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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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, 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, town or post office, state, and ZIP code: Cincinnati, Ohio 45209-1948

D Employer identification number: 31-0932681

E Telephone number: 513-458-6600

G Gross receipts $: 22,596,082

F Name and address of principal officer: James Schwab
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)

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

J Website: ▶ www healthfoundation org

H(c) Group exemption number ▶

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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2012 (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	(8,173)

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Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	50,000	50,000
9	Program service revenue (Part VIII, line 2g)	436,823	816,010
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,881,459	4,695,633
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,368,282	5,561,643

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,840,533	8,133,956
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)	1,961,489	2,062,019
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–24e)	1,553,048	1,743,562
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,355,070	11,939,537
19	Revenue less expenses Subtract line 18 from line 12	(4,986,788)	(6,377,894)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	200,501,775	213,211,883
21	Total liabilities (Part X, line 26)	6,105,838	5,549,022
22	Net assets or fund balances. Subtract line 21 from line 20	194,395,937	207,662,861

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: 10/23/13

Type or print name and title: David W. Geeding CFO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kevin L. Holmes	Kevin L Holmes	10/21/13		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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2012)

SCANNED NOV 16 2013

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's mission is to improve 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 4,898,783 including grants of $ 4,898,783) (Revenue $)

Grants awarded to community - see Schedule I

4b (Code:) (Expenses $ 3,235,173 including grants of $ 3,235,173) (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 $ 2,012,791 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** ▶ 10,146,747

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 for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII is optional*	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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, Part II, III, or IV, and Part V, line 1*	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
b	If "Yes" to line 35a, 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*	35b	✓	
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 11b 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	57		
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 as charitable contributions?	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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	Did the organization have members or stockholders?	6			✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶

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

☑ Own website ☐ Another's website ☐ Upon request ☐ Other *(explain in Schedule O)*

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) James Schwab Director, President & CEO	45	✓		✓				277,671	0	42,491
(2) Karen Bankston Director	1	✓						0	0	0
(3) Dawn Bertsche Director	2	✓						0	0	0
(4) Susan Cook Director	2	✓						0	0	0
(5) Constance Cooper Director	2	✓						0	0	0
(6) Eileen Cooper Reed Director	2	✓						0	0	0
(7) Ardith Davis Director	1	✓						0	0	0
(8) Thomas DeWitt Director, Chair	2	✓		✓				0	0	0
(9) Robert Graham Director	2	✓						0	0	0
(10) John Kennedy Director	1	✓						0	0	0
(11) Thomas Klinedinst, Jr Director, Vice Chair	2	✓		✓				0	0	0
(12) Stanley Morton Director	1	✓						0	0	0
(13) Leonard Randolph, Jr Director during year	1	✓						0	0	0
(14) Patrick Rogers Director	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) Tony Shipley										
Director	1	✓						0	0	0
(16) Barbara Tobias										
Director	1	✓						0	0	0
(17) Rachel Votruba										
Director	1	✓						0	0	0
(18) Clarence Wallace, Rev.										
Director	1	✓						0	0	0
(19) Peter Williams										
Director during year	1	✓						0	0	0
(20) Rick Williams										
Director	1	✓						0	0	0
(21) Daniel Geeding										
Vice President, CFO & Treasurer	45			✓				218,695	0	41,628
(22) Patricia O'Connor										
Vice President and Chief Operating Officer	45			✓				220,825	0	35,228
(23) Patricia Ruwe										
Secretary and Assistant Treasurer	35			✓				82,434	0	19,513
(24) Ann Barnum										
Senior Program Officer	40					✓		116,434	0	23,034
(25) Janice Bogner										
Senior Program Officer	40					✓		118,356	0	26,133
1b Sub-total ▶								1,034,415	0	188,027
c Total from continuation sheets to Part VII, Section A ▶								361,990	0	71,946
d Total (add lines 1b and 1c) ▶								1,396,405	0	259,973

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

		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*		✓
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*	✓	
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*		✓

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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Summer Hill Capital Partners, LLC; 6847 Cintas Blvd, Ste 120; Mason, OH	investment manager	736,883
CLP-SPF Rookwood Towers, LLC, PO Box 951035, Cleveland, OH 44193	rent expense	414,374
Blue Raster, LLC, 2200 Wilson Blvd , Suite 210; Arlington, VA 22201	consultant-HealthLandscap	261,191
Rick Miller Communications, Inc., 7091 Ravens Run, Cincinnati, OH 45244	consultant-operating prog	124,507

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

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

				(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	50,000			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a–1f ▶		50,000			
Program Service Revenue			Business Code				
	2a	HL Data Portal/Website Subscriptions		113,860	113,860		
	b	HL Contracted Services		272,170	272,170		
	c	HL HRSA Contracted Services		429,980	429,980		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		816,010			
	3	Investment income (including dividends, interest, and other similar amounts) ▶		3,771,667			3,771,667
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	159,062				
	b	Less: rental expenses	159,062				
	c	Rental income or (loss)	0				
	d	Net rental income or (loss) ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	23,360,986				
	b	Less. cost or other basis and sales expenses	22,437,020				
	c	Gain or (loss)	923,966				
	d	Net gain or (loss) ▶		923,966			923,966
Other Revenue	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. ▶		5,561,643	816,010		4,695,633

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).

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

	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 United States See Part IV, line 21	8,133,956	8,133,956		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	865,435	429,672	435,763	
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	861,166	696,008	165,158	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,470	78,130	19,340	
9	Other employee benefits	136,297	102,486	33,811	
10	Payroll taxes	101,651	70,243	31,408	
11	Fees for services (non-employees):				
a	Management	89,262	21,987	67,275	
b	Legal	40,745	17,141	23,604	
c	Accounting	28,327	19,829	8,498	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	833,353		833,353	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,529	33,271	6,258	
12	Advertising and promotion				
13	Office expenses	53,761	40,563	13,198	
14	Information technology	83,986	60,567	23,419	
15	Royalties				
16	Occupancy	252,225	173,806	78,419	
17	Travel	32,776	29,093	3,683	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	74,082	54,357	19,725	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	189,360	169,171	20,189	
23	Insurance	11,516	8,061	3,455	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a					
b					
c					
d					
e	All other expenses	14,640	8,406	6,234	
25	**Total functional expenses.** Add lines 1 through 24e	11,939,537	10,146,747	1,792,790	
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		16,456,822	2	5,062,613
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		234,614	4	516,826
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		54,168	9	40,252
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 1,786,826			
	b	Less: accumulated depreciation	10b 1,088,523	830,995	10c	698,303
	11	Investments—publicly traded securities		117,001,075	11	129,675,284
	12	Investments—other securities See Part IV, line 11		65,581,386	12	76,824,430
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		342,715	15	394,175
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		200,501,775	16	213,211,883
Liabilities	17	Accounts payable and accrued expenses		537,947	17	539,645
	18	Grants payable		4,502,364	18	3,887,038
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		1,065,527	25	1,122,339
	26	**Total liabilities.** Add lines 17 through 25		6,105,838	26	5,549,022
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		194,395,937	27	207,662,861
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		194,395,937	33	207,662,861
	34	Total liabilities and net assets/fund balances		200,501,775	34	213,211,883

