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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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

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 104

Room/suite

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 ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☑ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

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)* ▶$ 13,865,272

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	538,837			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	708	708		
	4	Dividends and interest from securities	148,224	148,224		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-664,687			
	b	Gross sales price for all assets on line 6a 2,339,138				
	7	Capital gain net income (from Part IV, line 2)		0		
	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)	409,114	0	409,114	
	12	**Total.** Add lines 1 through 11	432,196	148,932	409,114	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	180,467	0	0	180,467
	14	Other employee salaries and wages	405,457	0	0	226,937
	15	Pension plans, employee benefits	28,423	0	0	28,423
	16a	Legal fees (attach schedule)	15,240	0	0	15,240
	b	Accounting fees (attach schedule)	62,812	0	0	62,812
	c	Other professional fees (attach schedule)	150,461	26,314	0	124,147
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	60,971	77	0	0
	19	Depreciation (attach schedule) and depletion	125,807	0	0	
	20	Occupancy	147,659	0	0	147,659
	21	Travel, conferences, and meetings	39,690	0	0	39,690
	22	Printing and publications	3,008	0	0	3,008
	23	Other expenses (attach schedule)	303,470	0	0	303,470
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,523,465	26,391	0	1,131,853
	25	Contributions, gifts, grants paid	841,035			1,639,535
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,364,500	26,391	0	2,771,388
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-1,932,304			
	b	**Net investment income** (if negative, enter -0-)		122,541		
	c	**Adjusted net income**(if negative, enter -0-)			409,114	

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	2,140,135	1,397,966	1,397,966
	3 Accounts receivable ▶ 9,536			
	Less allowance for doubtful accounts ▶	19,108	9,536	9,536
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable	18,720	5,267	5,267
	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	40,758	35,276	35,276
	10a Investments—U S and state government obligations (attach schedule)	5,878,623	5,327,515	5,289,106
	b Investments—corporate stock (attach schedule)	3,333,882	2,071,767	2,503,841
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	827,139	827,139	827,139
	14 Land, buildings, and equipment basis ▶ 4,971,743			
	Less accumulated depreciation (attach schedule) ▶ 1,178,410	3,755,771	3,793,333	3,793,333
	15 Other assets (describe ▶)	4,696	3,808	3,808
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	16,018,832	13,471,607	13,865,272
Liabilities	17 Accounts payable and accrued expenses	88,950	267,470	
	18 Grants payable	1,246,000	447,500	
	19 Deferred revenue	38,417	42,537	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	24,620	25,559	
	23 **Total liabilities**(add lines 17 through 22)	1,397,987	783,066	
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	14,094,733	12,130,511	
	25 Temporarily restricted	526,112	558,030	
	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)	14,620,845	12,688,541	
	31 **Total liabilities and net assets/fund balances** (see instructions)	16,018,832	13,471,607	

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	14,620,845
2	Enter amount from Part I, line 27a	2	-1,932,304
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	12,688,541
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	12,688,541

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	Grosvenor Private Equity Partners Offshore Fund II LP			
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	2,186,583		2,063,719	122,864
b	152,555		940,106	-787,551
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				122,864
b				-787,551
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	-664,687
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))
2015	5,241,425	12,374,115	0 423580
2014	5,554,867	6,759,994	0 821727
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

2	**Total** of line 1, column (d)	2	2 252023
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 450405
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	9,292,268
5	Multiply line 4 by line 3	5	4,185,284
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,225
7	Add lines 5 and 6	7	4,186,509
8	Enter qualifying distributions from Part XII, line 4	8	2,771,388

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	2,451
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	2,451
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	2,451
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 8,844		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 1,000		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	9,844
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	7,393
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ 2,451 **Refunded** ▶	11	4,942

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see 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 2016 or the taxable year beginning in 2016 (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	Yes	

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 ▶ Jason Grisell 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 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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)?	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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ 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 2016 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 2016).*	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 2016?	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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Jason Grisell 429 E VERMONT STREET SUITE 400 INDIANAPOLIS, IN 46202	PROGRAM DIRECTOR 50 00	90,000	6,680	0
KATHY NAGLER 429 E VERMONT STREET SUITE 400 INDIANAPOLIS, IN 46202	deVELOPMENT DIRECTOR 40 00	74,263	7,913	0
Total number of other employees paid over $50,000 ▶				3

