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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

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 400		B Telephone number (see instructions) (317) 630-1805	
City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46202		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ 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		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 19,730,886		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see 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)	601,166			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	212	212		
	4 Dividends and interest from securities.	595,345	595,345		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	801,611			
	b Gross sales price for all assets on line 6a 5,696,830				
	7 Capital gain net income (from Part IV, line 2) . . .		801,611		
	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)	368,517	0	368,517	
	12 Total. Add lines 1 through 11	2,366,851	1,397,168	368,517	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	161,373	0	0	146,849
	14 Other employee salaries and wages	183,032	0	0	166,559
	15 Pension plans, employee benefits	39,855	0	0	36,268
	16a Legal fees (attach schedule)	4,766	0	0	4,337
	b Accounting fees (attach schedule)	48,151	0	0	43,817
	c Other professional fees (attach schedule)	148,560	58,117	0	82,303
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	62,693	0	0	0
	19 Depreciation (attach schedule) and depletion . . .	122,128	0	0	
	20 Occupancy	128,062	0	0	116,537
	21 Travel, conferences, and meetings	27,906	0	0	25,394
	22 Printing and publications	976	0	0	888
	23 Other expenses (attach schedule)	344,634	0	0	313,617
	24 Total operating and administrative expenses. Add lines 13 through 23	1,272,136	58,117	0	936,569
	25 Contributions, gifts, grants paid	4,631,689			4,631,689
	26 Total expenses and disbursements. Add lines 24 and 25	5,903,825	58,117	0	5,568,258
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-3,536,974			
	b Net investment income (if negative, enter -0-)		1,339,051		
	c Adjusted net income (if negative, enter -0-)			368,517	

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			
	2	Savings and temporary cash investments	1,456,644	2,241,254	2,241,254
	3	Accounts receivable ▶ <u>2,348</u>			
		Less allowance for doubtful accounts ▶ _____	4,937	2,348	2,348
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable	66,226	15,495	15,495
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see 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	53,343	52,661	52,661
	10a	Investments—U S and state government obligations (attach schedule)	9,500,116	 8,133,255	8,213,850
	b	Investments—corporate stock (attach schedule)	4,926,269	 4,272,646	4,521,710
	c	Investments—corporate bonds (attach schedule).			
Liabilities	11	Investments—land, buildings, and equipment basis ▶ _____			
		Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	827,140	 827,139	827,139
	14	Land, buildings, and equipment basis ▶ <u>4,794,446</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>944,377</u>	3,952,250	 3,850,069	3,850,069
	15	Other assets (describe ▶ _____)	 6,852	 6,360	 6,360
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	20,793,777	19,401,227	19,730,886
	17	Accounts payable and accrued expenses	240,734	93,066	
	18	Grants payable	1,203,917	3,529,200	
	19	Deferred revenue	32,095	5,668	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)	 32,093	 25,329	
	23	Total liabilities (add lines 17 through 22)	1,508,839	3,653,263	
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	18,708,502	15,374,972	
	25	Temporarily restricted	576,436	372,992	
	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 instructions)	19,284,938	15,747,964	
	31	Total liabilities and net assets/fund balances (see instructions)	20,793,777	19,401,227	

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 19,284,938
2	Enter amount from Part I, line 27a	2 -3,536,974
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 15,747,964
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 15,747,964

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 5,696,830		4,895,219	801,611
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) 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			801,611
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	801,611
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 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))
2013	2,616,102	6,615,029	0 395479
2012	2,309,586	6,852,055	0 337065
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

2	Total of line 1, column (d).	2	1 317111
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 263422
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	6,759,994
5	Multiply line 4 by line 3.	5	1,780,731
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	13,391
7	Add lines 5 and 6.	7	1,794,122
8	Enter qualifying distributions from Part XII, line 4.	8	5,568,258

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 VIExcise 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			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b		113,391	
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-)		20	
3		Add lines 1 and 2.		313,391	
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		40	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		513,391	
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	9,398	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	4,000	
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		713,398	
8		Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached		879	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		972	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax ☐ Refunded ☐		11	

Part VII-AStatements Regarding Activities

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		Yes	No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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?		2			No
		If "Yes," attach a detailed description of the activities.					
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3			No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a			No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b			
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5			No
		If "Yes," attach the statement required by General Instruction T.					
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 2014 or the taxable year beginning in 2014 (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 2014, 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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