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	5,561,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,939,537
3	Revenue less expenses Subtract line 2 from line 1	3	(6,377,894)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	194,395,937
5	Net unrealized gains (losses) on investments	5	19,644,818
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	207,662,861

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	✓	
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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

The Health Foundation of Greater Cincinnati

Employer identification number

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 XIII, 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 XIII, 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 XIII.

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII ☐

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 current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(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		370,456	70,563	299,893
d Equipment		860,812	614,564	246,248
e Other	Furniture---->	555,558	403,396	152,162
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				698,303

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	58,058,465	Fair Value
(B) Hedge Funds-Redemption Receivable	122,718	Fair Value
(C) Private Equity, LLPs, LLCs	18,643,247	Fair Value
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	76,824,430	

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) Book value
(1) Federal income taxes	
(2) Deferred Rent Credit	424,846
(3) Deferred Compensation Payable	356,675
(4) Straight Line Rent Liability	144,398
(5) Accrued PTO Liability	114,028
(6) Post-retirement Healthcare Benefit	37,087
(7) Employee Benefits Payable	25,710
(8) Security Deposit Payable	14,625
(9) Flexible Spending Account Liability	4,970
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,122,339

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	24,532,170
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	19,644,818		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	159,062		
e	Add lines **2a** through **2d**			2e	19,803,880
3	Subtract line **2e** from line **1**			3	4,728,290
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	833,353		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	833,353
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	5,561,643

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

1	Total expenses and losses per audited financial statements			1	11,265,246
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 XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	11,265,246
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	833,353		
b	Other (Describe in Part XIII.)	4b	(159,062)		
c	Add lines **4a** and **4b**			4c	674,291
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	11,939,537

Part XIII 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, lines 2d and 4b; and Part XII, 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 As of December 31, 2012 and 2011, the Organization has no tax positions for which the statute of limitations remains open which do not meet the more-likely-than-not threshold Open tax years include 2011, 2010, and 2009

Part XI, line 2d and Part XII, line 4b

Subtenant rental income = $159,062

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990 ► See separate instructions

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

The Health Foundation of Greater Cincinnati

Employer identification number

31-0932681

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . N/A ☐Yes ☐No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States N/A

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America + Caribbean	0	0	Investments		$3,000,000
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					$3,000,000
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)					$3,000,000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

ISA

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☒ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see Instructions).

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

2012

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. 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							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 125

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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, Part III, column (b), 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 grants management support consultant. 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 I
Form 990
The Health Foundation of Greater Cincinnati

Grants and Other Assistance to Organizations, Governments and Individuals in the U S

2012
EIN: 31-0932681

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
Advocates for Ohio's Future 510 East Mound Street Suite 200 Columbus, OH	31-0996612	501(c)3	$25,000	OhioSPEAKS to develop a story bank and county specific information to inform policymakers about the health status of Ohio residents
Alcoholism Council of the Cincinnati Area 2828 Vernon Place Cincinnati, OH 45219	31-6059934	501(c)3	$45,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Austin Film Society 1901 East 51st Street Austin, TX 78723	74-2433823	501(c)3	$2,000	Technical Assistance Conference Sponsorship to support Kate Robinson, Producer of Saving Philanthropy, to attend the 2012 Grantmakers in Health annual meeting
Big Brothers Big Sisters of Greater Cincinnati 2400 Reading Road, Suite 407 Cincinnati, OH 45202	31-0577668	501(c)3	$60,000	Youth Mentoring to provide mentoring services to at-risk youth in Lawrenceburg, IN and Harrison, OH
Brighton Center, Inc P O Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	$45,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Brown County Alcohol Drug Addictions and Mental Health Services Board 85 Banting Drive Georgetown, OH 45121	31-600006	501(c)3	$28,000	Integrated Care Planning to plan integrated care services for people with severe mental illnesses in Brown County
Brown County Recovery Services 75 Banting Drive Georgetown, OH 45121	31-0713350	501(c)3	$1,850	NIATx Summit Expenses 2012 to send two staff of Brown County Recovery Services to the 2012 NIATx Summit
Butler Behavioral Health Services 1490 University Blvd Hamilton, OH 45011	31-0669872	501(c)3	$5,000	Technical Assistance to support a proposal writer for an application to the Center for Medicare & Medicaid's Health Care Innovation Challenge
Caracole, Inc 4138 Hamilton Ave Cincinnati, OH 45223	31-1210524	501(c)3	$32,000	Community Investment Coordinator Challenge Grant to help sustain the Community Investment Coordinator at Caracole

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
Center for Chemical Addictions Treatment, Inc. 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)3	$52,200	DAWN - Hamilton County to prevent opiate overdose deaths
Center for Respite Care 3550 Washington Ave Cincinnati, OH 45229	20-2544994	501(c)3	$49,955	Sustainability Challenge to match funds raised to support the Center for Respite Care
Central Clinic/Court Clinic 909 Sycamore Street 3rd Floor Cincinnati, OH 45202	31-0552288	501(c)3	$45,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Children's Home of Cincinnati 5050 Madison Road Cincinnati, OH 45227	31-0536969	501(c)3	$50,000	Challenge Grant to match foundation funds raised to implement a treatment program for adolescents with co-occurring severe emotional disturbance and substance use disorders
Churches Active in Northside 4230 Hamilton Avenue Cincinnati, OH 45223	31-1341556	501(c)3	$35,700	Northside Farmers Market (NFM) Oasis Project to develop a business plan for the Northside Farmers Market to increase access to healthy food for food insecure families
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	$25,000	School Based Health Center Planning to plan school based health services for Roll Hill and Aiken School
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	$25,000	School Based Health Center Planning to plan school based health services for Ethel Taylor & Roberts Academy
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	$25,797	Oyler School Based Health Center Challenge Grant to match funds raised to support the school-based health center at the Oyler Community Learning Center
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	$200,000	Roberts/Taylor School Based Health Center to start a school based health center at Roberts and Taylor schools

