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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning 01-01-2010 , and ending 12-31-2010

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

Name of foundation
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

A Employer identification number
35-6203550

Number and street (or P O box number if mail is not delivered to street address)
429 E VERMONT STREET NO 300

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 24,636,379

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

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	782,339			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	14,515	14,515		
	4	Dividends and interest from securities	500,881	500,881		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	939,270			
	b	Gross sales price for all assets on line 6a 12,109,861				
	7	Capital gain net income (from Part IV, line 2)		939,270		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	270,106	0	270,106	
	12	**Total.** Add lines 1 through 11	2,507,111	1,454,666	270,106	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	225,744	0	0	209,942
	14	Other employee salaries and wages	185,147	0	0	172,187
	15	Pension plans, employee benefits	36,593	0	0	34,031
	16a	Legal fees (attach schedule)	23,769	0	0	22,105
	b	Accounting fees (attach schedule)	51,658	0	0	48,042
	c	Other professional fees (attach schedule)	15,783	0	0	14,678
	17	Interest				
	18	Taxes (attach schedule) (see page 14 of the instructions)	107,356	0	0	99,841
	19	Depreciation (attach schedule) and depletion	118,977	0	0	
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	619,743	181,336	0	407,719
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,384,770	181,336	0	1,008,545
	25	Contributions, gifts, grants paid	2,069,630			2,051,919
	26	**Total expenses and disbursements.** Add lines 24 and 25	3,454,400	181,336	0	3,060,464
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-947,289			
	b	**Net investment income** (if negative, enter -0-)		1,273,330		
	c	**Adjusted net income** (if negative, enter -0-)			270,106	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	1,180,469	985,996	985,996
	2 Savings and temporary cash investments	1,054,971	798,779	798,779
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	462,148	1,892,758	1,846,107
	b Investments—corporate stock (attach schedule)	16,733,232	14,772,079	17,042,621
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 4,294,864 Less accumulated depreciation (attach schedule) ▶ 487,604	3,896,093	3,807,260	3,807,260
	15 Other assets (describe ▶ _____)	163,295	155,616	155,616
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	23,490,208	22,412,488	24,636,379
Liabilities	17 Accounts payable and accrued expenses	175,232	80,522	
	18 Grants payable	1,523,020	1,515,150	
	19 Deferred revenue	45,091	27,268	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	11,616	12,237	
	23 **Total liabilities** (add lines 17 through 22)	1,754,959	1,635,177	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	21,336,537	20,338,039	
	25 Temporarily restricted	398,712	439,272	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	21,735,249	20,777,311	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	23,490,208	22,412,488	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	21,735,249
2	Enter amount from Part I, line 27a	2	-947,289
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	20,787,960
5	Decreases not included in line 2 (itemize) ▶ _____	5	10,649
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	20,777,311

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	12,109,861		11,170,591	939,270
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				939,270
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	939,270
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	2,836,005	18,646,430	0 152094
2008	3,147,153	23,535,083	0 133722
2007	3,230,848	31,395,124	0 102909
2006	2,964,040	30,625,320	0 096784
2005	2,873,619	31,228,162	0 092020

2	**Total** of line 1, column (d)	2	0 577529
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 115506
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	19,252,787
5	Multiply line 4 by line 3	5	2,223,812
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	12,733
7	Add lines 5 and 6	7	2,236,545
8	Enter qualifying distributions from Part XII, line 4	8	3,060,464

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	12,733
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	12,733
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	12,733
6	Credits/Payments		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 — 6a: 17,458		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	17,458
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid.** ▶	10	4,725
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ 4,725 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ IN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW THFGI ORG

14 The books are in care of ▶ BETTY WILSON Telephone no ▶ (317) 630-1805

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

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ **15**

16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). . . . . ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . .	1b		
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see page 20 of the instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2010 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)*.	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		No

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No				
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No				
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☑ No				
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No				
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	**5b**			
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No				
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No				
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**			**No**
	If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No				
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**			

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

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

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

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

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

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

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

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

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	0
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see page 24 of the instructions)

