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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: The Health Foundation of Greater Cincinnati

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): Rookwood Tower, 3805 Edwards Road

Room/suite: 500

City or town, state or country, and ZIP + 4: Cincinnati, Ohio 45209-1948

D Employer identification number: 31-0932681

E Telephone number: 513-458-6600

G Gross receipts $: 159,752,406

F Name and address of principal officer: Donald Hoffman
3805 Edwards Road, Suite 500 Cincinnati, Ohio 45209

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www healthfoundation.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1978

M State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The Foundation makes grants and funds programs to increase access to high quality healthcare in Greater Cincinnati (twenty counties in Ohio, Kentucky and Indiana). The Foundation concentrates its efforts in four focus areas Community Primary Care, School-Aged Children's Healthcare, Substance Use Disorders, and Severe Mental Illness

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	50,000	71,992
9	Program service revenue (Part VIII, line 2g)	44,400	577,541
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(1,945,057)	7,159,606
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(259)	(497)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(1,850,916)	7,808,642
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,992,471	7,656,147
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,865,256	2,061,193
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,421,626	1,867,615
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,189,353	11,584,955
19	Revenue less expenses. Subtract line 18 from line 12	(12,040,269)	(3,776,313)

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	208,668,972	215,271,426
21	Total liabilities (Part X, line 26)	6,289,104	6,684,210
22	Net assets or fund balances Subtract line 21 from line 20	202,379,868	208,587,216

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Part II Signature Block

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

Sign Here

Signature of officer — Date: 10/6/11

Type or print name and title: DANIEL W. BEEDING CFO

Paid Preparer Use Only

Print/Type preparer's name: Kevin L. Holmes	Preparer's signature: Kevin L Holmes	Date: 9/23/11	Check ☐ if self-employed	PTIN: P00227061	
Firm's name ▶ Grant Thornton LLP			Firm's EIN ▶	36-6055558	
Firm's address ▶ 4000 Smith Road, Suite 500 Cincinnati, OH 45209			Phone no	513-762-5000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

The Health Foundation of Greater Cincinnati is dedicated to improving the health of the people of the Greater Cincinnati region. Our vision is that Greater Cincinnati is one of the healthiest regions in the country. Our values are innovation, caring, education and stewardship

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,866,675 including grants of $ 4,866,675) (Revenue $)

Grants awarded to community - see Schedule I

4b (Code:) (Expenses $ 2,789,472 including grants of $ 2,565,279) (Revenue $)

Direct Charitable Programs (see Schedule I). Foundation-run programs that benefit the community, including Assistance for Substance Abuse Prevention Center; Conference Center for non-profit meeting space; project-related technical assistance for grantees, convening community and grantee learning groups, non-profit capacity building educational programs for grantees and other non-profits; public communications regarding community health status and health policy, data acquisition and analysis services designed to help or inform grantees, health care planners, program evaluators, policy makers and the public, and staff participation in community health planning efforts, particularly in improving health and access to health care in our region

4c (Code:) (Expenses $ 2,009,547 including grants of $) (Revenue $)

Program Administrative Expenses-establishing grantmaking programs and goals, obtaining community input and participation; soliciting and coaching proposals; investigating, evaluating, and summarizing proposals for the proposal review process, establishing grant agreements with grantees, establishing grant evaluation, site visits, financial reviews, and reporting; problem-solving with grantees; providing group technical assistance to grantees, and analyzing and reporting grant performance.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 9,665,694

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	✓	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	✓	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	✓	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ Yes ☐ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	45		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Does the organization have members or stockholders?	6			✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .	9			✓

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Ohio

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply.

☑ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Daniel W Geeding, VP, CFO 3805 Edwards Road, Suite 500 Cincinnati, Ohio 45209-1948 (513) 458-6602

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Donald Hoffman Director, President & CEO	40	✓		✓				306,551	0	32,883
(2) Michael Abrams Director	1	✓						0	0	0
(3) Karen Bankston Director	1	✓						0	0	0
(4) Dawn Bertsche Director	1	✓						0	0	0
(5) Susan Cook Director	1	✓						0	0	0
(6) Constance Cooper Director	2	✓						0	0	0
(7) Eileen Cooper Reed Director, Chair (Former Vice Chair)	2	✓		✓				0	0	0
(8) Ardith Davis Director	2	✓						0	0	0
(9) Thomas DeWitt Director, Vice Chair	2	✓		✓				0	0	0
(10) Robert Graham Director	1	✓						0	0	0
(11) Thomas Klinedinst, Jr. Director	2	✓						0	0	0
(12) Peggy McDannold Director during the year	1	✓						0	0	0
(13) Stanley Morton Director	1	✓						0	0	0
(14) Neil O'Connor Director during the year	1	✓						0	0	0
(15) Collins Owens Director (Former Chair)	2	✓						0	0	0
(16) David Phillips Director during the year	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Leonard Randolph, Jr Director	1	✓						0	0	0
(18) Tony Shipley Director	1	✓						0	0	0
(19) Clifford Wallace Director during the year	1	✓						0	0	0
(20) Peter Williams Director	2	✓						0	0	0
(21) Owen Wrassman Director	1	✓						0	0	0
(22) Daniel Geeding Vice President, CFO & Treasurer	40			✓				211,336	0	39,773
(23) Patricia O'Connor Vice President and Chief Operating Officer	40			✓				212,643	0	33,400
(24) Patricia Ruwe Secretary and Assistant Treasurer	30			✓				76,191	0	20,103
(25) Ann Barnum Senior Program Officer	40					✓		107,860	0	23,891
(26) Janice Bogner Senior Program Officer	40					✓		111,471	0	24,241
(27) Ann McCracken Director of Evaluation	40					✓		127,723	0	22,442
(28) Judith Warren Senior Program Officer. continued Schedule O	40					✓		114,644	0	21,918
1b **Sub-total** ▶								1,268,419	0	218,651
c **Total from continuation sheets to Part VII, Section A** ▶								116,936	0	21,023
d **Total (add lines 1b and 1c)** ▶								1,385,355	0	239,674

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 9

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Summer Hill Capital Partners, LLC, 6847 Cintas Blvd, Suite 120, Mason, OH 45040	investment manager	552,753
CLP-SPF Rookwood Towers, LLC; PO Box 951035; Cleveland, OH 44193	rent expense	377,394
University of Cincinnati, PO Box 691031; Cincinnati, OH 45269-1031	consultant-operating program	284,034
Blue Raster, LLC; 2200 Wilson Blvd , Suite 409, Arlington, VA 22201	consultant-HealthLandscape	248,240
Hunt Builders Corporation, Suite 2310, Atrium Two; 221 East 4th St, Cinti, OH 45202	builders-reconstr'd 5th floor	178,237

