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Part II Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only

		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	2,241,254.	2,140,135.	2,140,135.
	3 Accounts receivable ▶ 19,108.			
	Less: allowance for doubtful accounts ▶	2,348.	19,108.	19,108.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable	15,495.	18,720.	18,720.
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	52,661.	40,758.	40,758.
	10a Investments - U.S. and state government obligations STMT 9	8,133,255.	5,878,623.	5,855,120.
	b Investments - corporate stock STMT 10	4,272,646.	3,333,882.	2,837,111.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 11	827,139.	827,139.	827,139.
	14 Land, buildings, and equipment: basis ▶ 4,810,538.			
	Less accumulated depreciation STMT 8 ▶ 1,054,767.	3,850,069.	3,755,771.	3,755,771.
	15 Other assets (describe ▶ ACCRUED INTEREST RE)	6,360.	4,696.	4,696.
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	19,401,227.	16,018,832.	15,498,558.
Liabilities	17 Accounts payable and accrued expenses	93,066.	88,950.	
	18 Grants payable	3,529,200.	1,246,000.	
	19 Deferred revenue	5,668.	38,417.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 12)	25,329.	24,620.	
	23 **Total liabilities** (add lines 17 through 22)	3,653,263.	1,397,987.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	15,374,972.	14,094,733.	
	25 Temporarily restricted	372,992.	526,112.	
	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**	15,747,964.	14,620,845.	
	31 **Total liabilities and net assets/fund balances**	19,401,227.	16,018,832.	

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	15,747,964.
2	Enter amount from Part I, line 27a	2	-1,127,119.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	14,620,845.
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	14,620,845.

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.)
1a	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	5,312,908.		4,681,224.	631,684.
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				631,684.
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	631,684.
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). If (loss), enter -0- in Part I, line 8	3	N/A

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 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))
2014	5,554,867.	6,759,994.	.821727
2013	2,616,102.	6,615,029.	.395479
2012	2,309,586.	6,852,055.	.337065
2011	3,540,369.	12,912,934.	.274172
2010	3,047,731.	19,252,787.	.158301

2	**Total** of line 1, column (d)	2	1.986744
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	.397349
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	12,374,115.
5	Multiply line 4 by line 3	5	4,916,842.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	8,844.
7	Add lines 5 and 6	7	4,925,686.
8	Enter qualifying distributions from Part XII, line 4	8	5,250,269.

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.

3

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see 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 ▶ [X] and enter 1% of Part I, line 27b	1	8,844.
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	8,844.
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	8,844.
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 10,050.		
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	10,050.
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	1,206.
11	Enter the amount of line 10 to be: **Credited to 2016 estimated tax** ▶ 1,206. **Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? *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*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
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		X
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		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	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		X
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	X	
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	X	
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	X	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 14	10	X	

2

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

			Yes	No
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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

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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 N/A

			Yes	No
16	At any time during calendar year 2015, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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)? N/A	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 2015?	1c		X
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
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.) N/A	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 ▶ _____, _____, _____, _____			
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 2015 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 2015)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2015?	4b		X

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)?	N/A	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?	N/A ☐ 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	X
	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?	N/A	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.

(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 STATEMENT 15		159,165.	10,346.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
JASON GRISELL - 429 E VERMONT STREET, SUITE 400, INDIANAPOLIS, IN	PROGRAM DIRECTOR 50.00	74,200.	4,823.	0.
KATHY NAGLER - 429 E VERMONT STREET, SUITE 400, INDIANAPOLIS, IN 46202	DEVELOPMENT DIRECTOR 40.00	72,100.	4,687.	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. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
THE CORYDON GROUP - 125 W. MARKET STREET, SUITE 300, INDIANAPOLIS, IN 46204	ADVOCACY	76,980.

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
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	10,611,774.
b	Average of monthly cash balances		1b	1,950,779.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	12,562,553.
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	12,562,553.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	188,438.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	12,374,115.
6	**Minimum investment return.** Enter 5% of line 5		6	618,706.

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	618,706.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	8,844.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	8,844.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	609,862.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	609,862.
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	609,862.

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	5,250,269.
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	5,250,269.
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	5	8,844.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,241,425.