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
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	$200,000	Aiken/Roll Hill School Based Health Center to start a school based health center at Aiken High and Roll Hill schools
Cincinnati Health Network 2825 Burnett Avenue Suite 232 Cincinnati, OH 45219	31-1182378	501(c)3	$35,090	McMicken Dental Center Residency Program to expand access to oral health services
Cincinnati Health Network 2825 Burnett Avenue Suite 232 Cincinnati, OH 45219	31-1182378	501(c)3	$50,000	Integrated Care for the Homeless to develop a payment management system for integrated care for the homeless
CincySmiles Foundation, Inc 635 W 7th Street Suite 309 Cincinnati, OH 45203	31-0537044	501(c)3	$25,000	Challenge Grant - 2012 to provide a fundraising incentive to sustain safety net dental services
CincySmiles Foundation, Inc 635 W. 7th Street Suite 309 Cincinnati, OH 45203	31-0537044	501(c)3	$100,000	Infrastructure Development to purchase equipment and partially fund an executive director
Communications Network 1717 North Naper Blvd, Suite 102 Naperville, IL 60563	52-2114179	501(c)3	$500	General Support 2013 to provide general operating support
Community Behavioral Health Horizon Services 820 South Martin Luther King Blvd Hamilton, OH 45011	31-1806189	501(c)3	$11,250	Implementing the NIATx Approach to improve outpatient substance use disorder treatment
Community Learning Center Institute 8450 Arborcrest Drive Cincinnati, OH 45236	27-0741982	501(c)3	$70,000	Growing Well Cincinnati to improve the health services available to CPS students
Community Mental Health Center, Inc 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	$1,200	American Evaluation Association 2012 to sponsor two people to present at the 2012 AEA conference

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 Mental Health Center, Inc 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	$180	OPEG 2012 to ssponsor grantees to attend the Ohio Program Evaluators' Group 2012 Spring Exchange
Community Mental Health Center, Inc 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	$6,000	Implementing the NIATx Approach to improve treatment for substance use disorders
Community Mental Health Center, Inc 285 Bielby Road Lawrenceburg, IN 47025	35-1129339	501(c)3	$39,250	Smoking Cessation Project to implement a smoking cessation program
Counseling Center 1634 11th Street Portsmouth, OH 45662	31-1070665	501(c)3	$13,750	Implementing the NIATX Approach to improve substance use disorder treatment
Diocese of Southern Ohio 412 Sycamore Street Cincinnati, OH 45202	31-0537481	501(c)3	$12,000	Gabriel's Place Bees, Trees, Chickens to enhance education and food supply in Avondale
Faith Community Pharmacy 7033 Burlington Pike, Suite 4 Florence, KY 41042	61-1378914	501(c)3	$15,000	Community Pharmacy Challenge Grant to match funds raised to purchase medications
Family Promise of Northern Kentucky, Inc 336 W 9th Street PO Box 72136 Newport, KY 41072	61-1260983	501(c)3	$10,000	Healthy Lifestyles for Homeless Families to provide nutrition support and education to homeless families
First Step Home 2203 Fulton Ave Cincinnati, OH 45206	31-1328492	501(c)3	$12,000	Implementing the NIATx Approach to improve addiction treatment
First Step Home 2203 Fulton Ave Cincinnati, OH 45206	31-1328492	501(c)3	$80,000	Maternal Addictions Program to provide a comprehensive system of integrated care for mother and child
go Vibrant 3410 Cornell Place Cincinnati, OH 45220	27-4894861	501(c)3	$55,000	go Vibrant Start-Up to support start-up costs of go Vibrant
Good Samaritan Hospital Foundation 375 Dixmyth Avenue Cincinnati, OH 45220	31-1206047	501(c)3	$10,000	The Westside Health Network Challenge Grant to match funds raised to support The Westside Health Network

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
Grantmakers In Health 1100 Connecticut Avenue, N W. 12th Floor Washington, DC 20036	13-3206571	501(c)3	$25,000	General Support 2013 to provide general operating support
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	$4,000	Recovery to Practice to serve as a pilot site for the Recovery to Practice training curriculum for working peer specialists
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	$5,000	Technical Assistance to support a proposal writer to assist in preparing an application for the Center for Medicare & Medicaid's Health Care Innovation Challenge
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	$22,588	Space Remodel to remodel space for expansion of primary care services
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)3	$49,070	GCB Business Operations Planning to develop a strategic business plan that allows GCB to respond to a significantly changed payor environment
Greater Cincinnati Health Council 2100 Sherman Ave , Suite 100 Cincinnati, OH 45212-2775	31-1188610	501(c)3	$50,000	Community Sobering Center to produce a business plan for the creation of a community sobering center
Greater Cincinnati Television Educational Foundation 1223 Central Parkway Cincinnati, OH 45214	31-0560051	501(c)3	$23,650	CAARE for Student Athletes to provide childhood asthma awareness and knowledge to physical education instructors and coaches
Green Umbrella 4138 Hamilton Ave , Suite D Cincinnati, OH 45223	31-1770299	501(c)3	$17,000	Madisonville School Garden Project to grow fresh food in Madisonville and teach youths how to grow and prepare fresh produce
Hamilton County Mental Health and Recovery Services Board 2350 Auburn Ave Cincinnati, OH 45219	31-6000063	115 (1)	$30,000	Partnership for Integrated Care to use technology to improve the behavioral and physical health of people with co-occurring mental illnesses and diabetes