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

Total. Add lines 1 through 3. . . . . ▶ 0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	17,535,869
b	Average of monthly cash balances		1b	2,010,108
c	Fair market value of all other assets (see page 24 of the instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	19,545,977
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	19,545,977
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)		4	293,190
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	19,252,787
6	**Minimum investment return.** Enter 5% of line 5		6	962,639

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	962,639
2a	Tax on investment income for 2010 from Part VI, line 5	2a	12,733		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	12,733
3	Distributable amount before adjustments Subtract line 2c from line 1			3	949,906
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	949,906
6	Deduction from distributable amount (see page 25 of the instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	949,906

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,060,464
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,060,464
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	12,733
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	3,047,731

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

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

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				949,906
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2010				
a From 2005 1,377,637				
b From 2006 1,500,180				
c From 2007 1,732,566				
d From 2008 1,978,273				
e From 2009 1,908,515				
f **Total** of lines 3a through e	8,497,171			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 3,060,464				
a Applied to 2009, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d Applied to 2010 distributable amount				949,906
e Remaining amount distributed out of corpus	2,110,558			
5 Excess distributions carryover applied to 2010	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,607,729			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	1,377,637			
9 **Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a	9,230,092			
10 Analysis of line 9				
a Excess from 2006 1,500,180				
b Excess from 2007 1,732,566				
c Excess from 2008 1,978,273				
d Excess from 2009 1,908,515				
e Excess from 2010 2,110,558				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon **a** "Assets" alternative test—enter **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

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

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

c Any submission deadlines

PROSPECTIVE GRANTEES WILL NEED TO INQUIRE WITH FOUNDATION

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

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				2,051,919
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	14,515	
4 Dividends and interest from securities			14	500,881	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	939,270	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a OTHER INCOME			01	270,106	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		1,724,772	0
13 **Total.** Add line 12, columns (b), (d), and (e)					13 1,724,772

(See worksheet in line 13 instructions on page 28 to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions)

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2011-05-18	******
Signature of officer or trustee	Date	Title

Paid Preparer's Use Only

Preparer's Signature	CARRIE A MERRILL CPA	Date	Check if self-employed ☐	PTIN
Firm's name ▶	BLUE & CO LLC		Firm's EIN ▶	
Firm's address ▶	ONE AMERICAN SQUARE 2200 INDIANAPOLIS, IN 46282		Phone no (317) 633-4705	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491138007001

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of organization
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Employer identification number
35-6203550

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule—

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

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

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

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

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

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

Part I **Contributors** (see Instructions)

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

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

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

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

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

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

Name of organization
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Employer identification number
35-6203550

Part II **Noncash Property** (see Instructions)

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

Name of organization
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Employer identification number
35-6203550

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete columns **(a)** through **(e) and** the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Additional Data

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

Form 990 Schedule B, Part 1 - Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BLOOMINGTON HOSPITAL AND HEALTHCARE PO BOX 1149 BLOOMINGTON, IN 47403	$ 10,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
2	EFROYMSON FAMILY FUND 615 N ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	$ 25,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
3	HEALTH AND HOSPITAL CORP OF MARION 3838 N RURAL STREET INDIANAPOLIS, IN 46205	$ 10,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
4	INDIANA STATE DEPARTMENT OF HEALTH 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204	$ 10,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
5	MARION COUNTY HEALTH DEPARTMENT 3838 N RURAL STREET INDIANAPOLIS, IN 46205	$ 15,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
6	OTHER VARIOUS CONTRIBUTORS 5000 429 EAST VERMONT STREET STE300 INDIANAPOLIS, IN 46202	$ 255,695	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
7	ST VINCENT HOSPITAL AND HCC INC 2001 W 86TH STREET INDIANAPOLIS, IN 46260	$ 10,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
8	COMMUNITY HEALTH NETWORK - HEALTH P 6922 HILLSDALE COURT INDIANAPOLIS, IN 46250	$ 5,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part 1 - Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	INDYPRIDE INC PO BOX 44403 INDIANAPOLIS, IN 46205	$ 11,700	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
10	CLARIAN HEALTH - METHODIST HEALTH F 1701 N SENATE BLVD AG401 INDIANAPOLIS, IN 46205	$ 10,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
11	JAMES E SPAIN 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	$ 25,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)
12	ASHERWOOD ESTATE 10110 DITCH ROAD CARMEL, IN 46032	$ 5,000	Person Payroll ☑ Noncash (Complete Part II if there is a noncash contribution)