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 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 2014?. 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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. ☐ 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 2014 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>). 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 2014?	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 4945(d)(4)(A)? (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	DEVELOPMENT DIRECTOR	73,380	21,771	0
429 E VERMONT STREET SUITE 400 INDIANAPOLIS,IN 46202	40 00			
JASON GRISELL	PROGRAM DIRECTOR	73,403	11,673	0
429 E VERMONT STREET SUITE 400 INDIANAPOLIS,IN 46202	50 00			
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
SYRUS CONSTRUCTION	CONSTRUCTION	162,722
4296 W 400 S NEW PALESTINE,IN 46163		
DUNBAR REAL ESTATE	CONSTRUCTION, MANAGEMENT	109,312
222 E OHIO ST 506 INDIANAPOLIS,IN 46204		
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 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	5,013,989
b	Average of monthly cash balances.	1b	1,848,949
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	6,862,938
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	6,862,938
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	102,944
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,759,994
6	Minimum investment return. Enter 5% of line 5.	6	338,000

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	338,000
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	13,391
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	13,391
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	324,609
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	324,609
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	324,609

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	5,568,258
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	5,568,258
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	13,391
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	5,554,867
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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				324,609
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20__ , 20__ , 20__		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.	1,908,515			
b From 2010.	2,110,558			
c From 2011.	2,969,080			
d From 2012.	1,976,725			
e From 2013.	2,303,809			
f Total of lines 3a through e.	11,268,687			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 5,568,258				
a Applied to 2013, 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 2014 distributable amount.				324,609
e Remaining amount distributed out of corpus	5,243,649			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,512,336			
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	1,908,515			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	14,603,821			
10 Analysis of line 9				
a Excess from 2010. . . .	2,110,558			
b Excess from 2011. . . .	2,969,080			
c Excess from 2012. . . .	1,976,725			
d Excess from 2013. . . .	2,303,809			
e Excess from 2014. . . .	5,243,649			

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 2014, 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)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
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 address of the person to whom applications should be addressed

THE HEALTH FOUNDATION OF GREATER IN
429 E VERMONT STREET SUITE 400
INDIANAPOLIS, IN 46202
(317) 630-1805
INFO@THFGI.ORG

b

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

POTENTIAL GRANTEEES CAN INQUIRE 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, CONTACT INFO: NAME, ADDRESS, & TELEPHONE), COVER LETTER OR COVER SHEET W/ SINGLE PAGE SYNOPSIS IS ACCEPTABLE, 2) NARRATIVE (W/ PROGRAM PROCEDURE DETAILS, PERSONNEL INVOLVED, ANTICIPATED OUTCOMES, MONITORING PROCEDURES), 3) COPY OF IRS DETERMINATION LETTER INDICATING TAX EXEMPT STATUS (PROPOSAL WILL NOT BE EVALUATED W/OUT IT), 4) DETAILED BUDGET (INCLD. PROJECTED INC/EXP, NEW PROGRAMS MUST SUBMIT PRIOR INC/EXP STMTS & AUDITED FINANCIAL STMTS), 5) VERIFICATION OF GOVERNING BODY AUTHORIZATION, 6) LISTING OF 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 GRANTEEES 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 GRANTEEES 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 GRANTEEES 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	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	2,306,406
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

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

[illegible]

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?			Yes	No
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				

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

Paid Preparer Use Only	Print/Type preparer's name ANGELA N CRAWFORD	Preparer's Signature	Date	Check if self-employed ☒	PTIN P00573197
	Firm's name ☒ BLUE & CO LLC			Firm's EIN ☒ 35-1178661	
	Firm's address ☒ ONE AMERICAN SQUARE 2200 INDIANAPOLIS, IN 46282			Phone no (317) 633-4705	

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	PRESIDENT & CEO 40 00	161,373	18,330	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
DAVID SUESS	CHAIR 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
ANNE BELCHER	VICE CHAIR 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
TERESA CRAIG CPA	SECRETARY 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
DAVID KELLEHER	TREASURER 2 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
MICHAEL CARTER	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
JOHN HALL	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
KENNETH HULL	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
DWAYNE ISAACS	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
MONICA MEDINA	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
PATRICIA RILEY	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
ROBERT ROBINSON	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				
JAMES A TRULOCK	TRUSTEE 1 00	0	0	0
429 E VERMONT STREET INDIANAPOLIS,IN 46202				