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
Hamilton County Mental Health and Recovery Services Board 2350 Auburn Ave Cincinnati, OH 45219	31-6000063	115 (1)	$115,000	Keys to Health to provide integrated healthcare to adults with severe mental and physical illnesses
Health Care Access Now 7162 Reading Road, Suite 1120 Cincinnati, OH 45237	26-4042151	501(c)3	$4,500	Proposal Writer Technical Assistance to support a proposal writer for external funding
Health Care Access Now 7162 Reading Road, Suite 1120 Cincinnati, OH 45237	26-4042151	501(c)3	$115,000	General Support to support the operations of Health Care Access Now
Health Care Access Now 7162 Reading Road, Suite 1120 Cincinnati, OH 45237	26-4042151	501(c)3	$60,000	Health Care Access Now Start-Up to support the operations of Health Care Access Now
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)3	$75,000	Medicaid Expansion Study to study the economic impact of expanding Medicaid in Ohio
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)3	$300,000	Core Support (2014) to provide research, analysis, and communications related to health policy in Ohio
HealthCare Connection, Inc 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)3	$8,000	CFHA Conference Sponsorship to sponsor three people to present at the Collaborative Family Healthcare Association conference
HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)3	$200,000	Princeton City School District School-Based Health Center (SBHC) to open a school-based health center
InterAct for Change 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)3	$51,600	ACT General Support 2012 to provide general support for the ACT Center
Inter-Church Organization Inc 901 York Street Newport, KY 41071	61-1212528	501(c)3	$35,000	Breaking the Cycle of Nutritional Poverty to plan an integrated strategy for community gardening, education, and access to fresh fruits and vegetables

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
ITNGreaterCincinnati 311 Straight Street Cincinnati, OH 45219	27-1442201	501(c)3	$15,000	Senior Transportation Program Challenge Grant to match funds raised to provide transportation service fo seniors and adults with visual impairment
Kentucky Equal Justice Center 201 W Short Street, Suite 310 Lexington, KY 40507	61-0909545	501(c)3	$45,000	Kentucky Health Law Fellow 2013 to support the health law fellow
Legal Action Center 225 Varick Street 4th Floor New York, NY 10014	13-2756320	501(c)3	$47,500	Informing Essential Health Benefit Policies in Ohio and Kentucky to provide general operating support
Legal Aid Society of Greater Cincinnati 215 East Ninth Street Suite 200 Cincinnati, OH 45202	31-0536673	501(c)3	$30,000	Child HeLP: A Medical-Legal Partnership to provide general operating support for the Child HeLP program
Legal Aid Society of Greater Cincinnati 215 East Ninth Street Suite 200 Cincinnati, OH 45202	31-0536673	501(c)3	$70,000	Child Help Challenge Grant to provide matching funds that support the Child Help program
LifePoint Solutions 3730 Glenway Avenue Cincinnati, OH 45205	31-0536973	501(c)3	$25,000	Health Home Planning to plan health homes for people with severe mental illnesses
Mercy Health Partners of Southwest Ohio Foundation 4600 McAuley Pl. Cincinnati, OH 45242	31-1217563	501(c)3	$25,000	School-Based Health Center Planning to plan school based health services for Mt. Washington Community Learning Center and Pleasant Hill Academy
Mercy Health Partners of Southwest Ohio Foundation 4600 McAuley Pl Cincinnati, OH 45242	31-1217563	501(c)3	$150,000	Mercy Health School Based Health Centers to implement school based health centers in three Cincinnati Public Schools

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
Miami University Department of Psychology Psychology Clinic Center for School-Based Mental Health Programs 18 Benton Hall Miami University Oxford, OH 45056	31-6402089	501(c)3	$50,000	Prevention Support System Planning to develop a business plan for a technical assistance program that helps schools implement prevention programs
Neighborhood Health Care, Inc 2415 Auburn Avenue Cincinnati, OH 45219	23-7160408	501(c)3	$25,000	School-Based Health Centers Planning to plan for school-based health centers at JP Parker Elementary School and Pleasant Ridge Montessori
Neighborhood Health Care, Inc 2415 Auburn Avenue Cincinnati, OH 45219	23-7160408	501(c)3	$50,000	Oral Health Workforce Development to increase community access to oral health services
Neighborhood Health Care, Inc. 2415 Auburn Avenue Cincinnati, OH 45219	23-7160408	501(c)3	$200,000	John P Parker and Pleasant Ridge Academy School Based Health Center to provide school based health services
Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment 33 N High St Suite 500 Columbus, OH 43215	31-1102079	501(c)3	$17,200	Essential Health Benefits for Mental Health and Substance Use Disorders in Ohio to provide general operating support
Ohio Empowerment Coalition 6797 North High Street, Suite 238 Columbus, OH 43085	27-1639265	501(c)3	$15,000	Certified Peer Specialist Outcomes Project to examine the effect of working as a Certified Peer Specialist on recovery and well-being
Ohio Justice and Policy Center 215 E 9th Street, Suite 601 Cincinnati, OH 45202	31-1319172	501(c)3	$50,000	General Operating Support 2013 to provide general operating support
Oxford Free Clinic P O Box 390 Oxford, OH 45056	20-4253386	501(c)3	$13,000	Challenge Grant to expand the donor base of the free Oxford Free Clinic

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
PARACHUTE: Butler County Court Appointed Special Advocates 284 N Fair Ave Hamilton, OH 45011	31-1230170	501(c)3	$25,500	CASA Advocacy for Child Abuse Victims to recruit volunteers and prepare them to manage children's medical and educational issues
People Advocating Recovery 1425 Story Avenue Louisville, KY 40206	20-1664735	501(c)3	$50,000	PAR Operating Support to provide general operating support for People Advocating Recovery
Philanthropy Ohio 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)3	$12,500	General Support 2013 to provide general operating support
Planned Parenthood Southwest Ohio Region 2314 Auburn Ave Cincinnati, OH 45219	31-0536688	501(c)3	$25,000	Technical Assistance to provide technical assistance to explore a proposed merger
Santa Maria Community Services 617 Steiner Avenue Cincinnati, OH 45204-1327	31-0537141	501(c)3	$25,000	The Price Hill Urban Health Network to plan a network of community health workers serving the greater Price Hill
Shawnee Mental Health Center, Inc. 901 Washington Street Portsmouth, OH 45662-1507	31-0843758	501(c)3	$50,000	Rural Health Clinic Designation to obtain rural health clinic designation
Society of St Vincent de Paul 1125 Bank Street Cincinnati, OH 45214	31-0537510	501(c)3	$25,000	St Vincent de Paul Charitable Pharmacy to provide pharmaceutical care to people who have no other way to afford their medication
Solutions for Community Counseling and Recovery Centers 975A Kingsview Drive Lebanon, OH 45036	31-1138311	501(c)3	$45,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
Solutions for Community Counseling and Recovery Centers 975A Kingsview Drive Lebanon, OH 45036	31-1138311	501(c)3	$307,338	Implementing Integrated Care to provide integrated mental health and primary care services