Additional Data

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
BETTY WILSON 429 E VERMONT STREET INDIANAPOLIS,IN 46202	PRESIDENT & CEO 40 00	219,644	9,328	0
THOMAS FEENEY 429 E VERMONT STREET INDIANAPOLIS,IN 46202	CHAIR 2 00	2,100	0	0
DWAYNE C ISAACS 429 E VERMONT STREET INDIANAPOLIS,IN 46202	VICE CHAIR 2 00	0	0	0
MONICA MEDINA 429 E VERMONT STREET INDIANAPOLIS,IN 46202	SECRETARY 2 00	0	0	0
DAVID SUESS 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TREASURER 2 00	0	0	0
ANNE BELCHER 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
BETTY A CONNER 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
TERESA CRAIG CPA 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
JOHN HALL 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
KENNETH HULL 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
PATRICIA RILEY 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
LAWRENCE M RYAN 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	1,000	0	0
BEVERLY SWINNEY 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	900	0	0
TERENCE P KAHN 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	1,200	0	0
CYNTHIA GARDNER 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	900	0	0
C PHILLIP LOVE 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
VIRGINIA CAINE 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
DANIEL HODGKINS 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS MINISTRIESAIDS ASSIST OF N IN 201 S WILLIAM STREET SOUTH BEND,IN 46601	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	27,599
AIDS RESOURCE GROUP OF EVANSVILLE 201 NW 4TH STREET STE B-7 EVANSVILLE,IN 47708	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	27,000
AIDS TASK FORCE ALIVENESS PROJECT MERRILLVILLE 5490 BROADWAY SUITE L3 MERRILLVILLE,IN 46410	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	7,500
AIDS TASK FORCE OF LAPORTE PO BOX 64568 GARY,IN 46401	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,500
AIDS TASK FORCE INC 2124 FAIRFIELD AVE FORT WAYNE,IN 46802	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	40,000
ALLIANCE FOR RESPONSIBLE PET OWNERSHIP PO BOX 6385 FISHERS,IN 46038	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST SUITE 150 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
BLACK NURSES ASSOCIATION OF INDIANAPOLIS 6606 CARROW DRIVE INDIANAPOLIS,IN 46250	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
BLOOMINGTON HOSPITAL 333 MILLER DRIVE BLOOMINGTON,IN 47401	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	33,270
CENTER FOR LEADERSHIP 3536 WASHINGTON BLVD INDIANAPOLIS,IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
CENTER FOR MENTAL HEALTH - ELWOOD PO BOX 304 ELWOOD,IN 46036	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	9,500
CENTER FOR MENTAL HEALTH - LAFAYETTE 12 N 9TH STREET LAFAYETTE,IN 47901	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,750
CENTER FOR MENTAL HEALTH - RICHMOND 1401 CHESTER BLVD JENKINS H RM 310 RICHMOND,IN 47374	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,750
CENTRAL IN LAB RESCUE AND ADOPTION 8517 S 650 E LADOGA,IN 47954	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000
CLARIAN HEALTH PARTNERS 1633 N CAPITAL AVE STE 700 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	7,500
Total . . . . . ▶ **3a**				2,051,919