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
AIDS MINISTRIESAIDS ASSIST OF N IN 201 S WILLIAM STREET SOUTH BEND,IN 46601	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	4,000
AIDS RESOURCE GROUP OF EVANSVILLE 201 NW 4TH STREET STE B-7 EVANSVILLE,IN 47708	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	17,500
AIDS TASK FORCE OF LAPORTE PO BOX 64568 GARY,IN 46401	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000
AIDS TASK FORCE INC 2124 FAIRFIELD AVE FORT WAYNE,IN 46802	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	88,167
AMERICORPS 1201 NEW YORK AVENUE NW WASHINGTON,DC 20525	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	84,000
ASPIRE INDIANA 9615 EAST 148TH STREET NOBLESVILLE,IN 46060	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
BETHLEHEM HOUSE 130 E 30TH STREET INDIANAPOLIS,IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	45,000
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST SUITE 150 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,500
BROTHERS UNITED 3737 N MERIDIAN STREET INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	98,750
CATS HAVEN PO BOX 30206 INDIANAPOLIS,IN 46230	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
CENTRAL INDIANA LAB RESCUE AND ADOPTION INC 8517 S 650 E LADOGA,IN 47954	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
CHASE NEAR EASTSIDE LEGACY CENTER 2236 EAST TENTH ST INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
COLLEGE MENTORS FOR KIDS 212 WEST 10TH STREET STE B260 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
CONCORD CENTER ASSOCIATION 1310 S MERIDIAN STREET INDIANAPOLIS,IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	14,500
DAMAR SERVICES 6067 DECATUR BLVD INDIANAPOLIS,IN 46241	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000
Total  3a				2,306,406

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

Recipient	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
Name and address (home or business)				
a Paid during the year				
DANCE KALEIDOSCOPE 4603 CLARENDON ROAD RM32 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
DOVE RECOVERY HOUSE FOR WOMEN 14 N HIGHLAND AVE INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
EQUITY INSTITUTE 1900 EAST TENTH STREET BLOOMINGTON,IN 47406	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
ESKENAZI HEALTH FOUNDATION 1001 W 10TH STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	280,500
FACE 1505 MASSACHUSETTS AVE INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
FATHERS AND FAMILIES 2835 N ILLINOIS ST INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
GROWING PLACES INDY 506 N ORIENTAL ST INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000
HOUSING AUTHORITY OF THE CITY OF TERRE HAUTE 2001 NORTH 19TH ST TERRE HAUTE,IN 47804	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000
INDIANA 211 PARTNERSHIP 3901 N MERIDIAN ST STE 300 INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	275,000
INDIANA PRIMARY HEALTHCARE ASSOCIATION 429 N PENNSYLVANIA ST STE 333 INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	125,000
INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON,IN 47402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,500
INDIANAPOLIS INTERFAITH HOSPITALITY NETWORK 1850 N ARSENAL AVE INDIANAPOLIS,IN 46218	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
INDY PRIDE INC PO BOX 44403 INDIANAPOLIS,IN 46244	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
IU HEALTH POSITIVE LINK 333 EAST MILLER DRIVE BLOOMINGTON,IN 47403	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	22,000
JACKSON CENTER FOR CONDUCTIVE EDUCATION 802 SAMUEL MOORE PKWY MOORESVILLE,IN 46518	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
Total  3a				2,306,406

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
JAMESON CAMP 2001 S BRIDGEPORT ROAD INDIANAPOLIS,IN 46231	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000
LAMBDA LEGAL 120 WALL STREET 19TH FLOOR NEWYORK,NY 10005	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
LIFECARE OF INDIANA UNIVERSITY HEALTH 1633 N CAPITAL AVE STE700 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	187,650
LITTLE RED DOOR CANCER AGENCY 1801 NORTH MERIDIAN ST INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	4,000
MARION COUNTY HEALTH DEPT 1101 WEST TENTH STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	50,000
MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS STREET INDIANAPOLIS,IN 46221	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
MINORITY HEALTH COALITION 3737 NORTH MERIDIAN ST 3RD FLOOR INDIANAPOLIS,IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
NATIONAL JUNIOR TENNIS LEAGUE OF INDPLS 911 EAST 86TH ST STE 31 INDIANAPOLIS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
OUTREACH ON THE RUN INC 12900 HAZEL DELL PARKWAY CARMEL,IN 46033	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
PATHWAY TO RECOVERY INC 2135 N ALABAMA STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
PEACE LEARNING CENTER 6040 DELONG RD INDIANAPOLIS,IN 46254	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000
PLANNED PARENTHOOD OF IN PO BOX 397 INDIANAPOLIS,IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	30,000
RECYCLEFORCE 754 N SHERMAN DRIVE INDIANAPOLIS,IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
ROBERT H MCKINNEY SCHOOL OF LAW 350 CANAL WALK INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
SECOND HELPINGS 1121 SOUTHEASTERN AVE INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
Total  3a				2,306,406