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	71,992			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a–1f ▶		71,992			
			Business Code				
Program Service Revenue	2a	HL Website Subcriptions		52,650	52,650		
	b	HL Contracted Services		167,490	167,490		
	c	HL HRSA Contracted Services		357,401	357,401		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		577,541			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,733,279			2,733,279
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross Rents	13,093				
	b	Less. rental expenses	13,590				
	c	Rental income or (loss)	(497)				
	d	Net rental income or (loss) ▶		(497)	(497)		
	7a	Gross amount from sales of assets other than inventory	(i) Securities: 164,165,143 / (ii) Other				
	b	Less: cost or other basis and sales expenses	159,738,816				
	c	Gain or (loss)	4,426,327				
	d	Net gain or (loss) ▶		4,426,327			4,426,327
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less. direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶					
	12	**Total revenue.** See instructions ▶		7,808,642	577,044		7,159,606

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	7,656,147	7,656,147		
2	Grants and other assistance to individuals in the U.S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	891,708	391,309	500,399	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	853,143	692,792	160,351	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	98,632	79,392	19,240	
9	Other employee benefits	116,887	84,523	32,364	
10	Payroll taxes	100,823	67,426	33,397	
11	Fees for services (non-employees).				
a	Management	50,629	25,519	25,110	
b	Legal	28,107	15,471	12,636	
c	Accounting	27,810	13,905	13,905	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	782,235		782,235	
g	Other	85,487	53,827	31,660	
12	Advertising and promotion				
13	Office expenses	65,750	34,407	31,343	
14	Information technology	162,513	117,577	44,936	
15	Royalties				
16	Occupancy	419,897	259,348	160,549	
17	Travel	13,996	13,179	817	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,507	27,462	18,045	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	164,725	123,210	41,515	
23	Insurance	11,509	5,754	5,755	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a					
b					
c					
d					
e					
f	All other expenses	9,450	4,446	5,004	
25	**Total functional expenses.** Add lines 1 through 24f	11,584,955	9,665,694	1,919,261	
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		66,042,326	2	8,887,407
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		416,558	4	777,609
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		95,256	9	38,519
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,598,340			
	b	Less accumulated depreciation	10b 823,112	290,060	10c	775,228
	11	Investments—publicly traded securities		125,625,004	11	132,077,487
	12	Investments—other securities. See Part IV, line 11		15,907,558	12	72,347,750
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		292,210	15	367,426
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		208,668,972	16	215,271,426
Liabilities	17	Accounts payable and accrued expenses		234,154	17	599,051
	18	Grants payable		5,579,134	18	4,919,724
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		475,816	25	1,165,435
	26	**Total liabilities.** Add lines 17 through 25		6,289,104	26	6,684,210
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		202,379,868	27	208,587,216
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		202,379,868	33	208,587,216
	34	Total liabilities and net assets/fund balances		208,668,972	34	215,271,426

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,808,642
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,584,955
3	Revenue less expenses Subtract line 2 from line 1	3	(3,776,313)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	202,379,868
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,983,661
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	208,587,216

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
The Health Foundation of Greater Cincinnati	31-0932681

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $
(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $
b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements		367,852	0	367,852
d	Equipment		638,701	437,743	200,958
e	Other	Furniture--->	591,787	385,369	206,418
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*				▶	775,228

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Hedge Funds	61,251,970	Fair Value
(B) Hedge Funds-Redemption Receivable	4,012,563	Fair Value
(C) Private Equity, LLPs, LLCs	7,083,217	Fair Value
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	72,347,750	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Deferred Rent Credit	524,809
(3) Deferred Compensation Payable	367,426
(4) Accrued PTO Liability	108,497
(5) Employee Salary and Benefits Payable	71,094
(6) Post-retirement Healthcare Benefit	63,065
(7) Security Deposit Payable	14,625
(8) Straight Line Rent Liability	9,477
(9) Flexible Spending Account Liability	6,442
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	1,165,435

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,808,642
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,584,955
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(3,776,313)
4	Net unrealized gains (losses) on investments	4	9,983,661
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	9,983,661
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	6,207,348

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	17,010,068
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	9,983,661		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	9,983,661
3	Subtract line **2e** from line **1**			3	7,026,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	782,235		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	782,235
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	7,808,642

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,802,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	10,802,720
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	782,235		
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	782,235
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	11,584,955

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, line 2

The Organization recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would more likely than not sustain the position following an audit. For tax positions meeting the more likely than not threshold, the amount recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement with the relevant taxing authority Beginning in 2009, the Organization applied the uncertain tax position guidance to all tax positions for which the statute of limitations remained open and noted no uncertain tax positions which meet the more likely than not threshold. There was no impact to the Organization upon adoption or as of December 31, 2010 or 2009.

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

The Health Foundation of Greater Cincinnati

Employer identification number

31-0932681

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) see attachment							see attachment
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 133

3 Enter total number of other organizations . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 Procedures for Monitoring Grant Funds Use

Proposals are judged on their ability to meet the Foundation's eligibility requirements and selection criteria For most grants, once awarded, a meeting is scheduled with grantee to review the Foundation's grant monitoring process. Grantees are required to review and sign-off on a Grant Agreement prepared by the Foundation, agree to a grant disbursement schedule, and finalize a project evaluation plan. Grantees are required to submit an annual report to the Foundation, and participate in an annual site visit with a Senior Program Officer or Grant Management Associate Annual progress reports include a financial report that must be signed by the grantee organization's Chief Financial Officer If for any reason, a grant is not achieving its objectives, the Health Foundation may invoke the "revocation clause" of the grant agreement and modify or terminate a grant

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

The Health Foundation of Greater Cincinnati

Employer identification number

31-0932681

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b ✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 ✓	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	✓
b	Any related organization?	5b	✓
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	✓
b	Any related organization?	6b	✓
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Donald Hoffman	(i)	300,000	0	6,551	0	35,175	341,726	0
		(ii)							
2	Daniel Geeding	(i)	207,038	0	4,298	0	41,936	253,272	0
		(ii)							
3	Patricia O'Connor	(i)	209,000	0	3,643	0	35,562	248,205	0
		(ii)							
4	Ann McCracken	(i)	125,330	0	2,393	0	23,561	151,284	0
		(ii)							
5		(i)							
		(ii)							
6	* See Schedule O:	(i)							
		(ii)							
7	Part VI Section B 15a and 15b*	(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

See Schedule O-Part VI Section B Question 15a and 15b

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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2010

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Name of the organization
The Health Foundation of Greater Cincinnati

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Part VI.Section B·Question 11b: Prior to filing, the Form 990 was reviewed by the Audit Committee, then received by the full Board of Directors.

