

Return of Private Foundation

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

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2017

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or tax year beginning , and ending

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	Room/suite 300	B Telephone number (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 <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 15,152,787.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	2,486,237.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	212,195.	212,195.		STATEMENT 1
	4 Dividends and interest from securities	171,031.	171,031.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	169,985.			
	b Gross sales price for all assets on line 6a 1,118,999.				
	7 Capital gain net income (from Part IV, line 2)		169,985.		
	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)					
11 Other income	417,660.	0.	417,660.	STATEMENT 3	
12 Total. Add lines 1 through 11	3,457,108.	553,211.	417,660.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	143,421.	0.	0.	143,421.
	14 Other employee salaries and wages	108,635.	0.	0.	253,365.
	15 Pension plans, employee benefits	26,565.	0.	0.	26,565.
	16a Legal fees STMT 4	25,781.	0.	0.	25,781.
	b Accounting fees STMT 5	83,869.	0.	0.	83,869.
	c Other professional fees STMT 6	167,813.	42,622.	0.	172,637.
	17 Interest				
	18 Taxes STMT 7	16,206.	94.	0.	0.
	19 Depreciation and depletion	126,230.	0.	0.	
	20 Occupancy	87,433.	0.	0.	87,433.
	21 Travel, conferences, and meetings	27,891.	0.	0.	27,891.
	22 Printing and publications	1,501.	0.	0.	1,501.
	23 Other expenses STMT 8	372,398.	0.	0.	396,385.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,187,743.	42,716.	0.	1,218,848.
	25 Contributions, gifts, grants paid	2,407,960.			1,864,964.
26 Total expenses and disbursements. Add lines 24 and 25	3,595,703.	42,716.	0.	3,083,812.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-138,595.				
b Net investment income (if negative, enter -0-)		510,495.			
c Adjusted net income (if negative, enter -0-)			417,660.		

**THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.**

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	1,397,966.	1,722,105.	1,722,105.
	3 Accounts receivable ▶ <u>16,695.</u>			
	Less: allowance for doubtful accounts ▶	9,536.	16,695.	16,695.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable	5,267.	248,704.	248,704.
	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	35,276.	6,243.	6,243.
	10a Investments - U.S. and state government obligations STMT 10	5,327,515.	5,788,850.	6,521,931.
	b Investments - corporate stock STMT 11	2,071,767.	2,206,673.	2,933,234.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other	827,139.	0.	0.	
14 Land, buildings, and equipment: basis ▶ <u>4,961,347.</u>				
Less: accumulated depreciation STMT 9 ▶ <u>1,285,026.</u>	3,793,333.	3,676,321.	3,676,321.	
15 Other assets (describe ▶)	3,808.	27,554.	27,554.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	13,471,607.	13,693,145.	15,152,787.	
Liabilities	17 Accounts payable and accrued expenses	267,470.	122,740.	
	18 Grants payable	447,500.	922,509.	
	19 Deferred revenue	42,537.	72,140.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ SECURITY DEPOSITS)	25,559.	25,810.	
	23 Total liabilities (add lines 17 through 22)	783,066.	1,143,199.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	12,130,511.	11,730,179.	
	25 Temporarily restricted	558,030.	819,767.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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	12,688,541.	12,549,946.		
31 Total liabilities and net assets/fund balances	13,471,607.	13,693,145.		

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	12,688,541.
2 Enter amount from Part I, line 27a	2	-138,595.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	12,549,946.
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	12,549,946.

**THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.**

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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 1,118,999.		949,014.	169,985.		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any
			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a			169,985.		
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	169,985.	
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 doesn't 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))
2016	2,771,388.	9,292,268.	.298247
2015	5,241,425.	12,374,115.	.423580
2014	5,554,867.	16,021,384.	.346716
2013	2,616,102.	15,135,753.	.172843
2012	2,309,586.	15,331,018.	.150648
2 Total of line 1, column (d)			1.392034
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years278407
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			9,812,006.
5 Multiply line 4 by line 3			2,731,731.
6 Enter 1% of net investment income (1% of Part I, line 27b)			5,105.
7 Add lines 5 and 6			2,736,836.
8 Enter qualifying distributions from Part XII, line 4			3,083,812.

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.