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
St Joseph Orphanage 5400 Edalbert Drive Cincinnati, OH 45239	31-0537147	501(c)3	$35,000	Coalition for Whole Health with Families to plan integrated healthcare for children and their parent
Strategies to End Homelessness 2368 Victory Parkway Suite 600 Cincinnati, OH 45206	20-8286347	501(c)3	$2,410	2012 Community Priority Setting Process to support meetings related to the 2012 Continuum of Care for the Homeless HUD application process
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	$9,000	Implementing the NIATx Approach to improve outpatient substance use disorder treatment
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)3	$10,000	Mental Health Advocacy Coalition of Southwest Ohio to educate about and advocate for mental health issues
The Children's Home of Cincinnati 5050 Madison Road Cincinnati, OH 45227	31-0536969	501(c)3	$50,000	Mental Health Training for Pediatricians to plan for a program that expands the ability of local pediatricians to treat mental health conditions
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)3	$45,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	$10,000	CincySmiles Foundation Dental Equipment to purchase needed dental equipment
Universal Health Care Action Network of Ohio 370 S 5th Street Suite 3 Columbus, OH 43215	31-1542417	501(c)3	$100,000	General Support - 2013 to support UHCAN's general operations for 2013
University of Cincinnati - College of Medicine Internal Medicine - Infectious Diseases PO Box 670560 Cincinnati, OH 45237	316000989	115 (1)	$46,000	Cincinnati Exchange Project - Planning to plan for a syringe exchange project in Hamilton County

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
Urban Appalachian Council 2115 West 8th Street Cincinnati, OH 45204	31-0797245	501(c)3	$30,000	Lower Price Hill Health Initiative to improve the health of individuals at risk for or diagnosed with diabetes living in Lower Price Hill

Total Grants Awarded to Community (pages 1-11)	**4,419,578**
Total Non-Competitive Grants (see pages 12-20)	**593,500**
Less Prior Year Grant Reversals (see page 21)	**(114,295)**
Total Grants (reference Part III line 4a)	**$4,898,783**

Grants Awarded to Community (reference Part III, line 4a): Non-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
A Kid Again, Greater Cincinnati Chapter 9600 Montgomery Road Lower Level, Suite 4 Cincinnati, OH 45242	31-1440073	501(c)3	$1,000	Health Related Programs to provide general operating support
Abilities First Foundation 4710 Timber Trail Drive Middletown, OH 45044	31-0620685	501(c)3	$2,000	Disabilities Programs to provide general operating support
Academy of Medicine of Cincinnati Project Access 2300 Wall St., Suite F Cincinnati, OH 45212	45-3029855	501(c)3	$40,000	Project Access to support a development staff position
Alzheimer's Association Greater Cincinnati Chapter 644 Linn Street, Suite 1026 Cincinnati, OH 45203	31-1067991	501(c)3	$5,000	General Support to provide general operating support
American National Red Cross - Cincinnati Dayton Region 2111 Dana Avenue Cincinnati, OH 45207	53-0196605	501(c)3	$5,000	Disaster Health and Mental Health Relief to provide disaster health services
Arthritis Foundation 7124 Miami Road Madeira, OH 45243	31-6043937	501(c)3	$5,000	Health Related Programs to provide general operating support
Bridges for a Just Community 50 Freedom Way, 4th Floor Cincinnati, OH 45202	65-1256502	501(c)3	$23,750	Countering Youth Violence in Schools Initiative to support the Countering Youth Violence in Schools Initiative
Brighton Center, Inc P O Box 325 Newport, KY 41071-0325	61-0673886	501(c)3	$16,000	Youth Leadership Development to support youth leadership development
Cancer Support Community 4918 Cooper Road Cincinnati, OH 45242	31-1287785	501(c)3	$3,000	Health Related Programs to provide general operating support
Center for Respite Care 3550 Washington Ave Cincinnati, OH 45229	20-2544994	501(c)3	$20,000	Medical Care and Temporary Shelter Program to support medical care and temporary shelter for homeless people who are sick

Grants Awarded to Community (reference Part III, line 4a): Non-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
Children, Inc 333 Madison Avenue Covington, KY 41011	31-0910787	501(c)3	$5,500	Children's Health Programs to provide general operating support
Children's Home of Northern Kentucky 200 Home Road Covington, KY 41011	23-7068704	501(c)3	$1,000	Children's Health Programs to provide general operating support
Childrens Hospital Medical Center MLC 3014 Surviving the Teens/Suicide Prevention 3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501(c)3	$1,000	Teen Suicide Prevention to provide general operating support
Cincinnati Eye Institute Foundation 1945 CEI Drive Cincinnati, OH 45242	20-4418334	501(c)3	$3,000	Oyler School Based Health Center to support eye services for children
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	$1,000	Oyler School Based Health Center to provide general operating support
Cincinnati Union Bethel 300 Lytle Street Cincinnati, OH 45202	31-053655	501(c)3	$1,000	Off the Streets Education and Mentoring Program to provide general operating support
Cincinnati USA Regional Chamber Foundation 441 Vine St Ste 300 Cincinnati, OH 45202	23-7089617	501(c)3	$7,500	General Support to provide general operating support
CityLink Center 3500 Madison Road Cincinnati, OH 45209	04-3828387	501(c)3	$14,500	Vision and Dental Services for Low-Income Families to create a business plan for vision and dental services
Comprehensive Community Child Care 1924 Dana Avenue Cincinnati, OH 45207	31-0823634	501(c)3	$2,000	Children's Health Programs to provide healthcare and social services for underserved and uninsured children
Connections: A Safe Place 2602 Eden Avenue Cincinnati, OH 45219	31-1488760	501(c)3	$2,750	Health Related Program to provide general operating support