Part VI Section B· Policies also apply to the Organization's disregarded entity

Part VI·Section B·Question 12c. On an annual basis, legal counsel submits a copy of the conflict of interest policy to each Director and Officer of the organization, along with a conflict of interest questionnaire. The questionnaire is completed and signed by each Director and Officer. Legal counsel then compiles a summary, which is distributed to the Board on an annual basis. A similar process is also conducted at the staff level on an annual basis. Conflicts of interest are disclosed in the processing of all grants and transactions. Directors, Officers and associates with conflicts of interest are excluded from the decision making process

Part VI: Section B: Question 15a The 2010 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2009 by the independent members of the organization's Executive Committee The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of the President's total compensation The independent compensation consultant met with the Executive Committee when it established the President's compensation. The President was not present when the Executive Committee discussed and established his compensation

In establishing the President's compensation, factors reviewed by the Executive Committee included. (i) a Board evaluation of the President's individual performance, (ii) the performance of the organization; (iii) the President's length of service, credentials and experience, (iv) the elements of the President's total compensation and his salary history, (v) the organization's compensation targets and raise pool, and (vi) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant. After considering these factors, the Committee established the President's 2010 compensation. In acting to establish the President's compensation, the Executive Committee determined the President's total compensation to be reasonable and in the organization's best interest and for its benefit. At the next meeting of the organization's full Board, Executive Committee reported, in an executive session that did not include the President, the compensation of the President and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the President's compensation

Name of the organization	Employer identification number
The Health Foundation of Greater Cincinnati	31-0932681

Part VI. Section B· Question 15b The 2010 compensation for the organization's 'Vice President and Chief Operating Officer', 'Vice President, Chief Financial Officer and Treasurer', and 'Secretary and Assistant Treasurer' (the "Officers") was established in late 2009 by the independent members of the organization's Executive Committee The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of each Officer's total compensation. The independent compensation consultant met with the Executive Committee when it established the Officers' compensation. The Officers were not present when the Executive Committee discussed and established their compensation.

In establishing an Officer's compensation, factors reviewed by the Executive Committee included. (i) a review of the Officer's individual performance by the President and Chief Executive Officer, (ii) the performance of the organization; (iii) the Officer's length of service, credentials and experience, (iv) compensation recommendations by the President and Chief Executive Officer, (v) the elements of each Officer's total compensation and a salary history, (vi) the organization's compensation targets and raise pool; and (vii) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant (The organization's President and Chief Executive Officer is independent of the Officers) After considering these factors, the Committee established each Officer's 2010 compensation. In acting to establish each Officer's compensation, the Executive Committee determined the Officer's total compensation to be reasonable and in the organization's best interest and for its benefit. . At the next meeting of the organization's full Board, the Executive Committee reported, in an executive session that did not include the Officers, the compensation of each Officer and the basis for the Executive Committee's compensation decisions The Executive Committee contemporaneously documented in minutes its deliberations concerning the Officers' compensation

Part VI:Section C Question 19 The form 990, conflict of interest policy, document retention policy and whistle blower protection policy are available on the website

Part VII Section A. Estimated number of hours per week each person in column (A) devoted to related organization. Donald Hoffman 1, Daniel Geeding 1, Patricia O'Connor 1, Patricia Ruwe 1, Francie Wolgin 1.

Part VII Section A· line 1c (A) Francie Wolgin, Senior Program Officer; (B) 40, (C) Highest compensated employee; (D) $116,936; (E) $0, (F) $21,023

Part XI.Question 5 unrealized gain/(loss) on marketable securities = $9,983,661

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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2010

Open to Public Inspection

Name of the organization
The Health Foundation of Greater Cincinnati

Employer identification number
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HealthLandscape, LLC, 3805 Edwards Road, Suite 500, Cincinnati, OH 45209 EIN: 36-4643299	Health data	OH	627,541	67,992	N/A
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) InterAct for Change, 3805 Edwards Road, Suite 500, Cincinnati, OH 45209, EIN 30-0065901	Philanthropy	OH	501(c)(3)	170(b)(1)(A)(vi)	HFGC *	✓	
(2)							
(3) *HFGC is abbreviation for The Health Foundation of Greater Cincinnati							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to other organization(s)	1b	✓	
c	Gift, grant, or capital contribution from other organization(s)	1c		✓
d	Loans or loan guarantees to or for other organization(s)	1d		✓
e	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		✓
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		✓
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		✓
n	Sharing of paid employees	1n	✓	
o	Reimbursement paid to other organization for expenses	1o	✓	
p	Reimbursement paid by other organization for expenses	1p		✓
q	Other transfer of cash or property to other organization(s)	1q		✓
r	Other transfer of cash or property from other organization(s)	1r		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	InterAct for Change	b	90,000	cash
(2)	InterAct for Change	n	74,727	estimate
(3)	InterAct for Change	o	97,580	cash
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Grants Awarded to Community (reference Part III, line 4a) Competitive Grants				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Adams County Hospital, d b.a Adams County Regional Medical Center 230 Medical Center Drive Seamon, OH 45679	31-6402534	501(c)(3)	36,750	Planning for the Manchester Local School District School-Based Health Center
Butler Behavioral Health Services 1490 University Blvd Hamilton, OH 45011	31-0669872	501(c)(3)	51,000	Planning Integrated Behavioral Health and Primary Care Services
Center for Respite Care 3550 Washington Ave Cincinnati, OH 45229	20-2544994	501(c)(3)	50,000	Challenge Grant
Cincinnati Hamilton County Continuum of Care for the Homeless, Inc. 2260 Park Avenue Suite 402 Cincinnati, OH 45206	20-8286347	501(c)(3)	3,500	Community Priority Setting Process
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	91,500	Central Scheduling Call Center
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	45,000	Withrow & Academy of World Languages School Based Health Center Planning Grant
Cincinnati Health Network 2825 Burnett Avenue Suite 232 Cincinnati, OH 45219	31-1182378	501(c)(3)	160,000	McMicken Health Collaborative Renovation Project
Clermont Counseling Center 43 East Main Street Amelia, OH 45102	31-0834563	501(c)(3)	30,000	Personal Development Social Enterprise
Clermont County Mental Health & Recovery Board 2337 Clermont Center Drive Batavia, OH 45103	31-6000067	501(c)(3)	250,000	Co-Occurring Disorder Treatment Team
Community Behavioral Health, Inc 520 Eaton Avenue Hamilton, OH 45013	31-1806189	501(c)(3)	30,000	Implementing the NIATx Approach