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	5,105.
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	5,105.
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	5,105.
6	Credits/Payments:		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	3,451.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	1,000.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	4,451.
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	33.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 13	9	687.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
d		
e		
2		X
3		X
4a		X
4b		N/A
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

**THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.**

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
Website address ► <u>WWW.THFGI.ORG</u>		
14 The books are in care of ► <u>JASON GRISELL</u> Telephone no. ► <u>317-630-1805</u> Located at ► <u>429 VERMONT STREET, INDIANAPOLIS, IN</u> ZIP+4 ► <u>46202</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	15	N/A
16 At any time during calendar year 2017, 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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	X
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 2017?	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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)	2b	N/A
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2017 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 2017.)	3b	N/A
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 2017?	4b	X

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

		Yes	No
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/>		
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, and 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 16		135,179.	8,242.	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
BETTY WILSON - 429 E VERMONT STREET, INDIANAPOLIS, IN 46202	FORMER PRESIDENT AND CEO 50.00	168,734.	3,335.	0.
KATHERINE CAMPBELL - 429 E VERMONT STREET, INDIANAPOLIS, IN 46202	DEVELOPMENT DIRECTOR 40.00	65,400.	6,206.	0.
RYAN MCCONNELL - 429 E VERMONT STREET, INDIANAPOLIS, IN 46202	PROGRAM DIRECTOR 40.00	60,939.	1,430.	0.

Total number of other employees paid over \$50,000 0

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

Form 990-PF (2017)

35-6203550 Page 7

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	56,000.

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	
3 All other program-related investments. See instructions.	

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

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

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	8,441,160.
b	Average of monthly cash balances	1b	1,520,267.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,961,427.
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	9,961,427.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	149,421.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,812,006.
6	Minimum investment return. Enter 5% of line 5	6	490,600.

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	490,600.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	5,105.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	5,105.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	485,495.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	485,495.
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	485,495.

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	3,083,812.
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	3,083,812.
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	5,105.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,078,707.

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.

**THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.**

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				485,495.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	1,976,725.			
b From 2013	2,303,809.			
c From 2014	5,243,649.			
d From 2015	4,640,407.			
e From 2016	2,309,226.			
f Total of lines 3a through e	16,473,816.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 3,083,812.				
a Applied to 2016, 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 2017 distributable amount				485,495.
e Remaining amount distributed out of corpus	2,598,317.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	19,072,133.			
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 2016. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7	1,976,725.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	17,095,408.			
10 Analysis of line 9:				
a Excess from 2013 ..	2,303,809.			
b Excess from 2014 ..	5,243,649.			
c Excess from 2015 ..	4,640,407.			
d Excess from 2016 ..	2,309,226.			
e Excess from 2017 ..	2,598,317.			

**THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.**

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 2017, 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				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 17

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:

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

Form 990-PF (2017)

35-6203550 Page 11

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	65,000.
AIDS RESOURCE GROUP OF EVANSVILLE 201 NW 4TH STREET, STE B-7 EVANSVILLE, IN 47708	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	66,251.
ALIVENESS PROJECT OF NW INDIANA 5490 BROADWAY L-3 MERRILLVILLE, IN 46410	NO RELATIONSHIP		PROMOTE WELLNESS	194,000.
ALMOST4MINDS 2345 S LYNHURST DRIVE SUITE 107 INDIANAPOLIS, IN 46241	NO RELATIONSHIP		PROMOTE WELLNESS	10,000.
ARTHUR L. DAVIS PUBLISHING AGENCY 517 WASHINGTON ST. CEDAR FALLS, IA 50613	NO RELATIONSHIP		PROMOTE WELLNESS	11,154.
Total	SEE CONTINUATION SHEET(S) ▶ 3a			1,864,964.
b Approved for future payment				
NONE				
Total				
				0.

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

35-6203550

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
ASPIRE INDIANA 9615 EAST 148TH STREET NOBLESVILLE, IN 46060	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	8,000.
BLACKBAUD INTERNET SOLUTIONS PO BOX 930256 ATLANTA, GA 31193-0256	NO RELATIONSHIP		PROMOTE WELLNESS	22,958.
BROTHERS UNITED 3737 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
CLARK COUNTY HEALTH DEPARTMENT 1320 DUNCAN AVE JEFFERSONVILLE, IN 47130	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	10,000.
COMMUNITY HEALTHNET 1021 WEST 5TH AVE GARY, IN 46402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	60,526.
CYBERIAN TECHNOLOGIES 5656 W 74TH STREET INDIANAPOLIS, IN 46278	NO RELATIONSHIP		PROMOTE WELLNESS	814.
DR. BOTTLE & VIAL 2345 S LYNHURST DRIVE SUITE 107 INDIANAPOLIS, IN 46241	NO RELATIONSHIP		PROMOTE WELLNESS	84,197.
ESKENAZI HEALTH FOUNDATION 1001 W. 10TH STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	117,000.
FAYETTE COUNTY HEALTH DEPARTMENT 401 N CENTRAL AVE #8 CONNERSVILLE, IN 47331	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	10,600.
INDIANA PUBLIC HEALTH ASSOCIATION 615 NORTH ALABAMA STREET, SUITE 426 INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	750.
Total from continuation sheets				1,518,559.

