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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

A Employer identification number
35-6203550

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

Room/suite

B Telephone number (see instructions)
(317) 630-1805

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

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 21,035,160

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

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	656,982			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	2,130	2,130		
	4	Dividends and interest from securities	427,365	427,365		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	117,148			
	b	Gross sales price for all assets on line 6a 7,302,712				
	7	Capital gain net income (from Part IV, line 2)		117,148		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	255,034	0	255,034	
	12	**Total.** Add lines 1 through 11	1,458,659	546,643	255,034	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	142,541	0	0	115,458
	14	Other employee salaries and wages	339,265	0	0	274,805
	15	Pension plans, employee benefits	48,184	0	0	39,029
	16a	Legal fees (attach schedule)	19,103	0	0	15,473
	b	Accounting fees (attach schedule)	57,063	0	0	46,221
	c	Other professional fees (attach schedule)	18,528	0	0	15,008
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	80,644	0	0	65,322
	19	Depreciation (attach schedule) and depletion	129,218	0	0	
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	480,880	59,556	0	341,273
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,315,426	59,556	0	912,589
	25	Contributions, gifts, grants paid	1,344,500			1,401,868
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,659,926	59,556	0	2,314,457
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-1,201,267			
	b	**Net investment income** (if negative, enter -0-)		487,087		
	c	**Adjusted net income** (if negative, enter -0-)			255,034	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	1,375,203	1,198,236	1,198,236
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	8,488,189	10,148,554	9,597,936
	b Investments—corporate stock (attach schedule)	8,963,823	5,612,096	5,322,805
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 4,631,375 Less accumulated depreciation (attach schedule) ▶ 732,711	3,758,492	3,898,664	3,898,664
	15 Other assets (describe ▶ _____)	469,311	1,017,519	1,017,519
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	23,055,018	21,875,069	21,035,160
Liabilities	17 Accounts payable and accrued expenses	101,472	209,561	
	18 Grants payable	1,602,035	1,544,667	
	19 Deferred revenue	28,856	1,072	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	15,838	14,219	
	23 **Total liabilities** (add lines 17 through 22)	1,748,201	1,769,519	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	20,668,257	19,392,867	
	25 Temporarily restricted	638,560	712,683	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	21,306,817	20,105,550	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	23,055,018	21,875,069	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	21,306,817
2	Enter amount from Part I, line 27a	2	-1,201,267
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	20,105,550
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	20,105,550

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	7,302,712		7,185,564	117,148
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				117,148
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	117,148
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	3,540,369	12,912,934	0 274172
2010	3,047,731	19,252,787	0 158301
2009	2,836,005	18,646,430	0 152094
2008	3,147,153	23,535,083	0 133722
2007	3,230,848	31,395,124	0 102909

2	**Total** of line 1, column (d)	2	0 821198
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 164240
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	6,852,055
5	Multiply line 4 by line 3	5	1,125,382
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	4,871
7	Add lines 5 and 6	7	1,130,253
8	Enter qualifying distributions from Part XII, line 4	8	2,314,457

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	4,871
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	4,871
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	4,871
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012 — 6a: 21,400		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	21,400
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	16,529
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ 4,880 **Refunded** ▶	11	11,649

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3	Yes	
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW THFGI ORG

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

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

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

16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? — 16 — No

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

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2012 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		No

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

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

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

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

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

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
KATHY NAGLER 429 E VERMONT STREET SUITE 300 INDIANAPOLIS,IN 46202	DEVELOPMENT DIRECTOR 30 00	62,901	4,089	0
JUDY MUHL 429 E VERMONT STREET SUITE 300 INDIANAPOLIS,IN 46202	GRANTS MANAGER 37 50	56,043	3,643	0
JASON GRISELL 429 E VERMONT STREET SUITE 300 INDIANAPOLIS,IN 46202	PROGRAM MANAGER 37 50	53,263	3,462	0
Total number of other employees paid over $50,000 ▶				0

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

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

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

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

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

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

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

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

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

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	5,669,681
b	Average of monthly cash balances		1b	1,286,720
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	6,956,401
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	6,956,401
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	104,346
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	6,852,055
6	**Minimum investment return.** Enter 5% of line 5		6	342,603

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

1	Minimum investment return from Part X, line 6		1	342,603
2a	Tax on investment income for 2012 from Part VI, line 5	2a 4,871		
b	Income tax for 2012 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	4,871
3	Distributable amount before adjustments Subtract line 2c from line 1		3	337,732
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	337,732
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	337,732