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				609,862.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 2,110,558.				
b From 2011 2,969,080.				
c From 2012 1,976,725.				
d From 2013 2,303,809.				
e From 2014 5,243,649.				
f **Total** of lines 3a through e	14,603,821.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ $ 5,250,269.			0.	
a Applied to 2014, but not more than line 2a		0.		
b Applied to undistributed income of prior years (Election required - see instructions)	0.			609,862.
c Treated as distributions out of corpus (Election required - see instructions)	4,640,407.			0.
d Applied to 2015 distributable amount	0.			
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d) the same amount must be shown in column (a).)	19,244,228.			
6 **Enter the net total of each column as indicated below:**		0.		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5			0.	
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.	0.			
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				
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)	2,110,558.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	17,133,670.			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2011 2,969,080.				
b Excess from 2012 1,976,725.				
c Excess from 2013 2,303,809.				
d Excess from 2014 5,243,649.				
e Excess from 2015 4,640,407.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
2 a 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 foundation 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).)

NONE

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.

NONE

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:

SEE STATEMENT 16

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

c Any submission deadlines:

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

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*				
AIDS MINISTRIES/AIDS 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	7,500.
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	73,750.
ALZHEIMER ASSOCIATION 50 E 91ST ST #100 INDIANAPOLIS, IN 46240	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
Total SEE CONTINUATION SHEET(S)			▶ 3a	4,023,304.
b *Approved for future payment*				
NONE				
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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
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		
4 Dividends and interest from securities			14	300,172.	
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	631,684.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			01	404,577.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,336,433.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)					13 1,336,433.

(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).
	NA

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)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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
		N/A	

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
N/A		

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) is based on all information of which preparer has any knowledge

Signature of officer or trustee: Betty H. Wilson — Date: 9/9/16 — Title: PRESIDENT & CEO

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
ANGELA N. CRAWFORD, CPA	Angela N. Crawford	08/09/16		P00573197

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

Firm's address ▶ 500 N. MERIDIAN ST, SUITE 200 INDIANAPOLIS, IN 46204 — Phone no. 317-633-4705

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No 1545-0047

2015

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, contributions totaling $5,000 or more (in money or 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 33 1/3% 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Part I Contributors (see instructions) 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	BLOOMINGTON HOSPITAL 601 W 2ND STREET BLOOMINGTON, IN 47403	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
2	EFROYMSON FAMILY FUND 615 N. ALABAMA STREET, STE. 119 INDIANAPOLIS, IN 46204	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
3	INDYPRIDE, INC. P. O. BOX 44403 INDIANAPOLIS, IN 46244	$ 34,111.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
4	COMMUNITY, A WALGREENS PHARMACY 335 MASSACHUSETTS AVENUE INDIANAPOLIS, IN 46204	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
5	JAMES E. SPAIN 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	$ 28,537.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
6	IU HEALTH METHODIST HOSPITAL 1701 SENATE BOULEVARD INDIANAPOLIS, IN 46202	$ 15,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

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
7	HEALTH AND HOSPITAL CORP OF MARION COUNTY, IN 3838 N. RURAL STREET INDIANAPOLIS, IN 46205	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
8	MARION COUNTY PUBLIC HEALTH DEPARTMENT 3838 N. RURAL STREET INDIANAPOLIS, IN 46205	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
9	ESKENAZI HEALTH 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202	$ 5,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
10	DEBORAH J. SIMON 950 LAURELWOOD CARMEL, IN 46032	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
11	PRMH CHARITABLE FOUNDATION 615 N. ALABAMA STREET, STE. 119 INDIANAPOLIS, IN 46204	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
12	THE NATIONAL BANK OF INDIANAPOLIS 1 AMERICAN SQUARE, SUITE 100 INDIANAPOLIS, IN 46282	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization	Employer identification number
THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	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
13	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012	$ 98,293.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
14	GILEAD SCIENCES 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