Grants Awarded to Community (reference Part III, line 4a). Competitive Grants				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Community Learning Center Institute 8450 Aborcrest Drive Cincinnati, OH 45236	27-0741982	501(c)(3)	180,000	Growing Well Cincinnati
Community Mental Health Center, Inc 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)(3)	45,000	Implementing the NIATx Approach
Comprehend, Inc 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)(3)	150,000	Supported Employment
Comprehend, Inc. 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)(3)	155,000	Implementing Integrated Care in Rural Kentucky
Erlanger-Elsmere Board of Education 500 Graves Ave Erlanger, KY 41018	61-6001276	115 (1)	40,950	Erlanger-Elsmere School Based Health Center Challenge Grant
Faces and Voices of Recovery 1010 Vermont Avenue, NW, #708 Washington, DC 20005	51-0516206	501(c)(3)	50,000	Peer Recovery Support Accreditation Planning
First Step Home 2203 Fulton Ave. Cincinnati, OH 45206	31-1328492	501(c)(3)	45,000	Implementing NIATx
Foundation of the Cincinnati Academy of Medicine 2300 Wall Street, Suite F Cincinnati, OH 45212	31-0623960	501(c)(3)	50,000	Project Access
Good Samaritan Hospital Foundation 375 Dixmyth Avenue Cincinnati, OH 45220	31-1206047	501(c)(3)	90,000	Bridging the Gap The Westside Health Network
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)(3)	20,000	Project Advance
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)(3)	46,000	Planning Integrated Care for the Homeless

Grants Awarded to Community (reference Part III, line 4a) Competitive Grants				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Greater Cincinnati Foundation 200 West Fourth Street Cincinnati, OH 45202-2603	31-0669700	501(c)(3)	200,000	Weathering the Economic Storm
Health Care Access Now 8790 Governor's Hill Drive Cincinnati, OH 45249	26-4042151	501(c)(3)	420,000	Health Care Access Now Start-Up
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)(3)	310,000	Core Support (2012)
InterAct for Change 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)(3)	60,000	Center for Integrating Care
ITN GreaterCincinnati 311 Straight Street Cincinnati, OH 45219	27-1442201	501(c)(3)	59,000	Senior Transporation Program
Jewish Education for Every Person 9709 Reading Road Suite 1-A Cincinnati, OH	20-4016862	501(c)(3)	25,000	Cincinnati Recovery Program
Jewish Family Service 8487 Ridge Road Cincinnati, OH 45226	31-0744786	501(c)(3)	24,000	Planning Culturally-Specific Services
Join Together - Boston University School of Public Health 580 Harrison Avenue 3rd Floor Boston, MA 02118	04-2103547	501(c)(3)	40,000	Implementing Parity in Prevention and Treatment in the Affordable Care Act
Kentucky Equal Justice Center 201 W Short Street, Suite 310 Lexington, KY 40507	61-0909545	501(c)(3)	45,000	Kentucky Health Law Fellow
Kentucky Youth Advocates 11001 Bluegrass Parkway, Suite 100 Jeffersontown, KY 40299	61-0929390	501(c)(3)	30,000	Kentucky Benefits Outreach Planning
Kentucky Youth Advocates 11001 Bluegrass Parkway, Suite 100 Jeffersontown, KY 40299	61-0929390	501(c)(3)	30,000	SBHC Policy Planning Grant

Grants Awarded to Community (reference Part III, line 4a). Competitive Grants				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Legal Aid Society of Greater Cincinnati 215 East Ninth Street Suite 200 Cincinnati, OH 45202	31-0536673	501(c)(3)	100,000	Child HeLP Challenge Grant
Mental Health Recovery Services of Warren & Clinton Counties 212 Cook Road Lebanon, OH 45036	31-138311	501(c)(3)	228,425	Warren County Communty Crisis Intervention Team
NAMI Butler County 5963 Boymel Drive Fairfield, OH 45014	31-1413861	501(c)(3)	12,000	Strengthening NAMI Affiliates
NAMI Hamilton County 4790 Red Bank Expressway Suite 218 Cincinnati, OH 45227	31-0998076	501(c)(3)	20,000	Multi-Cultural Outreach Challenge 2010
NAMI Hamilton County 4790 Red Bank Expressway Suite 218 Cincinnati, OH 45227	31-0998076	501(c)(3)	10,000	General Support
National Assembly on School-Based Health Care 1100 G Street, NW, Suite 735 Washington, DC 20005	54-1752058	501(c)(3)	100,000	Promoting SBHC Sustainability
Northeast Ohio Medical University 4209 State Route 44 PO Box 95 Rootstown, OH 44272	34-1131512	501(c)(3)	5,000	Integrating Care· Defining the Business Case
Northeast Ohio Medical University 4209 State Route 44 PO Box 95 Rootstown, OH 44272	34-1131512	501(c)(3)	75,000	Campus Safety in a Mental Health Context
NorthKey Community Care 503 Farrell Drive Covington, KY 41011	61-0661458	501(c)(3)	91,700	Planning Integrated Behavioral Health and Primary Care Services
NorthKey Community Care 503 Farrell Drive Covington, KY 41011	61-0661458	501(c)(3)	150,000	Supported Employment

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
NorthKey Community Care 503 Farrell Drive Covington, KY 41011	61-0661458	501(c)(3)	75,000	Data Integration Planning
Ohio Association of County Behavioral Health Authorities 33 North High Street Columbus, OH 43215	01-0762655	501(c)(3)	10,000	OF-1-MIND Initiative
Ohio Justice and Policy Center 215 E 9th Street, Suite 601 Cincinnati, OH 45202	31-1319172	501(c)(3)	100,000	General Support 2010
Ohio School Based Health Care Association 50 West Broad Street, Suite 1801 Columbus, OH 43215	06-1638227	501(c)(3)	150,000	SBHC Technical Assistance and Advocacy
Ohio State University Office of Sponsored Programs B-034 Graves Hall 333 W. 10th Avenue Columbus, OH 43210	Governmental Entity	115 (1)	50,000	The 2010 Ohio Family Health Survey
People Advocating Recovery 963 South 2nd St Louisville, KY 40203	20-1664735	501(c)(3)	11,357	Capacity Building Challenge Grant (2010)
Sojourner Recovery Services, Inc 314 North Erie Highway Hamilton, OH 45011	31-1070029	501(c)(3)	136,300	Integration of Acupuncture into Residential Treatment
St Bernard - Elmwood Place City School District 105 Washington St St Bernard, OH 45217	31-6000950	115(1)	40,000	SBHC Challenge Grant
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)(3)	7,500	Mental Health Advocacy Coalition of Southwest Ohio
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)(3)	41,000	Transitional Housing for Women with Substance Use Disorders