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,314,457
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,314,457
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	4,871
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,309,586

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				337,732
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2012				
a From 2007 1,732,566				
b From 2008 1,978,273				
c From 2009 1,908,515				
d From 2010 2,110,558				
e From 2011 2,969,080				
f **Total** of lines 3a through e	10,698,992			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ 2,314,457				
a Applied to 2011, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2012 distributable amount				337,732
e Remaining amount distributed out of corpus	1,976,725			
5 Excess distributions carryover applied to 2012	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,675,717			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	1,732,566			
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a	10,943,151			
10 Analysis of line 9				
a Excess from 2008 1,978,273				
b Excess from 2009 1,908,515				
c Excess from 2010 2,110,558				
d Excess from 2011 2,969,080				
e Excess from 2012 1,976,725				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

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

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

c Any submission deadlines

PROSPECTIVE GRANTEES WILL NEED TO INQUIRE WITH FOUNDATION

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

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,401,868
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,130	
4 Dividends and interest from securities			14	427,365	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	117,148	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a OTHER INCOME			01	255,034	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		801,677	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	801,677

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

****** | 2013-06-19 | ******

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
AMBER KOCHER CPA	AMBER KOCHER CPA			P01286298

Firm's name ▶ BLUE & CO LLC — Firm's EIN ▶ 35-1178661

ONE AMERICAN SQUARE 2200

Firm's address ▶ INDIANAPOLIS, IN 46282 — Phone no (317) 633-4705

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

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Employer identification number
35-6203550

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Employer identification number
35-6203550

Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

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

Name of organization
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Employer identification number
35-6203550

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

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

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

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

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

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

Name of organization
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

Employer identification number
35-6203550

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

Additional Data

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

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEREK P THERIAC 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	$ 7,192	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2	EFROYMSON FAMILY FUND 615 N ALABAMA STREET STE 119 INDIANAPOLIS, IN 46204	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
3	INDYPRIDE INC P O BOX 44403 INDIANAPOLIS, IN 46244	$ 8,620	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
4	MARION COUNTY HEALTH DEPARTMENT 3838 N RURAL STREET INDIANAPOLIS, IN 46205	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
5	METHODIST HEALTH FOUNDATION 1800 NORTH CAPITOL INDIANAPOLIS, IN 46202	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
6	JAMES E SPAIN 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	$ 27,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
7	HEALTH AND HOSPITAL CORP OF MARION COUNTY IN 3838 N RURAL STREET INDIANAPOLIS, IN 46205	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	IU HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN 47402	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
9	THE SAMERIAN FOUNDATION 9910 TOWNE ROAD CARMEL, IN 46032	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
10	WISHARD HEALTH SERVICES 1001 WEST 10TH STREET INDIANAPOLIS, IN 46202	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
11	OTHER VARIOUS CONTRIBUTORS 5000 429 EAST VERMONT STREET SUITE 300 INDIANAPOLIS, IN 46202	$ 243,806	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
12	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012	$ 33,307	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
13	CHRISTEL DEHAAN FAMILY FOUNDATION 10 W MARKET STREET SUITE 1990 INDIANAPOLIS, IN 46204	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
14	ELI LILLY AND COMPANY FOUNDATION LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	DEBORAH J SIMON 950 LAURELWOOD CARMEL, IN 46032	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
16	THE INDIANAPOLIS FOUNDATION 615 N ALABAMA STREET INDIANAPOLIS, IN 46204	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
17	WALGREENS HEALTH SERVICES 1411 LAKE COOK ROAD DEERFIELD, IL 60015	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

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TY 2012 Accounting Fees Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSES	57,063	0	0	46,221

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TY 2012 General Explanation Attachment

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Identifier	Return Reference	Explanation
CHANGES NOT PREVIOUSLY REPORTED	FORM 990-PF, PART VII-A, LINE 3	A CONFORMED COPY OF THE UPDATED GOVERNING DOCUMENTS HAVE BEEN MAILED TO THE IRS TE/GE - EO DETERMINATIONS DEPARTMENT

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TY 2012 Investments Corporate Stock Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	5,612,096	5,322,805

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TY 2012 Investments Government Obligations Schedule

Name:	THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC
EIN:	35-6203550
US Government Securities - End of Year Book Value:	10,148,554
US Government Securities - End of Year Fair Market Value:	9,597,936
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