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

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 info once) ▶ $

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

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
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	3,500.
AVONDALE MEADOWS YMCA 3908 MEADOWS DR. INDIANAPOLIS, IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST, SUITE 150 INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000.
BLACK NURSES ASSOCIATION OF INDIANAPOLIS 3737 NORTH MERIDIAN ST, 3RD FLOOR INDIANAPOLIS, IN 46206	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500.
BROTHERS UNITED 3737 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	240,000.
CENTRAL INDIANA LAB RESCUE AND ADOPTION, INC. 8517 S. 650 E. LADOGA, IN 47954	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
CICOA CLIENT ASSISTANCE PROGRAM 4755 KINGSWAY DRIVE, SUITE 200 INDIANAPOLIS, IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000.
COBURN PLACE 604 E 38TH STREET INDIANAPOLIS, IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	15,000.
CONCORD CENTER ASSOCIATION 1310 S. MERIDIAN STREET INDIANAPOLIS, IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	12,500.
Total from continuation sheets				3,933,554.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
COVENANT CHRISTIAN HIGH SCHOOL 7525 W 21ST ST. INDIANAPOLIS, IN 46214	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,500.
DANCE KALEIDOSCOPE 4603 CLARENDON ROAD, RM32 INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
DAYSPRING CENTER, INC. 1537 CENTRAL AVE INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000.
DOVE RECOVERY HOUSE FOR WOMEN 14 N HIGHLAND AVE INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	30,000.
ESKENAZI HEALTH FOUNDATION 1001 W. 10TH STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,396,500.
F.A.C.E. 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.
FAYETTE COUNTY HEALTH DEPARTMENT 401 N CENTRAL AVE #8 CONNERSVILLE, IN 47331	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	12,400.
FRIENDS OF INDIANAPOLIS ANIMAL CARE & CONTROL 7399 N. SHADELAND AVE #117 INDIANAPOLIS, IN 46250	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
GOODWILL INDUSTRIES FOUNDATION OF CENTRAL IN 1635 W MICHIGAN STREET INDIANAPOLIS, IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	16,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
HEALTH AND HOSPITAL CORPORATION 3838 N RURAL ST. INDIANAPOLIS, IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	25,000.
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 HEALTH ADVOCACY COALITION 429 E VERMONT STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
INDIANA PRIMARY HEALTHCARE ASSOCIATION 429 N. PENNSYLVANIA ST, STE 333 INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	30,000.
INDIANA UNIVERSITY FOUNDATION 1500 IN-46 BLOOMINGTON, IN 47408	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN 47402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	67,500.
IU HEALTH / POSITIVE LINK 333 EAST MILLER DRIVE BLOOMINGTON, IN 47403	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
JACKSON CENTER FOR CONDUCTIVE EDUCATION 802 SAMUEL MOORE PKWY MOORESVILLE, IN 46518	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000.
JAMESON CAMP 2001 S. BRIDGEPORT ROAD INDIANAPOLIS, IN 46231	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	18,000.
JOHN H. BONER CENTER 2236 E 10TH ST INDIANAPOLIS, IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	3,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
LIFECARE OF INDIANA UNIVERSITY HEALTH 1633 N. CAPITAL AVE, STE700 INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	271,950.
LITTLE RED DOOR CANCER AGENCY 1801 NORTH MERIDIAN ST INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
MADISON COUNTY PUBLIC HEALTH DEPARTMENT 206 E 9TH ST., #200 ANDERSON, IN 46016	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	12,000.
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	3,000.
PATHWAY TO RECOVERY INC 2135 N ALABAMA STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000.
PLANNED PARENTHOOD OF IN PO BOX 397 INDIANAPOLIS, IN 46225	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	8,500.
PLAYWORKS INDIANA 380 WASHINGTON STREET OAKLAND, CA 94607	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,000.
POSITIVE RESOURCE 785 MARKET ST #10 SAN FRANSICO, CA 94103	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	56,250.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
PREVENT CHILD ABUSE INDIANA 3833 N MERIDIAN ST #101 INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000.
RECYCLEFORCE 754 N SHERMAN DRIVE INDIANAPOLIS, IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	55,000.
ROBERT H. MCKINNEY SCHOOL OF LAW 350 CANAL WALK INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
SCOTT COUNTY HEALTH DEPARTMENT 1471 N GARDNER ST. SCOTTSBURG, IN 47170	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	15,000.
SHALOM HEALTHCARE CENTER 3400 LAFAYETTE RD #200 INDIANAPOLIS, IN 46222	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	51,500.
SPECIAL OLYMPICS INDIANA 6100 WEST 96TH ST, STE 270 INDIANAPOLIS, IN 46278	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,500.
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	146,954.
THE DAMIEN CENTER 1350 N. PENNSYLVANIA STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,263,000.
THE LATINO HEALTH ORGANIZATION 311 N. NEW JERSEY ST. INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	5,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
THE MARTIN CENTER 3545 N COLLEGE AVE INDIANAPOLIS, IN 46205	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	2,500.
Total from continuation sheets				

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	300,172.	0.	300,172.	300,172.	300,172.
TO PART I, LINE 4	300,172.	0.	300,172.	300,172.	300,172.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	404,577.	0.	404,577.
TOTAL TO FORM 990-PF, PART I, LINE 11	404,577.	0.	404,577.