Grants Awarded to Community (reference Part III, line 4a): Competitive Grants				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)(3)	45,000	Implementing NIATx
The Counseling Center 1634 11th Street Portsmouth, OH 45662	31-1070665	501(c)(3)	14,000	Implementing the NIATX Approach
The Greater Cincinnati Television Educational Foundation 1223 Central Parkway Cincinnaati, OH 45214	31-0560051	501(c)(3)	15,000	CAARE (Community Asthma Awareness, Resources and Education)
The HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)(3)	110,000	Integrated Behavioral and Physical Health Services
Universal Health Care Action Network of Ohio (UHCAN) 370 S 5th Street Suite 3 Columbus, OH 43215	31-1542417	501(c)(3)	65,000	General Support 2010
Total Grants Awarded to Community (pages 1-6)			**4,524,982**	
Total Non-Competitive Grants (see pages 7-16)			**687,076**	
Less Prior Year Grant Reversals (see pages 17-18)			**(345,383)**	
Total Grants (reference Part III line 4a)			**4,866,675**	

Grants Awarded to Community (reference Part III, line 4a) : Non-Competitive Grants				
Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Abilities First Foundation 4710 Timber Trail Drive Middletown, OH 45044	31-0620685	501(c)(3)	1,000	Therapeutic Services for the Disabled
Bethany House Services 1841 Fairmount Ave Cincinnati, OH 45214	31-1101401	501(c)(3)	1,750	Supported Housing
Brighton Center, Inc. P.O Box 325 Newport, KY 41071-0325	61-0673886	501(c)(3)	8,250	Recovery Center
Catholic Social Services / Southwest Ohio 100 East 8th Street Cincinnati, OH 45202	31-0536968	501(c)(3)	10,000	Caregiver Assistance Network
Center for Chemical Addictions Treatment, Inc. 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)(3)	7,000	Substance Use Disorder Treatment
Center for Respite Care 3550 Washington Ave Cincinnati, OH 45229	20-2544994	501(c)(3)	11,250	Medical Care for the Homeless
Centerpoint Health Administrative Office 2602 Victory Parkway Cincinnati, OH 45206	31-0816109	501(c)(3)	3,600	Planning for Integrated Care
Children's Hospital Medical Center Child Policy Research Center MLC 7014 3333 Burnet Ave Cincinnati, OH 45229-3039	31-0833936	501(c)(3)	1,500	Abrahamson Pediatric Eye Institute
Church of the Advent 2366 Kemper Lane Cincinnati, OH 45206	31-0783467	501(c)(3)	2,000	Payee Program for Mentally Disabled
Cincinnati Hamilton County Continuum of Care for the Homeless, Inc. 2368 Victory Parkway Suite 600 Cincinnati, OH 45206	20-8286347	501(c)(3)	22,000	Emergency Shelter Planning

Grants Awarded to Community (reference Part III, line 4a) : Non-Competitive Grants				
Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Cincinnati Hamilton County Continuum of Care for the Homeless, Inc. 2368 Victory Parkway Suite 600 Cincinnati, OH 45206	20-8286347	501(c)(3)	15,000	Community Leadership for Ending Homelessness
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	2,000	Oyler School-Based Health Center
Cincinnati Recreation Commission 805 Central Avenue, 2 Centennial Plaza Cincinnati, OH 45202	31-1574475	501(c)(3)	2,000	Therapeutic Recreation
Cincinnati Union Bethel 300 Lytle Street Cincinnati, OH 45202	31-053655	501(c)(3)	12,250	Off the Streets
Cincinnati Works 708 Walnut Street Floor #2 Cincinnati, OH 45202	31-1656186	501(c)(3)	31,500	Employment Counseling
Collaborative Family Healthcare Association PO Box 23980 Rochester, NY 14692-3980	13-3832381	501(c)(3)	10,000	Kentucky Policy Summit on Integrated Care
Communications Network 1755 Park Street, Suite 260 Naperville, IL 60563	52-2114179	501(c)(3)	1,500	General Support 2011
Comprehensive Community Child Care 1924 Dana Avenue Cincinnati, OH 45207	31-0823634	501(c)(3)	1,000	Early Childhood Advocacy
Connections A Safe Place 2602 Eden Avenue Cincinnati, OH 45219	31-1488760	501(c)(3)	3,500	Sexual Abuse Restoration
Covington Ladies Home 702 Garrard St Covington, KY 41011	61-0461759	501(c)(3)	10,000	Elder Healthcare
Crossroad Health Center 5 East Liberty Street Cincinnati, OH 45210	31-1321054	501(c)(4)	4,500	Proposal Writer

Grants Awarded to Community (reference Part III, line 4a) : Non-Competitive Grants				
Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Down Syndrome Association of Greater Cincinnati 644 Linn Street, #1128 Cincinnati, OH 45203	31-1051378	501(c)(3)	1,000	Family Support Program
Every Child Succeeds Children's Hospital Medical Center 3333 Burnet Ave Cincinnati, OH 45229-3039	31-1628467	501(c)(3)	3,500	Maternal Depression Program
Faces Without Places PO Box 23300 Cincinnati, OH 45223	31-1628027	501(c)(3)	1,000	Project Connect
Faith Community Pharmacy 2335 Buttermilk Crossing Crescent Springs, KY 41017	61-137814	501(c)(3)	500	Medications for the Poor
Fernside, Inc· A Center for Grieving Children 4380 Malsbary Road, Suite 300 Cincinnati, OH 45242	31-1179234	501(c)(3)	11,500	Peer Support Program
First Step Home 2203 Fulton Ave. Cincinnati, OH 45206	31-1328492	501(c)(3)	4,000	Residential Substance Use Disorder Treatement
FreeStore/FoodBank Health & Hygiene Program 1250 Tennessee Ave Cincinnati, OH 45229	23-7122205	501(c)(3)	15,500	Health & Hygiene Program
GLAD House, Inc 4721 Reading Road, Building A Cincinnati, OH 45237	31-139987	501(c)(3)	2,000	2010 Joint Meeting on Adolescent Treatment Effectiveness (JMATE) Attendance Sponsorship
Grantmakers In Health 1100 Connecticut Avenue, N.W. 12th Floor Washington, DC 20036	13-3206571	501(c)(3)	15,000	General Support 2011
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)(3)	1,000	Recovery Center of Hamilton County
Greenhills Co-Op Nursery School 21 Cromwell Rd. Cincinnati, OH 45218	31-0654647	501(c)(3)	1,000	Children's Health Education