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLOWES MEMORIAL HALL 4602 SUNSET AVE INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	17,500
COMMUNITY FAITH AND LABOR COALITION 8908 NORA WOODS DR INDIANAPOLIS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
CONCORD CENTER ASSOCIATION 1310 S MERIDIAN STREET INDIANAPOLIS,IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,000
DANCE KALEIDOSCOPE 4603 CLARENDON ROAD RM32 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	4,000
EBENEZER MISSIONARY BAPTIST CHURCH 1863 N HARDING STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	18,000
FAIRBANKS HOSPITAL 8102 CLEARVISTA PARKWAY INDIANAPOLIS,IN 46256	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
FEDERATED CAMPAIGN STEWARDS 55 S STATE AVE INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS,IN 46241	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
GLOBAL PEACE INITIATIVE PO BOX 11593 INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST INDIANAPOLIS,IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
HEALTHNET FOUNDATION 3401 EAST RAYMOND STREET INDIANAPOLIS,IN 46203	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000
HELPING CHALLENGED CHILDREN 6962 STEINMEIER DRIVE INDIANAPOLIS,IN 46220	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
HOOSIER HILLS AIDS COALITION 1403 SPRING STREET STE200 JEFFERSONVILLE,IN 47130	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,000
HOWARD COUNTY HEALTH DEPT 120 E MULBERRY STREET RM206 KOKOMO,IN 46901	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	16,500
HUMANE SOCIETY OF HAMILTON COUNTY 1721 PLEASANT STREET STE B NOBLESVILLE,IN 46060	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
Total . . . . . ▶ **3a**				2,051,919

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA AIDS FUND 429 E VERMONT STREET STE300 INDPLS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	276,000
INDIANA AIRBORNE RANGER FAMILY ASSISTANCE 5882 HOLLOW OAK TRAIL CARMEL,IN 46033	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
INDIANA LATINO INSTITUTE 445 N PENNSYLVANIA STREET STE800 INDPLS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	20,000
INDIANA SPORTS CORPORATION 201 S CAPITOL AVE STE1200 INDPLS,IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	4,000
INDIANA UNIVERSITY - INDIANAKENYA PARTNERS PROGRAM 1001 W 10TH STREET MYERS BUILDING INDPLS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000
INDIANA UNIVERSITY SCHOOL OF EDUCATION - IUPUI ES3116 902 WEST NEW YORK ST INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
INDIANA YOUTH GROUP PO BOX 20716 INDIANAPOLIS,IN 46220	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	15,000
INDIANAPOLIS PUBLIC SCHOOL #49 1720 W WILKINS INDIANAPOLIS,IN 46221	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVENUE INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	7,000
IPS EDUCATION FOUNDATION 120 E WALNUT STREET INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
JAMESON CAMP 2001 S BRIDGEPORT ROAD INDIANAPOLIS,IN 46231	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	35,000
LA PLAZA INC 8902 E 38TH ST INDIANAPOLIS,IN 46226	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
LAMBDA LEGAL 11 EAST ADAMS SUITE 1008 CHICAGO,IL 606036303	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
LEARNING WELL INC 342 MASACHUSETTS AVEUNE INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,040,000
LIFECARE OF CLARIAN HEALTH PARTNERS 1633 N CAPITAL AVE STE700 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,500
Total . . . . . ▶ **3a**				2,051,919

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN CHILD & FAMILY SERVICES 1525 N RITTER AVE INDIANAPOLIS,IN 46219	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
MENTAL HEALTH AMERICA 2000 N BEAUREGARD STREET 6TH FLOOR ALEXANDRIA,VA 22311	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
MERIDIAN SERVICES 240 N TILLOTSON AVE MUNCIE,IN 47304	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,750
MINORITY HEALTH COALITION 2804 E 55TH PLACE STE R INDIANAPOLIS,IN 46220	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	6,000
PFLAG-SEYMOUR CHAPTER PO BOX 997 SEYMOUR,IN 47274	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,250
PLANNED PARENTHOOD OF IN PO BOX 397 INDIANAPOLIS,IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	19,250
SHALOM HEALTH CARE CENTER 3737 N MERIDIAN ST SUITE 402 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
SOCIAL HEALTH ASSOC OF IN 615 N ALABAMA STREET STE328 INDPLS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	30,000
STEP-UP INC 8580 CEDAR PLACE DR STE117 INDPLS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	97,000
TEACHERS TREASURES 2215 W WASHINGTON STREET INDIANAPOLIS,IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
TERRE HAUTE HOUSING AUTHORITY 1 DREISER SQUARE TERRE HAUTE,IN 47807	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
THE DAMIEN CENTER 1350 N PENNSYLVANIA STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	45,750
THE JULIAN CENTER SHELTER 2011 NORTH MERIDIAN ST INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
THE MARTIN CENTER 3545 N COLLEGE AVE INDIANAPOLIS,IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
THE MERCY FOUNDATION PO BOX 40081 INDIANAPOLIS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
Total . . . . . ▶ **3a**				2,051,919