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	10,515.	0.	0.	10,515.
TO FM 990-PF, PG 1, LN 16A	10,515.	0.	0.	10,515.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING EXPENSES	49,231.	0.	0.	49,231.
TO FORM 990-PF, PG 1, LN 16B	49,231.	0.	0.	49,231.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	11,327.	0.	0.	11,327.
INVESTMENT FEES	47,451.	47,451.	0.	0.
CONTRACT LABOR	92,744.	0.	0.	92,744.
TO FORM 990-PF, PG 1, LN 16C	151,522.	47,451.	0.	104,071.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	5,020.	0.	0.	0.
REAL ESTATE TAX	54,378.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	59,398.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AIDS PROJECT FUNDS	181,085.	0.	0.	181,085.
OFFICE SUPPLIES	2,192.	0.	0.	2,192.
INSURANCE	30,239.	0.	0.	30,239.
OTHER EXPENSES	157,576.	0.	0.	157,576.
COMPUTER SUPPORT	19,620.	0.	0.	19,620.
DUES	1,721.	0.	0.	1,721.
TELECOMMUNICATIONS	6,221.	0.	0.	6,221.
TO FORM 990-PF, PG 1, LN 23	398,654.	0.	0.	398,654.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
LAND	92,350.	0.	92,350.	92,350.
BUILDINGS & IMPROVEMENTS	4,633,507.	973,794.	3,659,713.	3,659,713.
FURNITURE & EQUIPMENT	84,681.	80,973.	3,708.	3,708.
TO 990-PF, PART II, LN 14	4,810,538.	1,054,767.	3,755,771.	3,755,771.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	X		5,878,623.	5,855,120.
TOTAL U.S. GOVERNMENT OBLIGATIONS			5,878,623.	5,855,120.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			5,878,623.	5,855,120.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK	3,333,882.	2,837,111.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,333,882.	2,837,111.

FORM 990-PF OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NOTES RECEIVABLE FROM 501(C)3 EXEMPT ORGANIZATION	COST	827,139.	827,139.
TOTAL TO FORM 990-PF, PART II, LINE 13		827,139.	827,139.

FORM 990-PF OTHER LIABILITIES STATEMENT 12

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
SECURITY DEPOSITS	21,508.	24,620.
DEFERRED EXCISE TAX	3,821.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	25,329.	24,620.

FORM 990-PF OTHER ASSETS STATEMENT 13

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST RECEIVABLE	6,360.	4,696.	4,696.
TO FORM 990-PF, PART II, LINE 15	6,360.	4,696.	4,696.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 STATEMENT 14

NAME OF CONTRIBUTOR	ADDRESS
MAC AIDS FUND	130 PRINCE STREET NEW YORK, NY 10012

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BETTY WILSON 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	PRESIDENT & CEO 40.00	159,165.	10,346.	0.
DAVID SUESS 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	CHAIR 2.00	0.	0.	0.
ANNE BELCHER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	VICE CHAIR 2.00	0.	0.	0.
TERESA CRAIG, CPA 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	SECRETARY 2.00	0.	0.	0.
DAVID KELLEHER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TREASURER 2.00	0.	0.	0.
MICHAEL CARTER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
JOHN HALL 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
KENNETH HULL 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
DWAYNE ISAACS 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
MONICA MEDINA 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.

PATRICIA RILEY 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
ROBERT ROBINSON 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
JAMES A. TRULOCK 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		159,165.	10,346.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 16
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.
429 E VERMONT STREET SUITE 400
INDIANAPOLIS, IN 46202

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
317-630-1805	PROGRAM GRANTS AND AIDS PROGRAM GRANTS

EMAIL ADDRESS

INFO@THFGI.ORG

FORM AND CONTENT OF APPLICATIONS

POTENTIAL GRANTEES 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.

ANY SUBMISSION DEADLINES

PROSPECTIVE GRANTEES WILL NEED TO INQUIRE WITH FOUNDATION.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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.