Grants Awarded to Community (reference Part III, line 4a) . Non-Competitive Grants				
Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Health Improvement Collaborative 2100 Sherman Avenue, #100 Cincinnati, OH 45212	31-1449807	501(c)(3)	100,000	General Support 2010
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)(3)	40,000	Executive Recruitment
HealthPoint Family Care Water Tower Square 601 Washington Street, Ste 300 Newport, KY 41017	61-0729915	501(c)(3)	4,750	Pike Street Clinic
HEALTH-UC University of Cincinnati 114 East State Street Georgetown, OH 45121-1497	31-600989	501(c)(3)	1,500	Rural Health Education
Hispanics Avanzandos Hispanics 625 Eden Park Drive Suite 875 Cincinnati, OH 45202	54-2159187	501(c)(3)	2,000	Bullying Prevention Program
Hospice of Cincinnati 4380 Malsbary Road, Suite 100 Cincinnati, OH 45242	31-0917155	501(c)(3)	1,500	Pallative Care for the Terminally Ill
Ida Spence United Methodist Mission PO Box 121319 Covington, KY 41012		501(c)(3)	2,000	Health Center
InterAct for Change 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)(3)	30,000	General Support 2010
Interfaith Hospitality Network 2110 St Michael Street Cincinnati, OH 45204	31-1335474	501(c)(3)	1,000	Comprehensive Support Services for Homeless Families
Legal Aid Society of Greater Cincinnati 215 East Ninth Street Suite 200 Cincinnati, OH 45202	31-0536673	501(c)(3)	12,000	Cover the Uninsured Week Enrollment Camapign
Leukemia & Lymphoma Society 2300 Wall Street Suite H Cincinnati, OH 45212	13-5644916	501(c)(3)	1,000	Blood Cancer Research, Education and Patient Services

Grants Awarded to Community (reference Part III, line 4a) · Non-Competitive Grants Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
LifeCenter Organ Donor Network 615 Elsinore Place, Suite 400 Cincinnati, OH 45202	31-1040508	501(c)(3)	1,750	Organ Recovery & Placement
Lindner Learning Center for Children 317 East Fifth Street Cincinnati, OH 45202	04-3169620	501(c)(3)	2,000	Program Support for Children with Dyslexia
Media Bridges 1100 Race Street Cincinnati, OH 45202	31-1262229	501(c)(3)	500	Health-Related Public and Educational Access Programs
Mental Health America of Northern Kentucky 513 Madison Avenue 3rd Floor Covington, KY 41011	61-0712473	501(c)(3)	1,000	Mental Health & Substance Use Disorder Treatment
Mental Health Association of Southwest Ohio, Inc 2400 Reading Road Suite 412 Cincinnati, OH 45202-1458	31-0796119	501(c)(3)	1,000	Mental Health Advocacy
Mercy Professional Services 2330 Victory Parkway, Ste 500 Cincinnati, OH 45206	31-0830955	501(c)(3)	1,500	Counseling Center for the Uninsured
Mighty Vine Wellness Club 2347 Vine Street Cincinnati, OH 45219	31-1059137	501(c)(3)	1,000	Fitness Center for Mental Health Consumers
NAMI Clermont County 4030 Mt. Carmel-Tobasco Road Suite 125 Cincinnati, OH 45255	31-1778745	501(c)(3)	1,000	Mental Health Advocacy & Family Support Programs
NAMI Hamilton County 4790 Red Bank Expressway Suite 218 Cincinnati, OH 45227	31-0998076	501(c)(3)	8,000	Mental Health Advocacy & Family Support Programs
NAMI Northern Kentucky PO Box 74106 Dayton, KY 41074	26-4491224	501(c)(3)	1,000	Mental Health Advocacy & Family Support Programs
National Women of Color Cancer Foundation P.O. Box 17257 Cincinnati, OH 45217	02-0592524	501(c)(3)	2,000	Cancer Awareness & Outreach Program

Grants Awarded to Community (reference Part III, line 4a) : Non-Competitive Grants				
Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
North Central Kentucky Area Health Education Center 1030 Old State Road Park Hills, KY 41011	Governmental Entity	115 (1)	3,000	Community Health Education
NorthKey Community Care 503 Farrell Drive Covington, KY 41011	61-0661458	501(c)(3)	3,000	School-Based Health Care
Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment P O. Box 539 New Albany, OH 43054	31-1102079	501(c)(3)	1,000	Public Education & Advocacy
Ohio Grantmakers Forum 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)(3)	12,500	2010 Philanthropy Forward Conference
Ohio Grantmakers Forum 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)(3)	10,500	General Support 2011
PARACHUTE. Butler County Court Appointed Special Advocates 282 N. Fair Ave Hamilton, OH 45011	31-1230170	501(c)(3)	2,000	Court Representation for Abused and Neglected Children
Parkinson's Disease Support Network OKI 1205 Linneman Rd. Cincinnati, OH 45238	35-1976138	501(c)(3)	2,500	Family Wellness Program
Parkinson's Disease Support Network OKI 1205 Linneman Rd Cincinnati, OH 45238	35-1976138	501(c)(3)	2,000	Family Wellness Program
Parkside Christian Church 6986 Salem Rd Cincinnati, OH 45230	31-0671739	501(c)(3)	1,000	Health Outreach Program
Partners in Health 888 Commonwealth Avenue, 3rd Floor Boston, MA 02215	04-3567502	501(c)(3)	33,400	Haiti Medical Relief
Partners In Prime 140 Ross Avenue Hamilton, OH 45013	31-0569735	501(c)(3)	10,000	Elder Healthcare & Social Services