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS CARR HOWE ACADEMY 4900 JULIAN AVENUE INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
TRADERS POINT CHRISTIAN ACADEMY 7880 LAFAYETTE ROAD INDIANAPOLIS,IN 46278	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,500
TRI-STATE ALLIANCE PO BOX 2901 EVANSVILLLE,IN 47728	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	18,000
UAW AREA 11 SENIOR ADVOCACY 6204 E 30TH STREET INDIANAPOLIS,IN 46219	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
WABASH VALLEY PATH PO BOX 3053 TERRE HAUTE,IN 47803	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	14,150
WALKER CAREER CENTER 9651 E 21ST ST INDIANAPOLIS,IN 46229	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
WALLACE STREET PRESBYTERIAN CHURCH 4805 E 10TH ST INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	4,000
WASHINGTON TOWNSHIP SCHOOLS FOUNDATION 8550 WOODFIELD CROSSING BLVD INDIANAPOLIS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
WEST INDIANAPOLIS COMMUNITY FUND 1211 S HIATT STREET INDIANAPOLIS,IN 46221	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
WISHARD HEALTH SERVICES 1050 WISHARD BLVD RHC RM22 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	14,000
WISHARD MEMORIAL FOUNDATION 1001 W 10TH STREET MYERS BUILDING INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
WOMEN IN MOTION INC PO BOX 68435 INDIANPOLIS,IN 46268	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	4,900
Total . . . . . ▶ **3a**				2,051,919

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TY 2010 Accounting Fees Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSES	51,658	0	0	48,042

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TY 2010 Investments Corporate Stock Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	14,772,079	17,042,621

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TY 2010 Investments Government Obligations Schedule

Name:	THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC
EIN:	35-6203550
US Government Securities - End of Year Book Value:	1,892,758
US Government Securities - End of Year Fair Market Value:	1,846,107
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

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TY 2010 Land, Etc. Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	92,350	0	92,350	92,350
BUILDINGS & IMPROVEMENTS	4,089,440	409,293	3,680,147	3,680,147
FURNITURE & EQUIPMENT	113,074	78,311	34,763	34,763

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TY 2010 Legal Fees Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	23,769	0	0	22,105

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TY 2010 Other Assets Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST RECEIVABLE	6,504	843	843
OTHER RECEIVABLES	108,301	111,652	111,652
OTHER ASSETS	48,490	43,121	43,121

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TY 2010 Other Decreases Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Amount
CHANGE IN DEFERRED INCOME TAXES	10,649

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TY 2010 Other Expenses Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	181,336	181,336	0	0
AIDS PROJECT FUNDS	89,179	0	0	82,936
OFFICE SUPPLIES	1,027	0	0	955
TELECOMMUNICATIONS	8,255	0	0	7,677
DUES AND SUBSCRIPTIONS	1,262	0	0	1,174
INSURANCE	27,474	0	0	25,551
PRINTING & POSTAGE	1,335	0	0	1,242
EQUIPMENT RENTAL	2,044	0	0	1,901
MAINTENANCE EXPENSE	42,480	0	0	39,506
UTILITIES EXPENSE	37,554	0	0	34,925
OTHER EXPENSES	112,807	0	0	104,911
CONTRACT LABOR	70,747	0	0	65,795
TRAINING & MEETINGS	40,935	0	0	38,070
COMPUTER SUPPORT	3,308	0	0	3,076

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TY 2010 Other Income Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	270,106		270,106

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TY 2010 Other Liabilities Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Beginning of Year - Book Value	End of Year - Book Value
OTHER CURRENT LIABILITIES	11,616	12,237

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TY 2010 Other Professional Fees Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	15,783	0	0	14,678

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TY 2010 Taxes Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	12,971	0	0	12,063
REAL ESTATE TAX	94,385	0	0	87,778