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 Services 4296 W 400 S New Palestine, IN 46163	Construction	194,077
The Corydon group 125 W Market Street Suite 300 Indianapolis, IN 46204	Advocacy	83,918

Total number of others receiving over $50,000 for professional services. . . . . ▶ 2

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	7,868,653
b	Average of monthly cash balances		1b	1,565,122
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	9,433,775
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	9,433,775
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	141,507
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	9,292,268
6	**Minimum investment return.** Enter 5% of line 5		6	464,613

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	464,613
2a	Tax on investment income for 2016 from Part VI, line 5	2a 2,451		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	2,451
3	Distributable amount before adjustments Subtract line 2c from line 1		3	462,162
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	462,162
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	462,162

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes			
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26		1a	2,771,388
b	Program-related investments—total from Part IX-B		1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	2,771,388
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	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4		6	2,771,388

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				462,162
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011. 2,969,080				
b From 2012. 1,976,725				
c From 2013. 2,303,809				
d From 2014. 5,243,649				
e From 2015. 4,640,407				
f Total of lines 3a through e.	17,133,670			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 2,771,388				
a Applied to 2015, 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 2016 distributable amount.				462,162
e Remaining amount distributed out of corpus	2,309,226			
5 Excess distributions carryover applied to 2016	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,442,896			
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 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions) . . .	2,969,080			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	16,473,816			
10 Analysis of line 9				
a Excess from 2012. . . . 1,976,725				
b Excess from 2013. . . . 2,303,809				
c Excess from 2014. . . . 5,243,649				
d Excess from 2015. . . . 4,640,407				
e Excess from 2016. . . . 2,309,226				

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 2016, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail 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 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

c Any submission deadlines

Prospective Grantees will need to inquire with foundation

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

Potential grantees proposals are evaluated by the board of directors on the impact/usefulness to the community, ability to fulfill need, feasibility, plan's implementation soundness, & subsequent long-term financing Funds are to be applied w/in proposal specifications w/out alteration/diversion Additional information i e site visits and interviews may be required Funds cannot be held to generate investment income and unexpended amounts are to be returned Prospective Grantess will need to inquire with foundation

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,639,535
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	708	
4 Dividends and interest from securities. . . .			14	148,224	
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	-664,687	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a Other income			01	409,114	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		-106,641	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	-106,641

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2017-08-23	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Angela N Crawford CPA		2017-08-23		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