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TY 2012 Land, Etc. Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	92,350	0	92,350	92,350
BUILDINGS & IMPROVEMENTS	4,411,399	624,314	3,787,085	3,787,085
FURNITURE & EQUIPMENT	127,626	108,397	19,229	19,229

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TY 2012 Legal Fees Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	19,103	0	0	15,473

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TY 2012 Other Assets Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST RECEIVABLE	6,855	5,383	5,383
OTHER RECEIVABLES	421,787	975,169	975,169
OTHER ASSETS	40,669	36,967	36,967

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TY 2012 Other Expenses Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	59,556	59,556	0	0
AIDS PROJECT FUNDS	94,791	0	0	76,781
OFFICE SUPPLIES	1,198	0	0	970
TELECOMMUNICATIONS	6,107	0	0	4,947
DUES AND SUBSCRIPTIONS	764	0	0	619
INSURANCE	29,566	0	0	23,948
PRINTING & POSTAGE	933	0	0	756
EQUIPMENT RENTAL	3,834	0	0	3,106
MAINTENANCE EXPENSE	68,351	0	0	55,364
UTILITIES EXPENSE	36,978	0	0	29,952
OTHER EXPENSES	70,105	0	0	56,785
CONTRACT LABOR	56,471	0	0	45,742
TRAINING & MEETINGS	28,436	0	0	23,033
COMPUTER SUPPORT	23,790	0	0	19,270

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TY 2012 Other Income Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	255,034		255,034

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TY 2012 Other Liabilities Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Description	Beginning of Year - Book Value	End of Year - Book Value
OTHER CURRENT LIABILITIES	15,838	14,219

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TY 2012 Other Professional Fees Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	18,528	0	0	15,008

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TY 2012 Taxes Schedule

Name: THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC

EIN: 35-6203550

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	3,947	0	0	3,947
REAL ESTATE TAX	76,697	0	0	61,375

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BETTY WILSON 429 E VERMONT STREET INDIANAPOLIS,IN 46202	PRESIDENT & CEO 50 00	142,541	9,265	0
DWAYNE C ISAACS 429 E VERMONT STREET INDIANAPOLIS,IN 46202	CHAIR 2 00	0	0	0
MONICA MEDINA 429 E VERMONT STREET INDIANAPOLIS,IN 46202	VICE CHAIR 2 00	0	0	0
DAVID SUESS 429 E VERMONT STREET INDIANAPOLIS,IN 46202	SECRETARY 2 00	0	0	0
KENNETH HULL 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TREASURER 2 00	0	0	0
ANNE BELCHER 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
MICHAEL CARTER 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TREASURER 1 00	0	0	0
TERESA CRAIG CPA 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
JOHN HALL 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
DAVID KELLEHER 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TREASURER 1 00	0	0	0
PATRICIA RILEY 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TRUSTEE 1 00	0	0	0
ROBERT ROBINSON 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TREASURER 1 00	0	0	0
AUDREY SATTERBLOM 429 E VERMONT STREET INDIANAPOLIS,IN 46202	TREASURER 1 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4P SUPPORT GROUP 131 GREEN COOK ROAD SUNBURY,OH 43074	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
AIDS MINISTRIESAIDS ASSIST OF N IN 201 S WILLIAM STREET SOUTH BEND,IN 46601	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000
AIDS RESOURCE GROUP OF EVANSVILLE 201 NW 4TH STREET STE B-7 EVANSVILLE,IN 47708	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,000
AIDS TASK FORCE OF LAPORTE PO BOX 64568 GARY,IN 46401	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
AIDS TASK FORCE INC 2124 FAIRFIELD AVE FORT WAYNE,IN 46802	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	43,333
ALLIANCE FOR RESPONSIBLE PET OWNERS PO BOX 6385 FISHERS,IN 46038	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
AMERICORPS 1201 NEW YORK AVENUE NW WASHINGTON,DC 20525	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	41,500
ASPIRE INDIANA 9615 EAST 148TH STREET NOBLESVILLE,IN 46060	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,500
BETHLEHEM HOUSE 130 E 30TH STREET INDIANAPOLIS,IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	43,500
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST SUITE 150 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	4,000
BROTHERS UNITED 3737 N MERIDIAN STREET INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	20,000
CENTRAL INDIANA LAB RESCUE AND ADOPTION INC 8517 S 650 E LADOGA,IN 47954	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
COMMUNITY FOUNDATION OF BOONE COUNTY PO BOX 92 ZIONSVILLE,IN 46077	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
CONCORD CENTER ASSOCIATION 1310 S MERIDIAN STREET INDIANAPOLIS,IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	24,500
DANCE KALEIDOSCOPE 4603 CLARENDON ROAD RM32 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500