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

35-6203550

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
INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN 47402	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	61,230.
INDIANA YOUTH GROUP 3733 N MERIDIAN ST. INDIANAPOLIS, IN 46208	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
INDIANAPOLIS PROPYLAEUM 1410 N DELAWARE ST. #2 INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000.
INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVE. #1 INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	1,000.
JAMESON CAMP 2001 S. BRIDGEPORT ROAD INDIANAPOLIS, IN 46231	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	10,000.
LEARNING WELL, INC. 429 E VERMONT STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	92,500.
LIFE SPRING HEALTH SYSTEMS 460 SPRING STREET JEFFERSONVILLE, IN 47130	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	35,000.
LIFECARE OF INDIANA UNIVERSITY HEALTH 1633 N. CAPITAL AVE, STE700 INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	94,000.
MADISON COUNTY PUBLIC HEALTH DEPARTMENT 206 E 9TH ST., #200 ANDERSON, IN 46016	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	53.
MERMAID MOON PRODUCTIONS 2230 STAFFORD ROAD #115 PLAINFIELD, IN 46168	NO RELATIONSHIP		PROMOTE WELLNESS	7,000.
Total from continuation sheets				

THE HEALTH FOUNDATION OF GREATER
INDIANAPOLIS, INC.

35-6203550

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
MONROE COUNTY HEALTH DEPARTMENT 119 W 7TH ST BLOOMINGTON, IN 47404	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	30,000.
NE IN POSITIVE RESOURCE CONNECTION 525 OXFORD STREET FORT WAYNE, IN 46806	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	266,957.
PATHWAY TO RECOVERY INC 2135 N ALABAMA STREET INDIANAPOLIS, IN 46202	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	20,000.
QUINN'S LANDSCAPING 8050 E COUNTY RD 700 N BROWNSBURG, IN 46112	NO RELATIONSHIP		PROMOTE WELLNESS	52,090.
SCOTT COUNTY HEALTH DEPARTMENT 1471 N GARDNER ST. SCOTTSBURG, IN 47170	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	20,000.
SCOTT COUNTY PARTNERSHIP, INC. 1092 W COMMUNITY WAY SCOTTSBURG, IN 47170	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	66,000.
STEP-UP, INC. 850 N MERIDIAN ST INDIANAPOLIS, IN 46204	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	38,000.
THE DAMIEN CENTER 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	NO RELATIONSHIP	PUBLIC CHARITY	PROMOTE WELLNESS	322,369.
THE STORY SHOP 227 S PENDELTON AVE. PENDELTON, IN 46064	NO RELATIONSHIP		PROMOTE WELLNESS	48,015.
TIPPECANOE COUNTY HEALTH DEPARTMENT 20 N. 3RD STREET LAFAYETTE, IN 47901	NO RELATIONSHIP	GOVERNMENT	PROMOTE WELLNESS	18,500.
Total from continuation sheets				

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
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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	INDIANA STATE DEPARTMENT OF HEALTH, HIV/STD DIVISION 2 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46204	\$ 1,547,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012	\$ 64,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEBORAH J. SIMON 950 LAURELWOOD CARMEL, IN 46032	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GILEAD SCIENCES 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RANDOLPH DEER 3657 CROOKED CREEK ROAD INDIANAPOLIS, IN 47448	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JAMES E. SPAIN 5420 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	\$ 27,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
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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	EFROYMSON FAMILY FUND, A CICF FUND 615 N. ALABAMA STREET, #119 INDIANAPOLIS, IN 46202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ESKENAZI HEALTH 720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	METHODIST HOSPITAL FOUNDATION METHODIST MEDICAL TOWER, 1633 N. CAPITOL AVE. INDIANAPOLIS, IN 46202	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BAG LADIES 429 E VERMONT STREET, SUITE 104 INDIANAPOLIS, IN 46202	\$ 10,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HEALTH AND HOSPITAL CORP OF MARION COUNTY, IN 3838 N. RURAL STREET INDIANAPOLIS, IN 46205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GREG'S OUR PLACE 231 EAST 16TH STREET INDIANAPOLIS, IN 46202	\$ 8,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
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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	METRO RESTAURANT & NIGHTCLUB 707 MASSACHUSETTS AVENUE INDIANAPOLIS, IN 46204	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	INDYPRIDE, INC. P. O. BOX 44403 INDIANAPOLIS, IN 46244	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ANTHEM INDIANA MEDICAID/ANTHEM COMMERCIAL 220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CHRISTEL DEHAAN FAMILY FOUNDATION 601 W 2ND STREET BLOOMINGTON, IN 47403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DR. TIM GARNETT & MR. PETER SLAYMAKER 87 W. 43RD STREET INDIANAPOLIS, IN 46208	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	INDIANA UNIVERSITY HEALTH BLOOMINGTON PO BOX 1149 BLOOMINGTON, IN 47402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
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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
19	INDIANAPOLIS FOUNDATION, A CICF AFFILIATE 615 N. ALABAMA STREET, #119 INDIANAPOLIS, IN 46204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	INFECTIOUS DISEASE SOCIETY 429 E VERMONT STREET, SUITE 104 INDIANAPOLIS, IN 46202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MARION COUNTY PUBLIC HEALTH DEPARTMENT 3838 N. RURAL STREET INDIANAPOLIS, IN 46205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	PATRICIA HANDFIELD 2715 MORNING GLORY LANE CARLSBAD, CA 92008	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	SAMARIAN FOUNDATION 9650 COMMERCE DRIVE, SUITE 532 CARMEL, IN 46032	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number 35-6203550
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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	