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

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
BETTY WILSON 429 E Vermont Street Indianapolis, IN 46202	President & CEO 40 00	159,165	21,302	0
Dwayne Isaacs 429 E Vermont Street Indianapolis, IN 46202	Chair 2 00	0	0	0
TERESA CRAIG CPA 429 E Vermont Street Indianapolis, IN 46202	Vice Chair 2 00	0	0	0
David Kelleher 429 E Vermont Street Indianapolis, IN 46202	Treasurer 2 00	0	0	0
James A Trulock 429 E Vermont Street Indianapolis, IN 46202	Secretary 2 00	0	0	0
Michael Carter 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
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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS MINISTRIESAIDS ASSIST OF N IN 201 S William Street South Bend, IN 46601	No relationship	Public Charity	Promote wellness	20,000
AIDS Resource Group of Evansville 201 NW 4th Street Ste B-7 Evansville, IN 47708	No relationship	Public Charity	Promote wellness	28,700
AIDS Task Force of Laporte PO Box 64568 Gary, IN 46401	No relationship	Public Charity	Promote wellness	5,000
Aspire Indiana 9615 East 148th Street Noblesville, IN 46060	No relationship	Public Charity	Promote wellness	5,000
Brothers United 3737 N Meridian Street Indianapolis, IN 46208	No relationship	Public Charity	Promote wellness	52,700
Total . . . . . ▶ 3a				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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	2,500
Circle City HIV Coalition 429 E Vermont Street Ste 400 Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	1,500
Clark County Health Department 1320 Duncan Ave Jeffersonville, IN 47130	No relationship	Public Charity	Promote wellness	7,000
Concord Center Association 1310 S Meridian Street Indianapolis, IN 46225	No relationship	Public Charity	Promote wellness	2,500
Total . . . . . ▶ 3a				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Covenant Christian High School 7525 W 21st St Indianapolis, IN 46214	No relationship	Public Charity	Promote wellness	1,500
Dayspring Center Inc 1537 Central Ave Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	3,000
Eskenazi Health Foundation 1001 W 10th Street Indianapolis, IN 46202	No relationship	public Charity	Promote wellness	100,100
FACE 1505 Massachusetts Ave Indianapolis, IN 46201	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	10,100
Total 3a . . . . . ▶				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Friends of Indianapolis Animal Care & Control 7399 N Shadeland Ave 117 Indianapolis, IN 46250	No relationship	Public Charity	Promote wellness	2,500
Guidance Life Skills and Mentoring GLAM 111 E 16th Street Suite 106 Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	2,500
Handicapable Camp Inc PO Box 716 Plainfield, IN 46168	No relationship	Public Charity	Promote wellness	2,500
Heartland Yoga Community 5028 Riverview Dr Indianapolis, IN 46208	No relationship	Public Charity	Promote wellness	2,000
Indiana 211 Partnership 3901 N Meridian St Ste 300 Indianapolis, IN 46208	No relationship	Public Charity	Promote wellness	150,000
Total 3a . . . . . ▶				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Indiana Primary Healthcare Association 429 N Pennsylvania St Ste 333 Indianapolis, IN 46204	No relationship	Public Charity	Promote wellness	182,000
Indiana University Health Bloomington PO Box 1149 Bloomington, IN 47402	No relationship	Public Charity	Promote wellness	10,000
Indiana University School of Nursing 600 Barnhill Drive Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	5,000
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	13,535
Total . . . . . ▶ 3a				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Kids Dance Outreach 465 N Meridian St Indianapolis, IN 46204	No relationship	Public Charity	Promote wellness	2,500
Lawrence County Health Department 2419 Mitchell Rd Bedford, IN 47421	No relationship	Public Charity	Promote wellness	7,000
Learning Well Inc 429 E Vermont Street Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	185,000
LifeCare of Indiana University Health 1633 N Capital Ave Ste700 Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	123,750
Little Red Door Cancer Agency 1801 North Meridian St Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	4,500
Total . . . . . ▶ 3a				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Madison County Public Health Department 206 E 9th St 200 Anderson, IN 46016	No relationship	Public Charity	Promote wellness	11,400
Mary Rigg Neighborhood Center 1920 W Morris Street Indianapolis, IN 46221	No relationship	Public Charity	Promote wellness	2,500
Meals on Wheels of Central Indiana 708 E Michigan St Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	2,500
Mighty Lotus 2442 Central Avenue indianapolis, IN 46205	No relationship	Public Charity	Promote wellness	1,000
Monroe County Health Department 119 W 7th St Bloomington, IN 47404	No relationship	Public Charity	Promote wellness	15,000
Total . . . . . ▶ 3a				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
National Junior Tennis League of Indpls 911 East 86th St Ste 31 Indianapolis, IN 46240	No relationship	Public Charity	Promote wellness	3,000
NE IN Positive Resource Connection 525 Oxford Street Fort Wayne, IN 46806	No relationship	Public Charity	Promote wellness	74,500
North Central High School - Best Buddies 1801 E 86th St Indianapolis, IN 46240	No relationship	Public Charity	Promote wellness	1,000
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	35,000
Total . . . . . ▶ 3a				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Playworks Indiana 380 washington Street Oakland, CA 94607	No relationship	Public Charity	Promote wellness	2,000
Project Home Indy PO Box 44146 Indianapolis, IN 46244	No relationship	Public Charity	Promote wellness	2,500
RecycleForce 754 N Sherman Drive Indianapolis, IN 46201	No relationship	Public Charity	Promote wellness	32,500
Robert H McKinney School of Law 350 Canal Walk Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	5,000
Scott County Health Department 1471 N gardner St Scottsburg, IN 47170	No relationship	Public Charity	Promote wellness	15,000
Total 3a . . . . . ▶				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Shalom Healthcare Center 3400 Lafayette Rd 200 Indianapolis, IN 46222	No relationship	Public Charity	Promote wellness	51,000
Special Olympics Indiana 6100 West 96th St Ste 270 Indianapolis, IN 46278	No relationship	Public Charity	Promote wellness	3,000
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	98,250
The Damien Center 1350 N Pennsylvania Street Indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	295,000
Total 3a . . . . . ▶				1,639,535