Grants Awarded to Community (reference Part III, line 4a): Non-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
Corporation for Findlay Market of Cincinnati PO Box 14727 Cincinnati, OH 45250	31-1740317	501(c)3	$2,000	Urban Farming to provide general operating support for healthy eating
Covington Ladies Home 702 Garrard St Covington, KY 41011	61-0461759	501(c)3	$5,000	Elderly Women's Health Program to provide general operating support
Crayons to Computers 1350 Tennessee Avenue Cincinnati, OH 45229	31-1507076	501(c)3	$5,000	Healthy Eating and Good Hygiene Materials to produce healthy eating and good hygiene materials
Down Syndrome Association of Greater Cincinnati 644 Linn Street, #1128 Cincinnati, OH 45203	31-1051378	501(c)3	$2,000	Health Related Programs to provide general operating support
Drop Inn Center Shelterhouse 217 West 12th Street Cincinnati, OH 45210	31-0920479	501(c)3	$3,500	Health Related Programs to provide healthcare and social services for the homeless
Drop Inn Center Shelterhouse 217 West 12th Street Cincinnati, OH 45210	31-0920479	501(c)3	$2,000	General Support to provide general operating support
Emergency Cold Shelter of Northern KY PO Box 176601 Covington, KY 41011	26-0851019	501(c)3	$2,500	Health Related Programs to provide healthcare and social services for the homeless
Everybody Rides Metro Foundation 602 Main Street, Suite 1100 Cincinnati, OH 45202	20-5182686	501(c)3	$25,000	Healthcare Destinations 2012 to subsidize Metro Fares for low-income individuals traveling to health-related destinations
Faith Community Pharmacy 7033 Burlington Pike, Suite 4 Florence, KY 41042	61-1378914	501(c)3	$9,500	Health Related Programs to provide pharmaceutical services to the underserved and uninsured
Family Promise of Northern Kentucky, Inc 336 W. 9th Street PO Box 72136 Newport, KY 41072	61-1260983	501(c)3	$1,000	Health Related Programs to provide general operating support

Grants Awarded to Community (reference Part III, line 4a): Non-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
First Step Home 2203 Fulton Ave Cincinnati, OH 45206	31-1328492	501(c)3	$1,000	Substance Use Disorder Programs to provide general support for health related programs
FreeStore/FoodBank Health & Hygiene Program 1250 Tennessee Ave Cincinnati, OH 45229	23-7122205	501(c)3	$16,000	Health and Hygiene Program to provide health and hygiene services to the underserved and uninsured
FreeStore/FoodBank Health & Hygiene Program 1250 Tennessee Ave Cincinnati, OH 45229	23-7122205	501(c)3	$5,000	General Support to provide general operating support
Friends of Little Miami State Park 69 Maple Street Waynesville, OH 45068	26-3777533	501(c)3	$12,000	Protecting the Trail to repair and maintain the exercise trail
FRS Counseling, Inc. PO Box 823 313 Chillicothe Ave Hillsboro, OH 45133	31-1129448	501(c)3	$3,000	Medically-Assisted Opioid Treatment Program to support treatment for people with opioid drug addictions
Girls on the Run of Greater Cincinnati 3330 Erie Avenue, Suite 8 Cincinnati, OH 45208	21-0119795	501(c)3	$1,000	General Support to provide general operating support
Greenhills Co-Op Nursery School 21 Cromwell Rd Cincinnati, OH 45218	31-0654647	501(c)3	$2,000	Children's Health Programs to support the health and hygiene program
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)3	$6,000	Ohio Public Health Futures Project to provide general operating support
HealthPoint Family Care 1401 Madison Avenue Covington, KY 41011	61-0729915	501(c)3	$4,000	Health Related Programs to provide general operating support
HealthPoint Family Care 1401 Madison Avenue Covington, KY 41011	61-0729915	501(c)3	$750	Pike Street Homeless Clinic to provide general operating support

Grants Awarded to Community (reference Part III, line 4a): Non-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
Holly Hill Childrens Services 9599 Summer Hill Road California, KY 41007	61-0461729	501(c)3	$1,000	Children's Health Programs to provide general operating support
Ida Spence United Methodist Mission PO Box 121319 Covington, KY 41012	61-1246214	501(c)3	$1,000	General Support to provide healthcare and social services for the underserved and uninsured
Inter-Church Organization Inc 901 York Street Newport, KY 41071	61-1212528	501(c)3	$1,000	Henry Hosea House to provide general support for Henry Hosea House
Leadership Scholars, Inc 1609 Madison Road, Suite C Cincinnati, OH 45206	20-8500457	501(c)3	$2,000	Holistic Child to support Holistic Child programs
Learning Impacts Family Enrichment, Inc 1458 Ottercreek Drive Cincinnati, OH 45240	80-0431029	501(c)3	$4,500	Ready for Life to support Ready for Life program
Mental Health America of Southwest Ohio, Inc 2400 Reading Road Cincinnati, OH 45202	31-0796119	501(c)3	$13,500	Pro Bono Counseling to provide general operating support
Mercy Health Partners of Southwest Ohio Foundation 4600 McAuley Pl Cincinnati, OH 45242	31-1217563	501(c)3	$19,500	Healthcare Safety Net Clinic to support the St John's Healthcare Safety Net Clinic
NAMI Clermont County 4030 Mt Carmel-Tobasco Road, Suite 201 Cincinnati, OH 45255	31-1778745	501(c)3	$4,000	Creating Awareness of Mental Illness in the General Population to educate the general public about mental illness
NKU Research Foundation Lucas Administrative Center 616 Nunn Drive Highland Heights, KY 41099	20-1787893	501(c)3	$1,000	Mental Health Court to provide support for the Mental Health Court

Grants Awarded to Community (reference Part III, line 4a): Non-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
Northern Kentucky Cooperative for Education Service 5516 East Alexandria Pike Highland Heights, KY 41076	61-1106680	509(a)(3)	$2,000	SBIRT/Needs Assessment for Substance Use Disorder Services in Schools to provide general operating support
Northern Kentucky University Wellness Center - FH 111 Nunn Drive Highland Heights, KY 41099	61-1010545	501(c)3	$9,750	NKU Student Food Pantry to support healthy eating
Norwood City School District 2132 Williams Ave Norwood, OH 45212	31-6000908	115 (1)	$13,500	School Services to support severe mental illness/substance use disorder program in the schools
Our Daily Bread P O. Box 14862 Cincinnati, OH 45250	31-1126386	501(c)3	$500	General Support to provide healthcare and social services for the underserved and uninsured
People Working Cooperatively 4612 Paddock Rd. Cincinnati, OH 45229	31-0859104	501(c)3	$3,000	Housing Support to provide home repair and mobility modification for low-income, elderly and disabled homeowners
Planned Parenthood Southwest Ohio Region 2314 Auburn Ave. Cincinnati, OH 45219	31-0536688	501(c)3	$7,000	Health Related Programs to provide general operating support
Professional Pastoral - Counseling Institute 8035 Hosbrook Road, Suite 300 Cincinnati, OH 45236	31-1130153	501(c)3	$10,000	Health Related Programs to provide general operating support
Rockdale Temple 8501 Ridge Road Cincinnati, OH 45236	31-0543299	501(c)3	$5,000	Crisis Cards to develop and distribute plastic wallet cards with emergency numbers, referral sources and special resources
Santa Maria Community Services 617 Steiner Avenue Cincinnati, OH 45204-1327	31-0537141	501(c)3	$5,000	Improving Access to Care to provide healthcare and social services for the underserved and uninsured
Senior Services of Northern Kentucky, Inc 1032 Madison Ave Covington, KY 41011	61-0725458	501(c)3	$1,000	Health Related Programs to provide general operating support