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SHALOM HEALTHCARE CENTER 3400 LAFAYETTE RD 200 INDIANAPOLIS,IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	20,000
SPECIAL OLYMPICS INDIANA 6100 WEST 96TH ST STE 270 INDIANAPOLIS,IN 46278	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
SPEEDWAY HIGH SCHOOL ATHLETICS 5357 WEST 25TH ST SPEEDWAY,IN 46224	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000
STEP-UP INC 8580 CEDAR PLACE DR STE117 INDIANAPOLIS,IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	152,750
THE DAMIEN CENTER 1350 N PENNSYLVANIA STREET INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	633,589
THE LATINO HEALTH ORGANIZATION 311 N NEW JERSEY ST INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
THE MARTIN CENTER 3545 N COLLEGE AVE INDIANAPOLIS,IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
WEST INDIANAPOLIS COMMUNITY FUND 1211 HIATT STREET INDIANAPOLIS,IN 46221	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
WOMEN IN MOTION INC 429 E VERMONT STREET SUITE 300 INDIANAPOLIS,IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500
YOUNG ACTORS THEATRE 401 E MICHIGAN ST INDIANAPOLIS,IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500
Total			▶ 3a	2,306,406

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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	OMB No 1545-0047
		2014

Name of the organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC	Employer identification number 35-6203550
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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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 for noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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	EFROYMSON FAMILY FUND 615 N ALABAMA STREET STE 119 INDIANAPOLIS, IN46204	\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	INDYPRIDE INC P O BOX 44403 INDIANAPOLIS, IN46244	\$ 43,153	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	JAMES E SPAIN 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN46208	\$ 27,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	DEBORAH J SIMON 950 LAURELWOOD CARMEL, IN46032	\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	IU HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN47402	\$ 5,600	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	DEREK P THERIAC 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN46208	\$ 5,622	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HEALTH AND HOSPITAL CORP OF MARION COUNTY IN 3838 N RURAL STREET INDIANAPOLIS, IN 46205	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	THE INDIANAPOLIS FOUNDATION 615 N ALABAMA STREET INDIANAPOLIS, IN 46204	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
9	CHRISTEL DEHAAN FAMILY FOUNDATION 10 W MARKET STREET SUITE 1990 INDIANAPOLIS, IN 46204	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
10	ESKENAZI HEALTH 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
11	METHODIST HEALTH FOUNDATION 1800 NORTH CAPITAL AVENUE INDIANAPOLIS, IN 46202	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
12	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012	\$ 71,093	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WAYNE ZINK 201 S 11TH STREET UNIT 2620 MINNEAPOLIS, MN 55403	\$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

TY 2014 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	48,151	0	0	43,817

TY 2014 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	4,272,646	4,521,710

TY 2014 Investments Government Obligations Schedule

Name: THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS INC

EIN: 35-6203550

**US Government Securities - End of
Year Book Value:** 8,133,255

**US Government Securities - End of
Year Fair Market Value:** 8,213,850

**State & Local Government
Securities - End of Year Book
Value:** 0

**State & Local Government
Securities - End of Year Fair
Market Value:** 0

TY 2014 Investments - Other Schedule

Name: THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS INC

EIN: 35-6203550

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NOTES RECEIVABLE TO 501(C)3 EXEMPT ORGANIZATION	AT COST	827,139	827,139

TY 2014 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	4,592,954	854,733	3,738,221	3,738,221
FURNITURE & EQUIPMENT	93,891	89,644	4,247	4,247
CONSTRUCTION IN PROGRESS	15,251	0	15,251	15,251

TY 2014 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	4,766	0	0	4,337

TY 2014 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	6,852	6,360	6,360

TY 2014 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
AIDS PROJECT FUNDS	145,126	0	0	132,065
OFFICE SUPPLIES	2,087	0	0	1,899
INSURANCE	28,068	0	0	25,542
OTHER EXPENSES	142,122	0	0	129,331
COMPUTER SUPPORT	17,400	0	0	15,834
DUES	1,433	0	0	1,304
TELECOMMUNICATIONS	8,398	0	0	7,642

TY 2014 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	368,517		368,517

TY 2014 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
SECURITY DEPOSITS	22,603	21,508
DEFERRED EXCISE TAX	9,490	3,821

TY 2014 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	8,039	0	0	7,315
INVESTMENT FEES	58,117	58,117	0	0
CONTRACT LABOR	82,404	0	0	74,988

TY 2014 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	7,722	0	0	0
REAL ESTATE TAX	54,971	0	0	0