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a *Paid during the year*				
DOVE RECOVERY HOUSE FOR WOMEN 14 N HIGHLAND AVE INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
ESKENAZI HEALTH FOUNDATION 1001 W 10TH STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	258,500
GEORGE WASHINGTON COMMUNITY SCHOOL 2215 WEST WASHINGTON STREET INDIANAPOLIS,IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
GROWING PLACES INDY INC 506 N ORIENTAL STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
HEART CHANGE MINISTRIES 1060 W 106TH STREET CARMEL,IN 46032	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
HOOSIER HILLS AIDS COALITION 1403 SPRING STREET STE200 JEFFERSONVILLE,IN 47130	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
HOWARD COUNTY HEALTH DEPT 120 E MULBERRY STREET RM206 KOKOMO,IN 46901	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	13,000
HUMANE SOCIETY OF INDIANAPOLIS INC 7929 N MICHIGAN ROAD INDIANAPOLIS,IN 46268	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
INDIANA AIDS FUND 429 E VERMONT STREET STE300 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000
INDIANA LATINO INSTITUTE 445 N PENNSYLVANIA STREET STE800 INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	18,000
INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON,IN 47402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	49,500
INDIANA YOUTH GROUP PO BOX 20716 INDIANAPOLIS,IN 46220	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
INDY HUNGER NETWORK 9080 DEWBERRY CT INDIANAPOLIS,IN 46260	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000
IPS EDUCATION FOUNDATION 120 E WALNUT STREET INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
IUPUI CENTER FOR SERVICE AND LEARNING BUSINESS/SPEA BUILDING ROOM BS2010 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000

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a *Paid during the year*				
JAMESON CAMP 2001 S BRIDGEPORT ROAD INDIANAPOLIS,IN 46231	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	20,000
LA PLAZA INC 8902 E 38TH ST INDIANAPOLIS,IN 46226	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
LATINO ACTION LEAGUE 2850 E COUNTY ROAD 875 S MOORESVILLE,IN 46158	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	15,160
LEARNING WELL INC 342 MASACHUSETTS AVEUNE INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	300,000
LIFECARE OF INDIANA UNIVERSITY HEALTH 1633 N CAPITAL AVE STE700 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	30,000
LITTLE PAWS ON THE PRAIRIE LTD 19123 MULE BARD ROAD WESTFIELD,IN 46074	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
PATHWAY TO RECOVERY INC 2135 N ALABAMA STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
PFLAG-SEYMOUR CHAPTER PO BOX 997 SEYMOUR,IN 47274	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,250
PLANNED PARENTHOOD OF IN PO BOX 397 INDIANAPOLIS,IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	18,125
RECYCLEFORCE 754 N SHERMAN DRIVE INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	12,000
SHALOM HEALTH CARE CENTER 3737 N MERIDIAN ST SUITE 402 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
SOCIAL HEALTH ASSOC OF IN 615 N ALABAMA STREET STE328 INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	20,000
STEP-UP INC 8580 CEDAR PLACE DR STE117 INDIANAPOLIS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	118,000
STEPHEN COLLINS FOSTER IPS #67 653 N SOMERSET AVE INDIANAPOLIS,IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
TERRE HAUTE HOUSING AUTHORITY DEVELOPMENT CORP PO BOX 3086 TERRE HAUTE,IN 47804	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000

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a *Paid during the year*				
THE DAMIEN CENTER 1350 N PENNSYLVANIA STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	182,500
THE MARTIN CENTER 3545 N COLLEGE AVE INDIANAPOLIS,IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
TRADERS POINT CHRISTIAN ACADEMY 7880 LAFAYETTE ROAD INDIANAPOLIS,IN 46278	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
TRI-STATE ALLIANCE PO BOX 2901 EVANSVILLLE,IN 47728	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	15,000
WASHINGTON TOWNSHIP SCHOOLS FOUNDATION 8550 WOODFIELD CROSSING BLVD INDIANAPOLIS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
WISHARD HEALTH SERVICES 1050 WISHARD BLVD RHC RM22 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	8,500
WOMEN IN MOTION INC PO BOX 68435 INDIANPOLIS,IN 46268	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
Total . . . . . ▶ **3a**				1,401,868