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

2017

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.**

Employer identification number
35-6203550

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	5,105.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1			
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
2c	Credit for federal tax paid on fuels (see instructions)			
2d	Total. Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty		3	5,105.
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	2,451.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,451.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/17	06/15/17	09/15/17	12/15/17
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	613.	1,940.	1,276.	1,276.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	2,451.		1,000.	
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		1,838.		
13 Add lines 11 and 12	13		1,838.	1,000.	
14 Add amounts on lines 16 and 17 of the preceding column	14			102.	378.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	2,451.	1,838.	898.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		102.	378.	1,276.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	1,838.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2017 and before 10/1/2017	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38 \$			33.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	212,195.	212,195.	212,195.
TOTAL TO PART I, LINE 3	212,195.	212,195.	212,195.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	171,031.	0.	171,031.	171,031.	171,031.
TO PART I, LINE 4	171,031.	0.	171,031.	171,031.	171,031.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	417,660.	0.	417,660.
TOTAL TO FORM 990-PF, PART I, LINE 11	417,660.	0.	417,660.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	25,781.	0.	0.	25,781.
TO FM 990-PF, PG 1, LN 16A	25,781.	0.	0.	25,781.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING EXPENSES	83,869.	0.	0.	83,869.
TO FORM 990-PF, PG 1, LN 16B	83,869.	0.	0.	83,869.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	31,461.	0.	0.	31,461.
INVESTMENT FEES	42,622.	42,622.	0.	0.
CONTRACT LABOR	93,730.	0.	0.	141,176.
TO FORM 990-PF, PG 1, LN 16C	167,813.	42,622.	0.	172,637.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	16,112.	0.	0.	0.
FOREIGN TAX EXPENSE	94.	94.	0.	0.
TO FORM 990-PF, PG 1, LN 18	16,206.	94.	0.	0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES	6,241.	0.	0.	7,950.
INSURANCE	14,246.	0.	0.	14,246.
OTHER EXPENSES	22,841.	0.	0.	22,841.
COMPUTER SUPPORT	19,651.	0.	0.	19,651.
DUES	17,532.	0.	0.	17,532.
AGENCY SUPPORT	19,052.	0.	0.	19,052.
AIDS PROGRAM EXPENSES	212,153.	0.	0.	234,431.
BAD DEBT	25,511.	0.	0.	25,511.
COMMISSIONS AND FEES	12,001.	0.	0.	12,001.
FUNDRAISING EVENT EXPENSES	23,170.	0.	0.	23,170.
TO FORM 990-PF, PG 1, LN 23	372,398.	0.	0.	396,385.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
LAND	92,350.	0.	92,350.	92,350.
BUILDINGS & IMPROVEMENTS	4,806,094.	1,223,105.	3,582,989.	3,582,989.
FURNITURE & EQUIPMENT	62,903.	61,921.	982.	982.
TO 990-PF, PART II, LN 14	4,961,347.	1,285,026.	3,676,321.	3,676,321.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 10

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	X		5,788,850.	6,521,931.
TOTAL U.S. GOVERNMENT OBLIGATIONS			5,788,850.	6,521,931.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			5,788,850.	6,521,931.