Grants Awarded to Community (reference Part III, line 4a) · Non-Competitive Grants Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Pendleton County Schools 2525 Highway 27 North Falmouth, KY 41040	Governmental Entity	115 (1)	5,000	School-Based Health Care
People Advocating Recovery 963 South 2nd St. Louisville, KY 40203	20-1664735	501(c)(3)	1,000	Eliminating Barriers to Recovery from Addiction
People Advocating Recovery 963 South 2nd St. Louisville, KY 40203	20-1664735	501(c)(3)	2,000	Pregnancy and Substance Abuse Community Forum
PLAN 4300 Rossplain Road Cincinnati, OH 45236	31-1486601	501(c)(3)	3,000	Assistance for the Disabled
ProKids 2605 Burnet Avenue Cincinnati, OH 45219	31-1020021	501(c)(3)	1,000	Court Appointed Special Advocates (CASA's) for Abused and Neglected Children
Recovery Network of Northern Kentucky 605 Madison Avenue Covington, KY 41011	61-01712473	501(c)(3)	3,000	Consumer-Run Support Services for the Mentally Ill
Rockdale Temple 8501 Ridge Road Cincinnati, OH 45236	31-0543299	501(c)(3)	5,000	Crisis Cards
Rotary Foundation of Cincinnati 441 Vine Street Suite 2112 Cincinnati, OH 45202	31-0554072	501(c)(3)	10,000	Camp Allyn for People with Disabilities
Saint Francis Seraph Ministries Development Office 1615 Vine Street Cincinnati, OH 45202-6400	31-0624999	501(c)(3)	1,000	Meals & Emergency Assistance for the Poor
Santa Maria Community Services, Inc. 2918 Price Avenue Cincinnati, OH 45204	31-0537141	501(c)(3)	6,500	Minority Health & Wellness Programs
Shawnee Mental Health Center, Inc. 901 Washington Street Portsmouth, OH 45662-1507	31-0843758	501(c)(3)	4,800	Presentation at the Collaborative Family Healthcare Association

Grants Awarded to Community (reference Part III, line 4a) · Non-Competitive Grants Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Soteni, Inc. 8875 Spooky Ridge Lane Cincinnati, OH 45242	20-0041518	501(c)(3)	6,000	HIV/AIDS Education & Prevention
Southeastern Indiana Cancer Health Network, Inc. 941 Miller Avenue Lawrenceburg, IN 47025	11-3655032	501(c)(3)	500	Breast Health Screening & Education
St Elizabeth Medical Center 200 Medical Village Drive Edgewood, KY 41017	47-0379836	501(c)(3)	2,000	Access to Primary Care
St. Vincent DePaul 1125 Bank Street Cincinnati, OH 45214	31-0537510	501(c)(3)	7,250	Community Pharmacy
Starfire Council of Greater Cincinnati 5030 Oaklawn Drive Cincinnati, OH 45227-1434	31-1372833	501(c)(3)	2,000	Developmental Disabilities Services
Stop AIDS 220 Findlay Street Cincinnati, OH 45202-7712	31-1144896	501(c)(3)	2,000	HIV\AIDS Prevention & Advocacy
Su Casa Hispanic Center of Cincinnati 7036 Fairpark Avenue Cincinnati, OH 45216-1929	31-0536968	501(c)(3)	500	Minority Health & Wellness Programs
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)(3)	5,000	Substance Use Disorder Treatment
Tender Mercies, Inc. 27 W. 12th Street Cincinnati, OH 45202	31-1137270	501(c)(3)	10,500	Housing & Supportive Services for the Mentally Ill
The Center for Effective Philanthropy 678 Massachussetts Ave Suite 903 Cambridge, MA 02139	04-3523528	501(c)(3)	15,886	2010 Grantee Perception Survey
The Counseling Center 1634 11th Street Portsmouth, OH 45662	31-1070665	501(c)(3)	1,000	Substance Use Disorder Treatment

Grants Awarded to Community (reference Part III, line 4a) : Non-Competitive Grants Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
The University of Wisconsin Pyle Center 702 Langdon Street Madison, WI 53706	39-6006492	501(c)(3)	13,250	NIATx Accelerating Reform Collaborative
The Visiting Nurse Association of Greater Cincinnati & Northern Kentucky 2400 Reading Road Cincinnati, OH 45202-1468	31-0536716	501(c)(3)	500	Home Healthcare
The Women's Connection 4042 Glenway Avenue Cincinnati, OH 45205	31-1500329	501(c)(3)	1,000	Supportive Services for Women and Children
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)(3)	1,000	Social Detoxification
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)(3)	3,000	Substance Use Disorder Treatment
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)(3)	4,390	NIATx Conference Attendance
Tri-County Soul Ministries 11177 Springfield Pike Cincinnati, OH 45246	31-1244943	501(c)(3)	4,500	Nutrition Program
Tri-State Bleeding Disorders Foundation, a chapter of National Hemophilia Foundation 635 W. Seventh Street Suite 407 Cincinnati, OH 45203	31-0928221	501(c)(3)	2,000	General Support
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)(3)	7,500	Urban Health Project
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)(3)	10,000	James L Winkle College of Pharmacy
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)(3)	2,000	Department of Occupational Medicine

Grants Awarded to Community (reference Part III, line 4a) · Non-Competitive Grants Note the following grants are administered through a non-competitive grant program which does not accept requests				
1 (a) Name and address of organization or government	**(b) EIN**	**(c) IRC section if applicable**	**(d) Amount of Cash Grant**	**(h) Purpose of grant or assistance**
Urban Appalachian Council 2115 West 8th Street Cincinnati, OH 45204	31-0797245	501(c)(3)	1,500	Culturally Specific Health & Social Services
Welcome House 205 Pike Street Covington, KY 41011	61-1020382	501(c)(3)	7,000	Housing & Supportive Services for the Homeless
Williamstown Independent School District 300 Helton Street Williamstown, KY 41097	Governmental Entity	115 (1)	8,000	School-Based Health Care
WMKV FM 89.3 11100 Springfield Pike Cincinnati, OH 45246	31-0544277	501(c)(3)	2,500	Healthy Lifestyles Radio Segments
Women's Crisis Center, Inc 835 Madison Ave. Covington, KY 41011	61-0908752	501(c)(3)	5,000	Crisis Intervention Services
Xavier University - Department of Nursing 3800 Victory Parkway Cincinnati, OH 45207	31-0537516	501(c)(3)	2,000	Nursing Education
YWCA of Greater Cincinnati 898 Walnut Street Cincinnati, OH 45202	31-0537518	501(c)(3)	2,000	Domestic Violence Shelter and Crisis Hotline
Subtotal Non-Competitive Grants Program (to page 6)			**687,076**	

