana AIDS Fund429 E Vermont Street Ste300 Indpls, IN 46202	No relationship	Public Charity	Promote wellness	279,000
Indiana Airborne Ranger Family Assistance5882 Hollow Oak Trail Carmel, IN 46033	No relationship	Public Charity	Promote wellness	1,000
Indiana Canine Assistant & Adolescent1801 N Meridian St Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	1,000
Indiana Latino Institute445 N Pennsylvania Street Ste800 Indpls, IN 46204	No relationship	Public Charity	Promote wellness	17,000
Indiana Medical History Museum 3045 W Vermont St Indianapolis, IN 46222	No relationship	Public Charity	Promote wellness	1,000
Indiana Sports Corporation201 S Capitol Ave Ste1200 Indpls, IN 46225	No relationship	Public Charity	Promote wellness	4,000
Indiana University - IndianaKenya Partners Program1001 W 10th Street Myers Building Indpls, IN 46202	No relationship	Public Charity	Promote wellness	23,511
Indiana University School of Education - IUPUIES3116 902 West New York St Indianapolis, IN 46202	No relationship	Public Charity	promote wellness	1,000
Indiana Youth GroupPO Box 20716 Indianapolis, IN 46220	No relationship	Public Charity	Promote wellness	13,500
Indianapolis Urban League777 Indiana Avenue Indianapolis, IN 46202	No relationship	Public Charity	promote wellness	7,500
IPS Education Foundation120 E Walnut Street Indianapolis, IN 46204	No relationship	Public Charity	Promote wellness	1,000
Jameson Camp2001 S Bridgeport Road Indianapolis, IN 46231	No relationship	Public Charity	Promote wellness	10,000
La Plaza inc8902 E 38th St Indianapolis, IN 46226	No relationship	Public Charity	Promote wellness	1,500
Lambda Legal11 East Adams Suite 1008 Chicago, IL 606036303	No relationship	Public Charity	Promote wellness	2,000
Total . . . . . ▶ **3a**				1,942,511

Form 990PF Part XV Line 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*				
Learning Well Inc342 Masachusetts Aveune Indianapolis, IN 46204	No relationship	Public Charity	Promote wellness	1,100,000
Leukemia & Lymphoma Society - IN Chapter941 E 86th St Suite 100 Indianapolis, IN 46240	No relationship	Public Charity	Promote wellness	1,000
LifeCare of Clarian Health Partners 1633 N Capital Ave Ste700 Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	6,750
Little Red Door Cancer Agency1801 N Meridian St Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	2,500
Lutheran Child & Family Services 1525 N Ritter Ave Indianapolis, IN 46219	No relationship	Public Charity	Promote wellness	2,000
Mental Health America2000 N Beauregard Street 6th Floor Alexandria, VA 22311	No relationship	Public Charity	Promote wellness	1,500
Meridian Services240 N Tillotson Ave Muncie, IN 47304	No relationship	Public Charity	Promote wellness	2,750
Minority Health Coalition2804 E 55th Place Ste R Indianapolis, IN 46220	No relationship	Public Charity	Promote wellness	6,000
PACEOAR Inc2855 N Keystone Ave Suite 140 Indpls, IN 46218	No relationship	Public Charity	Promote wellness	5,000
Pathway to Recovery -PIE2135 N Alabama Street Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	4,000
PFLAG-Seymour ChapterPO Box 997 Seymour, IN 47274	No relationship	Public Charity	Promote wellness	750
Planned Parenthood of INPO Box 397 Indianapolis, IN 46225	No relationship	Public Charity	Promote wellness	10,500
Social Health Assoc of IN615 N Alabama Street Ste328 Indpls, IN 46204	No relationship	Public Charity	PRomote wellness	3,000
St Joseph County Health Department 227 W Jefferson Blvd 9th Floor South Bend, IN 46601	No relationship	Public Charity	Promote wellness	12,500
Step-Up Inc8580 Cedar Place Dr Ste117 Indpls, IN 46240	No relationship	Public Charity	Promote wellness	20,000
Total . . . . . ▶ **3a**				1,942,511