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
The Latino Health Organization 311 N New Jersey St Indianapolis, IN 46204	No relationship	Public Charity	Promote wellness	5,000
WFYI Radio 1630 North Meridian St indianapolis, IN 46202	No relationship	Public Charity	Promote wellness	30,000
Women in Motion Inc PO Box 68435 indianapolis, IN 46268	No relationship	Public Charity	Promote wellness	2,500
Total . . . . . ▶ 3a				1,639,535

TY 2016 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	62,812	0	0	62,812

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491235007007

TY 2016 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	2,071,767	2,503,841

TY 2016 Investments Government Obligations Schedule

Name:	The Health Foundation of Greater Indianapolis Inc
EIN:	35-6203550
US Government Securities - End of Year Book Value:	5,327,515
US Government Securities - End of Year Fair Market Value:	5,289,106
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491235007007

TY 2016 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 from 501(c)3 Exempt Organization	AT COST	827,139	827,139

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491235007007

TY 2016 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	4,796,466	1,098,086	3,698,380	3,698,380
FURNITURE & EQUIPMENT	82,927	80,324	2,603	2,603

TY 2016 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	15,240	0	0	15,240

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491235007007

TY 2016 Other Assets Schedule

Name: The Health Foundation of Greater Indianapolis Inc

EIN: 35-6203550

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST RECEIVABLE	4,696	3,808	3,808

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491235007007

TY 2016 Other Expenses Schedule

Name: The Health Foundation of Greater Indianapolis Inc

EIN: 35-6203550

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AIDS PROJECT FUNDS	159,384	0	0	159,384
office supplies	1,387	0	0	1,387
insurance	29,406	0	0	29,406
other expenses	97,998	0	0	97,998
Computer Support	14,441	0	0	14,441
Dues	854	0	0	854

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491235007007

TY 2016 Other Income Schedule

Name: The Health Foundation of Greater Indianapolis Inc

EIN: 35-6203550

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other income	409,114		409,114

TY 2016 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	24,620	25,559

TY 2016 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	44,095	0	0	44,095
Investment Fees	26,314	26,314	0	0
Contract Labor	80,052	0	0	80,052

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491235007007

TY 2016 Substantial Contributors Schedule

Name: The Health Foundation of Greater Indianapolis Inc

EIN: 35-6203550

Name	Address
MAC AIDS Fund	130 Prince Street New York, NY 10012

TY 2016 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	6,581	0	0	0
Real Estate Tax	54,313	0	0	0
Foreign tax expense	77	77	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491235007007

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 *www.irs.gov/form990*

OMB No 1545-0047

2016

Name of the organization	**Employer identification number**
The Health Foundation of Greater Indianapolis Inc	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 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 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 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)

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
	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)

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 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	Bloomington Hospital 601 W 2nd Street BLOOMINGTON, IN47403	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	IndyPride Inc P O Box 44403 INDIANAPOLIS, IN46244	$ 17,000	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	IU Health Methodist Hospital 1701 Senate Boulevard INDIANAPOLIS, IN46202	$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	Health and Hospital Corp of Marion County IN 3838 N Rural Street INDIANAPOLIS, IN46205	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	Marion County Public Health Department 3838 N Rural Street InDIANAPOLIS, IN46205	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Eskenazi Health 720 Eskenazi Avenue INDIANAPOLIS, IN46202	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	Deborah J Simon 950 Laurelwood Carmel, IN46032	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
9	MAC AIDS Fund 130 Prince Street New York, NY10012	$ 54,033	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
10	Gilead Sciences 333 Lakeside Drive Foster City, CA94404	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
11	Christel Dehaan Family Foundation 601 W 2nd Street BlOOMINGTON, IN47403	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
12	Eli Lilly and Company Foundation Inc 1200 Kentucky Avenue InDIANAPOLIS, IN46221	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Greg's Our Place 231 East 16th Street InDIANAPOLIS, IN46202	$ 12,287	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
14	IndianaOhioKentucky Driven To Care Regional Philanthropy Program 20225 N Scottsdale Road Scottsdale, AZ85255	$ 26,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
15	Indy Tennis 429 East Vermont Street Suite 300 InDIANAPOLIS, IN46202	$ 5,350	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
16	Metro Restaurant & Nightclub 707 Massachusetts Avenue InDIANAPOLIS, IN46204	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
17	Samarian Foundation 9650 Commerce Drive Suite 532 Carmel, IN46032	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
18	Patricia Handfield 2715 Morning Glory Lane Carlsbad, CA92008	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)