Prior Year Grant Reversals (reference Part III, line 4a)				
1 (a) Name and Address of Organization	**(b) EIN**	**(c) IRC section if applicable**	(d) Amount of Cash Refund	**(h) Purpose of grant or assistance**
Cincy Smiles Foundation 635 W 7th Street Suite 309 Cincinnati, OH 45203	31-0537044	501(c)(3)	(16,692)	Dental Urgent Care Feasibility Study
Clermont Counseling Center 43 East Main Street Batavia, OH 45102	31-0834563	501(c)(3)	(25,000)	Primary Care Services in a Behavioral Health Setting
Clermont County Mental Health and Recovery Board 2337 Clermont Center Drive Batavia, OH 45103	31-6000067	115 (1)	(11,193)	DUI Court Enhanced Treatment Services
Comprehend, Inc 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)(3)	(6,203)	Family Behavior Therapy
The HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)(3)	(51,939)	Increasing Medical Home Capacity
Kentucky Department of Corrections PO Box 2400 275 East Main Street Frankfort, KY 40602-2400	Governmental Unit	115(1)	(46,464)	Intensive Case Management for Female Offenders
LifePoint Solutions 43 East Main Street Amelia, OH 45102	31-0834563	501(c)(3)	(8,671)	Implementation of Dilectical Behavior Therapy
Mercy Health Partners of Southwest Ohio 4600 McAuley Place Cincinnati, OH 45242	31-1063783	501(c)(3)	(8,676)	Community Care Access Network Expansion
NAMI Hamilton County 4790 Red Bank Expressway Suite 218 Cincinnati, OH 45227	31-0998076	501(c)(3)	(10,417)	Multi-Cultural Outreach
Northkey Community Care 503 Farrell Drive Covington, KY 41011	61-0661458	501(c)(3)	(16,459)	Planning for Residential Substance Use Disorder Treatment

Prior Year Grant Reversals (reference Part III, line 4a)				
1 (a) Name and Address of Organization	**(b) EIN**	**(c) IRC section if applicable**	(d) Amount of Cash Refund	**(h) Purpose of grant or assistance**
Norwod Middle School 2060 Sherman Avenue Norwood, OH 45212	31-6000908	501(c)(3)	(10,743)	Norwood Rocks (Researching Our Concerns for Children and Staff)
Scioto County Prosecuting Attorneys' Office 602 Seventh Street Portsmouth, OH 45662	Gov't entity	115 (1)	(8,456)	Reformers Unanimous - Souther Ohio
West End Health Center, Inc. 1413 Linn St. Cincinnati, OH 45214-2605	23-7052513	501(c)(3)	(112,500)	Medical Outreach Program
All other prior year grants reversals (individual amounts < $5,000)			(11,970)	
Total Prior Year Grant Reversals (to page 6)			**(345,383)**	

1 (a) Name and Address of Organization	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
NOTE the following direct charitable programs are administered through: The Health Foundation of Greater Cincinnati 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-1948	31-0932681	501(c)(4)		
Access Health 100			264,264	to restructure our regional health care system so that every resident has access to quality healthcare
Assistance for Substance Abuse Prevention Center 2010			257,022	to assist community organizations in using state-of-the-art substance abuse prevention, education and early intervention programming
Assistance for Substance Abuse Prevention Center Reports			5,070	to describe the work of the ASAP Center and produce documents for community use
Capacity Building Services			51,835	to build grantees' skills and resources for sustaining their programs after the Health Foundation's grants end and to provide technical assistance to grantees
Community Health Status Survey 2010			200,954	to collect health status data for the 20 counties served by The Health Foundation of Greater Cincinnati
Conference Center			94,155	to provide meeting space and support to Foundation grantees and other eligible nonprofits in the Foundation's service area
Data Operations			73,029	to operate an online analysis and statistical information system for the general public that allows users to access public data and perform sophisticated data analysis without statistical software
Electronic Communications and Public Information Program 2010			277,869	to provide communication, consultation and support to grantees; to maintain timely information through the Foundation's website, and to provide an electronic newsletter to the interested public
Evaluation of Substance Use Disorder and Severe Mental Illness Grantees			1,653	to standardize a a series of project evaluations for grants awarded from 2008 - 2010
Evaluation Resources			17,828	to assist grantees in evaluating funded projects
Growing Well Cincinnati			58,971	to support an integrated, coordinated, sustainable system that increases access to health and wellness services for Cincinnati Public School Students and their families
Health Data Improvement			133,288	to improve the quality, accessibility and usefulness of health data in the Foundation's service area, and to assist grantees and nonprofits in finding and using appropriate data sources

1 (a) Name and Address of Organization	(b) EIN	(c) IRC section if applicable	(d) Amount of Cash Grant	(h) Purpose of grant or assistance
Health Landscape			720,380	to provide a public internet-based decision-support utility containing many user-ready health and related databases, and to present data in maps and tables
Health Landscape Residual			15,555	to provide a public internet-based decision-support utility containing many user-ready health and related databases, and to present data in maps and tables
Healthcare Reform Public Education Program			13,163	to educate the public and nonprofit community about the implications of the Patient Protection and Affordable Care Act of 2010
Interns			46,241	to support two part-time internships
Kentucky Health Issues Poll			42,935	to conduct an annual statewide health policy survey in Kentucky, use the data to inform the Foundation's policy-related grantmaking and disseminate the results to the community
NIATX Technical Assistance			50,168	to provide technical assistance and expert monitoring of the Getting and Keeping People in Substance Use Disorder Treatment: Using the NIATx Approach RFP
Ohio Health Issues Poll			32,945	to conduct an annual statewide health policy survey in Ohio, use the data to inform the Foundation's policy-related grantmaking, and disseminate the results to the community
Project Conferences			4,680	to facilitate and coach grantees and prospective grantees at selected professional conferences
SBHC Business and Operational Planning Grantees' Technical Assistance			12,066	to provide expert technical assistance to grantees who are planning new school-based health centers
School-Aged Behavioral Health Prevention			179,340	to provide planning, consultation, training and technical assistance to school-aged behavioral health grantees
Technical Assistance			1,563	to provide financial expertise and technical assistance to the Health Policy Institute of Ohio
Transition from Assertive Community Treatment			10,311	to study predictions and successful patient transitions off ACT treatment teams
Total Direct Charitable Programs (ref Part III, line 4b)			**2,565,279**	

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	THE HEALTH FOUNDATION OF GREATER CINCINNATI	31-0932681
	Number, street, and room or suite no If a P.O. box, see instructions ROOKWOOD TOWER, 3805 EDWARDS ROAD, SUITE 500	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CINCINNATI, OH 45209-1948	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ DR. DANIEL GEEDING, VP, CFO

Telephone No. ▶ 513-458-6602 FAX No ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . ▶ ☐ If it is for part of the group, check this box . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 20 11.

5 For calendar year 2010, or other tax year beginning _____, 20 ____, and ending _____, 20 ____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO ALLOW AUDIT COMMITTEE TO REVIEW FORM 990

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$ 0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Kevin L Hohmer Title ▶ CPA Date ▶ 7/18/11