Grants Awarded to Community (reference Part III, line 4a): Non-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
Soteni, Inc 2366 Kemper Lane Cincinnati, OH 45206	20-0041518	501(c)3	$5,000	Health Related Programs to provide HIV/AIDS education and prevention
St Elizabeth Healthcare Foundation 1 Medical Village Drive Edgewood, KY 41017	61-0445850	501(c)3	$2,000	Integrating Mental Health Providers into the SEP Primary Care Network to provide general operating support
St. Xavier High School 600 W North Bend Road Cincinnati, OH 45224	31-0537511	501(c)3	$2,000	Substance Use Disorder Prevention to support substance use disorder prevention programs
Surviving Our Losses (And Continuing Everyday) 1603 11th St Portsmouth, OH 45662	45-2910648	501(c)3	$2,000	Ohio Statewide Expansion Initiative to provide general support for health related programs
Tender Mercies, Inc. 27 W 12th Street Cincinnati, OH 45202	31-1137270	501(c)3	$5,000	Transitional Housing for Homeless Individuals with Severe Mental Illness to provide healthcare and social services for the homeless
The Health Collaborative 2649 Erie Avenue Cincinnati, OH 45208	31-1449807	501(c)3	$50,000	General Support 2012 to provide general operating support
The Miracle League of Greater Cincinnati and Northern Kentucky 4030 Smith Road, Suite 100 Cincinnati, OH 45209	26-0680389	501(c)3	$5,000	Baseball Fields for Children with Disabilities to support the Miracle League field at Dunham Recreation Complex in Western Hills
The United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)3	$15,000	General Support to provide general operating support
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)3	$2,000	Peer Recovery Planning Project to provide general operating support
United Way of Western Connecticut Inc 85 West St Danbury, CT 06810	06-0646577	501(c)3	$2,000	Sandy Hook School Support Fund to provide general operating support

Grants Awarded to Community (reference Part III, line 4a): Non-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
University of Cincinnati Foundation Division of Internal Medicine and Ohio Valley Sickle Cell Network PO Box 19970 Cincinnati, OH 45219	31-0896555	501(c)3	$27,000	Community Health Worker Pilot to provide community health worker services to patients with sickle cell disease
University of Cincinnati Foundation College of Medicine PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	$4,000	Lucy Oxley Scholarship Fund to support the Lucy Oxley Scholarship for minority medical students
University of Cincinnati Foundation College of Medicine PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	$5,500	Physicians & Society Service Learning Program to provide general operating support
University of Cincinnati Foundation College of Medicine PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)3	$20,000	Hoxworth Blood Center Bloodmobile Replacement Fund to contribute toward bloodmobile replacement
University of Cincinnati Foundation College of Pharmacy PO Box 19970 Cincinnati, OH 45219	31-0896555	501(c)3	$8,000	Aging in Place Program to provide general operating support
Women's Crisis Center, Inc 835 Madison Ave Covington, KY 41011	61-0908752	501(c)3	$6,000	Health Related Programs to provide general operating support
Xavier University - School of Nursing 3800 Victory Parkway Cincinnati, OH 45207	31-0537516	501(c)3	$2,000	School of Nursing to provide general operating support
Xavier University - School of Nursing 3800 Victory Parkway Cincinnati, OH 45207	31-0537516	501(c)3	$1,000	Conference Support to partially support conference-related expenses
YWCA of Greater Cincinnati 898 Walnut Street Cincinnati, OH 45202	31-0537518	501(c)3	$7,500	Girls Inc Program to provide general operating support

Grants Awarded to Community (reference Part III, line 4a): Non-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
YWCA of Greater Cincinnati 898 Walnut Street Cincinnati, OH 45202	31-0537518	501(c)3	$50,000	Girls Inc program at Oyler School to support Girls Inc. programming focused on substance abuse and obesity prevention at Oyler School

Subtotal Non-Competitive Grants Program (to page 11) **$593,500**

Prior Year Grant Reversals (reference Part III, line 4a)

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
Butler Behavioral Health Services 1490 University Blvd Hamilton, OH 45011	31-0669872	501(c)3	($19,415)	Integrating Behavioral and Primary Health Care to provide integrated behavioral and primary care services for people with severe mental illnesses
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	($5,343)	Withrow & Academy of World Languages School Based Health Center Planning Grant to plan school-based health services for the Academy of World Languages and Withrow High School
Covington Independent Public Schools 25 East Seventh Street Covington, KY 41011	61-6001265	115 (1)	($32,247)	Implementing Project ACHIEVE to improve student behavior and school climate through the implementation of Project ACHIEVE
Mental Health Recovery Center of Warren County 975 Fujitec Drive Lebanon, OH 45036	31-1138311	501(c)3	($11,500)	Integrated Care Planning to plan integrated mental health and primary care services
NorthKey Community Care 503 Farrell Drive Covington, KY 41011	61-0661458	501(c)3	($20,933)	Planning Integrated Behavioral Health and Primary Care Services to develop a business plan for integrated behavioral health and primary care services for people with severe mental illnesses
NorthKey Community Care 503 Farrell Drive Covington, KY 41011	61-0661458	501(c)3	($12,954)	Data Integration Project to develop a system for integrating data from disparate existing resources
All other prior year grants reversals (individual amounts < $5,000)			($11,902)	
Total Prior Year Grant Reversals (to page 11)			**($114,295)**	