FORM 990-PF	CORPORATE STOCK	STATEMENT 11
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK	2,206,673.	2,933,234.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,206,673.	2,933,234.

FORM 990-PF	OTHER ASSETS	STATEMENT 12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
LEASE ACQUISITION COST	0.	17,803.	17,803.
ACCRUED INTEREST RECEIVABLE	3,808.	3,261.	3,261.
OTHER ASSETS	0.	6,490.	6,490.
TO FORM 990-PF, PART II, LINE 15	3,808.	27,554.	27,554.

FORM 990-PF	INTEREST AND PENALTIES	STATEMENT 13
TAX DUE FROM FORM 990-PF, PART VI		654.
UNDERPAYMENT PENALTY		33.
LATE PAYMENT INTEREST		11.
LATE PAYMENT PENALTY		13.
TOTAL AMOUNT DUE		711.

FORM 990-PF	LATE PAYMENT PENALTY	STATEMENT 14			
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/18	1,654.	1,654.		
EXTENSION PAYMENT	05/15/18	-1,000.	654.	4	13.
DATE FILED	09/15/18		654.		
TOTAL LATE PAYMENT PENALTY					13.

FORM 990-PF

LATE PAYMENT INTEREST

STATEMENT 15

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/18	1,654.	1,654.	.0500		
EXTENSION PAYMENT	05/15/18	-1,000.	654.	.0500	123	11.
DATE FILED	09/15/18		665.			
TOTAL LATE PAYMENT INTEREST						11.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JASON GRISELL 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	PRESIDENT & CEO 50.00	135,179.	8,242.	0.
PETER SLAYMAKER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	CHAIR 2.00	0.	0.	0.
JAMES SPAIN 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	VICE CHAIR 2.00	0.	0.	0.
DAVID KELLEHER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	SECRETARY/TREASURER 2.00	0.	0.	0.
NINYA BOSTIC 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
TERESA CRAIG, CPA 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE 1.00	0.	0.	0.
MICHAEL CARTER 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.
LYNN KLUS 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.

THE HEALTH FOUNDATION OF GREATER INDIANA

35-6203550

CHRISTIAN SMELTZER	TRUSTEE			
429 E. VERMONT STREET	1.00	0.	0.	0.
INDIANAPOLIS, IN 46202				

ROBERT SCHMID	TRUSTEE			
429 E. VERMONT STREET	1.00	0.	0.	0.
INDIANAPOLIS, IN 46202				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>135,179.</u>	<u>8,242.</u>	<u>0.</u>
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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 17

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 GRANTEES WILL NEED TO INQUIRE WITH FOUNDATION.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC.	Employer identification number (EIN) or 35-6203550
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 429 E VERMONT STREET, NO. 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JASON GRISELL

• The books are in the care of ▶ **429 VERMONT STREET - INDIANAPOLIS, IN 46202**
Telephone No. ▶ **317-630-1805** Fax No. ▶ **317-630-1806**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

NP-20

State Form 51062
(R8 / 8-17)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 / 01 /2017 and Ending 12 / 31 /2017
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS INC		Telephone Number 317 630 1805
Address 429 E VERMONT STREET NO 300	Enter 2-Digit County Code 49	Indiana Taxpayer Identification Number 71524707
City INDIANAPOLIS	State INDIANA	ZIP Code 46202
Federal Identification Number 35 6203550		
Printed Name of Person to Contact JASON GRISELL		Contact's Telephone Number

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 54
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1

Email Address: JGRISSELL@THFGI.ORG

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Jason Grissell
Signature of Officer or Trustee

PRESIDENT & CEO
Title

9/10/18
Date

Name of Person(s) to Contact

Daytime Telephone Number

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Angela M. Crawford

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



2541711019

NP-20

STATEMENT 1

THE HEALTH FOUNDATION OF GREATER INDIANAPOLIS, INC. IS A NOT-FOR-PROFIT PRIVATE FOUNDATION THAT ASSISTS, SUPPORTS AND FUNDS PROGRAMS TO ENHANCE THE PHYSICAL, MENTAL, AND SOCIAL HEALTH OF THE INDIANAPOLIS AREA.

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JASON GRISELL 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	PRESIDENT & CEO
PETER SLAYMAKER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	CHAIR
JAMES SPAIN 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	VICE CHAIR
DAVID KELLEHER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	SECRETARY/TREASURER
NINYA BOSTIC 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE
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CHRISTIAN SMELTZER 429 E. VERMONT STREET INDIANAPOLIS, IN 46202	TRUSTEE

ROBERT SCHMID
429 E. VERMONT STREET
INDIANAPOLIS, IN 46202

TRUSTEE