Form 990PF Part XV Line 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*				
Teachers Treasures2215 W Washington Street Indianapolis, IN 46222	No relationship	Public Charity	Promote wellness	1,000
Terre Haute Housing Authority1 Dreiser Square Terre Haute, IN 47807	No relationship	Public Charity	Promote wellness	2,250
The Damien Center1350 N Pennsylvania Street Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	55,000
The Julian Center Shelter2011 North Meridian St Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	1,000
The Martin Center3545 N college Ave Indianapolis, IN 46205	No relationship	Public Charity	Promote wellness	1,000
The Mercy FoundationPO Box 40081 Indianapolis, IN 46240	No relationship	Public Charity	Promote wellness	1,000
Tri-State AlliancePO Box 2901 Evansvillle, IN 47728	No relationship	Public Charity	Promote wellness	15,000
UAW Area 11 Senior Advocacy6204 E 30th Street Indianapolis, IN 46219	No relationship	Public Charity	Promote wellness	1,000
United Way of Central IN3901 N Meridian Street Indianapolis, IN 46208	No relationship	Public Charity	Promote wellness	17,000
Use What You've Got Prison Ministry PO Box 1521 Indianapolis, IN 46206	No relationship	Public Charity	Promote wellness	2,000
Wallace Street Presbyterian Church 4805 E 10th St Indianapolis, IN 46201	No relationship	Public Charity	Promote wellness	5,000
Washington Township Schools Foundation8550 Woodfield Crossing Blvd Indianapolis, IN 46240	No relationship	Public Charity	Promote wellness	1,500
West Indianapolis Community Fund 1211 S Hiatt Street Indianapolis, IN 46221	No relationship	Public Charity	Promote wellness	1,000
West Indianapolis Development Corp 1211 S Hiatt Street Indianapolis, IN 46221	No relationship	Public Charity	Promote wellness	2,000
WFYI - Speaking of Women's Health 1630 N Meridian St Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	1,500
Total . . . . . ▶ **3a**				1,942,511

Form 990PF Part XV Line 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*				
Wishard Health Services1050 Wishard Blvd RHC Rm22 Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	7,000
Wishard Infectious Disease1050 Wishard Blvd RHC Rm22 Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	7,000
Wishard Memorial Foundation1001 W 10th Street Myers Building Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	7,000
Women in Motion IncPO Box 68435 Indianpolis, IN 46268	No relationship	Public Charity	Promote wellness	5,000
Total . . . . . ▶ **3a**				1,942,511

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Accounting Fees Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSES	54,269	0	0	45,586

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Investments Corporate Stock Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Name of Stock	End of Year Book Value	End of Year Fair Market Value
common stock	16,733,232	18,029,116

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Investments Government Obligations Schedule

Name:	The Health Foundation of Greater Indianapolis INc
EIN:	35-6203550
US Government Securities - End of Year Book Value:	462,148
US Government Securities - End of Year Fair Market Value:	462,108
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Land, Etc. Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	92,350	0	92,350	92,350
BUILDINGS & IMPROVEMENTS	4,073,611	311,377	3,762,234	3,762,234
FURNITURE & EQUIPMENT	110,293	68,784	41,509	41,509

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Legal Fees Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	13,289	0	0	11,163

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Other Assets Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST RECEIVABLE	16,774	6,504	6,504
OTHER RECEIVABLES	229,993	108,301	108,301
OTHER ASSETS	62,715	48,490	48,490

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Other Decreases Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Description	Amount
Change in Deferred Income Taxes	13,426

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Other Expenses Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
investment fees	189,499	189,499	0	0
aids project funds	163,475	0	0	137,319
office supplies	1,708	0	0	1,435
telecommunications	7,156	0	0	6,011
dues and subscriptions	6,293	0	0	5,286
insurance	29,091	0	0	24,436
PRINTING & POSTAGE	175	0	0	147
equipment rental	3,273	0	0	2,749
Maintenance Expense	39,503	0	0	33,183
Utilities Expense	35,966	0	0	30,211
other expenses	37,707	0	0	31,674
CONTRACT LABOR	65,831	0	0	55,298
TRAINING & MEETINGS	21,330	0	0	17,917
Computer Support	12,701	0	0	10,669

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Other Income Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other income	210,297		210,297

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Other Liabilities Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Description	Beginning of Year - Book Value	End of Year - Book Value
Other Current Liabilities	11,519	11,616

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Other Professional Fees Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Professional Fees	46,388	0	0	38,966

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491222001020

TY 2009 Taxes Schedule

Name: The Health Foundation of Greater Indianapolis INc

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	3,953	0	0	3,321
Real Estate Tax	102,698	0	0	86,266