Schedule I	Grants and Other Assistance to Organizations,			2012
Form 990	Governments and Individuals in the U.S.			EIN: 31-0932681
The Health Foundation of Greater Cincinnati				
Direct Charitable Programs (reference Part III, line 4b)				
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)		
ACA Amicus Curiae Brief			7,678	to submit an amicus curia brief to the United States Supreme Court regarding the Affordable Care Act
ACA Impact on Health Outcomes			16,350	to study the effects of the ACA on access to healthcare and health outcomes of the homeless
ACA Readiness-Mental Health and Substance Use Disorder Providers			24	to provide intensive technical assistance in preparation for healthcare reform
Access Health 100			258,796	to restructure our regional health care system so that every resident has access to quality healthcare
Assistance for Substance Abuse Prevention Center 2012			501,454	to assist community organizations in using state-of-the-art substance abuse prevention, education and early intervention programming
Building Evaluation Capacity			10,047	to create a business plan to expand the Foundation's evaluation capacity
Capacity Building Services			125,395	to build grantees' skills and resources for sustaining their programs after the Health Foundation's grants end and to provide technical assistance to nonprofits
Community Health Status Survey			14,288	to collect health status data for the 20 counties served by The Health Foundation of Greater Cincinnati
Conference Center			85,385	to provide meeting space and support to grantees and other eligible nonprofits in the Foundation's service area
Data Operations			30,485	to operate an online analysis and statistical information system that allows users to access public data and perform sophisticated data analysis without statistical software
Direct Charitable Services			304,761	to provide technical assistance for grantees and the community for health planning efforts

Schedule I	Grants and Other Assistance to Organizations,			2012
Form 990	Governments and Individuals in the U S			EIN. 31-0932681
The Health Foundation of Greater Cincinnati				
Direct Charitable Programs (reference Part III, line 4b)				
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**
Enhanced Evaluation of Integrated Care			70,744	to conduct a comprehensive evaluation of the Foundation's Treating the Whole Person grantmaking strategy
Electronic Communications and Public Information Program 2012			102,569	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
Health Data Improvement			143,599	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
Health Landscape			962,457	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 (includes expenses paid for by customers)
Health Status Measurement in Primary Care			35,000	to understand how adults rate their health and what would need to change to improve their health rating
Healthcare Reform Public Education Program			188,212	to educate the public and nonprofit community about how the Patient Protection and Affordable Care Act of 2010 affects them
Interns			74,027	to support two part-time internships
Kentucky Health Issues Poll			11,578	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			70,571	to provide technical assistance and expert monitoring of the Getting and Keeping People in Substance Use Disorder Treatment Using the NIATx Approach grantees
Ohio Health Issues Poll			45,814	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			1,269	to facilitate and coach grantees and prospective grantees at selected professional conferences

Schedule I	Grants and Other Assistance to Organizations,			2012
Form 990	Governments and Individuals in the U S			EIN: 31-0932681
The Health Foundation of Greater Cincinnati				
Direct Charitable Programs (reference Part III, line 4b)				
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**
SBHC Business and Operational Planning Grantees' Technical Assistance			47,250	to provide expert technical assistance to grantees who are planning new school-based health centers
School-Aged Behavioral Health Prevention			56,182	to provide planning, consultation, training and technical assistance to school-aged behavioral health grantees
SUD & SMI in CJS Initiative Report			54,000	to complete a series of reports that synthesize the work, lessons learned and results of the Foundation's Substance Use Disorders and Severe Mental Illness in the Criminal Justice System Initiative
Technical Assistance-RFP			17,238	to provide technical assistance for grantees receiving funding in the 2012-2013 RFP
Total Direct Charitable Programs (ref Part III, line 4b)			**3,235,173**	

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

2012

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ 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?	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James Schwab	(i)	271,651	0	6,020	0	44,897	322,568	0
	(ii)							
2 Daniel Geeding	(i)	214,295	0	4,400	0	43,364	262,059	0
	(ii)							
3 Patricia O'Connor	(i)	216,223	0	4,602	0	37,392	258,217	0
	(ii)							
4	(i)							
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Edward Carl received bonuses in 2012 based on the revenues of HealthLandscape (disregarded entity of The Health Foundation of Greater Cincinnati)

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.

OMB No 1545-0047

2012

Open to Public Inspection

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

Part VI Section B Question 11b Prior to filing, the Form 990 was approved 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 2012 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2011 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 2012 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: The Health Foundation of Greater Cincinnati

Employer identification number: 31-0932681

Part VI Section B: Question 15b The 2012 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 2011 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 2012 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 Daniel Geeding 1, Patricia Ruwe 2, Francie Wolgin 1

Part VII Section A line 1c (A) Edward Carl, President, HealthLandscape, (B) 40, (C) Highest compensated employee, (D) $117,509, (E) $0, (F) $26,245; (A) Judith Warren, Senior Program Officer, (B) 40, (C) Highest compensated employee, (D) $121,829, (E) $0; (F) $23,285, (A) Francie Wolgin, Senior Program Officer, (B) 40, (C) Highest compensated employee, (D) $122,652, (E) $0, (F) $22,416

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

The Health Foundation of Greater Cincinnati

Employer identification number

31-0932681

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

(a) Name, address, and EIN (if applicable) 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	Health data	OH	866,010	317,461	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	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) Disproportionate allocations? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(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, 35b, 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 related organization(s)	1b	✓	
c	Gift, grant, or capital contribution from related organization(s)	1c		✓
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✓
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p		✓
q	Reimbursement paid by related organization(s) for expenses	1q	✓	
r	Other transfer of cash or property to related organization(s)	1r		✓
s	Other transfer of cash or property from related organization(s)	1s		✓

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–s)	(c) Amount involved	(d) Method of determining amount involved
(1) InterAct for Change	b	51,600	cash
(2) InterAct for Change	o	52,815	estimate
(3) InterAct for Change	q	606	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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(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)													
(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)

Form **8868**

(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	THE HEALTH FOUNDATION OF GREATER CINCINNATI	31-0932681
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 3805 EDWARDS ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CINCINNATI, OHIO 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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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

- The books are in the care of ▶ DANIEL GEEDING

Telephone No. ▶ 513-458-6600 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 12 or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	$
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.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• 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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE HEALTH FOUNDATION OF GREATER CINCINNATI	Enter filer's identifying number, see instructions Employer identification number (EIN) or 31-0932681
	Number, street, and room or suite no. If a P.O. box, see instructions 3805 EDWARDS ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CINCINNATI, OHIO 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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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 ▶ DANIEL GEEDING
Telephone No. ▶ 513-458-6600 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 11/15, 20 13.
5 For calendar year 2012, 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 _____

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 must be completed for Part II only.

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 J. Hofmann CPA Title ▶ PAID PREPARER Date ▶ 7/25/13

COPY