Form

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization THE HEALTH FOUNDATION OF GREATER CINCINNATI

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) ROOKWOOD TOWER, 3805 EDWARDS ROAD Room/suite 500

City or town, state or country, and ZIP + 4 CINCINNATI, OH 45209-1948

D Employer identification number 31-0932681

E Telephone number (513) 458-6600

G Gross receipts $ 179,070,295.

F Name and address of principal officer: DONALD HOFFMAN
3805 EDWARDS ROAD, SUITE 500 CINCINNATI, OH 45209

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)( 4 ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.HEALTHFOUNDATION.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1978 M State of legal domicile: OH

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION MAKES GRANTS AND FUNDS PROGRAMS TO INCREASE ACCESS TO HIGH QUALITY HEALTHCARE IN GREATER CINCINNATI(TWENTY COUNTIES IN OHIO, KENTUCKY, AND INDIANA). THE FOUNDATION CONCENTRATES ITS EFFORTS IN FOUR FOCUS AREAS: COMMUNITY PRIMARY CARE, SCHOOL-AGED CHILDREN'S HEALTHCARE, SUBSTANCE USE DISORDERS, AND SEVERE MENTAL ILLNESS

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 18 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 17 |
| | 5 | Total number of employees (Part V, line 2a) | 34 |
| | 6 | Total number of volunteers (estimate if necessary) | 0 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 10,000. | 50,000. |
| | 9 | Program service revenue (Part VIII, line 2g) | | 44,400. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,464,744. | -1,945,057. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -447. | -259. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,474,297. | -1,850,916. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,334,874. | 6,902,471. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,060,210. | 1,865,256. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses, Part IX, column (D), line 25) ▶ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,778,473. | 1,421,626. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 14,173,557. | 10,189,353. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -9,699,260. | -12,040,269. |

| | | | Beginning of Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 181,354,519. | 208,668,972. |
| | 21 | Total liabilities (Part X, line 26) | 8,369,887. | 6,289,104. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 172,984,632. | 202,379,868. |

## Part II Signature Block

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

Sign Here

▶ Signature of officer Date 6/17/10

▶ DANIEL W. GEDDING CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kevin P. Hofmann CPA Date 6/14/10 Check if self-employed ▶ [ ] Preparer's identifying number (see instructions) P00227061

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP
4000 SMITH ROAD, SUITE 500 CINCINNATI, OH 45209

EIN ▶ 36-6055558

Phone no. ▶ 513-762-5000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

JSA
9E1010 1.000

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:
ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 4,279,793. including grants of $ 4,279,793. ) (Revenue $ )
GRANTS AWARDED TO COMMUNITY - SEE SCHEDULE I

4b (Code: ) (Expenses $ 2,622,678. including grants of $ 2,297,486. ) (Revenue $ )
ATTACHMENT 3

4c (Code: ) (Expenses $ 1,811,608. including grants of $ ) (Revenue $ )
PROGRAM ADMINISTRATIVE EXPENSES-ESTABLISHING GRANTMAKING PROGRAMS AND GOALS; OBTAINING COMMUNITY INPUT AND PARTICIPATION; SOLICITING AND COACHING PROPOSALS; INVESTIGATING, EVALUATING, AND SUMMARIZING PROPOSALS FOR THE PROPOSAL REVIEW PROCESS; ESTABLISHING GRANT AGREEMENTS WITH GRANTEES, ESTABLISHING GRANT EVALUATION, SITE VISITS, FINANCIAL REVIEWS, AND REPORTING; PROBLEM-SOLVING WITH GRANTEES; PROVIDING GROUP TECHNICAL ASSISTANCE TO GRANTEES; AND ANALYZING AND REPORTING GRANT PERFORMANCE.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

**4e Total program service expenses ▶** 8,714,079.

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | |
| 5 | **Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes, "complete Schedule D, Part V* | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | | | |
| | • Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | | | |
| | • Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.* | 12 | | X |
| 12 A | Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes: X / No: ) | 12A | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.* | 13 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |

**Part IV** **Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | X | |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . . | 1a 42 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . | 2a 34 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . . . . | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | 7g | X | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . | 7h | X | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | X |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . | 10b | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . | 11b | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | X |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| a | Enter the number of voting members of the governing body | 1a | 18 | | |
| 1b | Enter the number of voting members that are independent | 1b | 17 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | 5 | | X |
| 6 | Does the organization have members or stockholders? | | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | 9a | | X |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | |
| 11A | Desribe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [ ] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ DR. DANIEL GEEDING, VP, CFO 3805 EDWARDS RD, STE 500, CINCINNATI, OH 45209 (513)458-6602

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MICHAEL R ABRAMS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| EILEEN COOPER REED<br>DIRECTOR,CHAIR,FMR VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| ARDITH H DAVIS<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| THOMAS G DEWITT<br>DIRECTOR, VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| DONALD E HOFFMAN<br>PRESIDENT, CEO & DIRECTOR | 40.00 | X | | X | | | | 306,551. | 0. | 27,846. |
| JOHN J KRON*<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PEGGY J MCDANNOLD<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| WILLIAM STANLEY MORTON<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| NEIL J O'CONNOR<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| COLLINS OWENS<br>DIRECTOR, FORMER CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| DAVID C PHILLIPS<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| LEONARD M RANDOLPH JR<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CLIFFORD WALLACE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PETER H WILLIAMS<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| OWEN J WRASSMAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| TONY SHIPLEY<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SUSAN COOK<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CONSTANCE COOPER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| THOMAS KLINEDINST, JR.<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PATRICIA O'CONNOR<br>VICE PRESIDENT & COO | 40.00 | | | X | | | | 207,643. | 0. | 23,447. |
| PATRICIA A RUWE<br>DIR.OF ACC., SECR., ASST.TREAS | 30.00 | | | X | | | | 77,622. | 0. | 20,384. |
| DANIEL W GEEDING<br>V.P., CFO & TREASURER | 40.00 | | | X | | | | 206,422. | 0. | 33,535. |
| ANN BARNUM<br>SENIOR PROGRAM OFFICER | 40.00 | | | | | X | | 108,986. | 0. | 19,033. |
| JANICE BOGNER<br>SENIOR PROGRAM OFFICER | 40.00 | | | | | X | | 112,991. | 0. | 21,196. |
| ANN MCCRACKEN<br>DIRECTOR OF EVALUATION | 40.00 | | | | | X | | 128,773. | 0. | 18,943. |
| JUDITH WARREN<br>SENIOR PROGRAM OFFICER | 40.00 | | | | | X | | 114,172. | 0. | 17,515. |
| FRANCIE WOLGIN<br>SENIOR PROGRAM OFFICER | 40.00 | | | | | X | | 116,936. | 0. | 17,868. |
| *SERVED THRU 6/30/09 | | | | | | | | | | |
| 1b Total ▶ | | | | | | | | 1,380,096. | 0. | 199,767. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 9

| | | Yes | No |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| ATTACHMENT 4 | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 4

**Part VIII Statement of Revenue**

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns 1a | | | | |
| | b Membership dues 1b | | | | |
| | c Fundraising events 1c | | | | |
| | d Related organizations 1d | | | | |
| | e Government grants (contributions) 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f 50,000. | 50,000. | | | |
| | g Noncash contributions included in lines 1a-1f: $ | | | | |
| | h Total. Add lines 1a-1f | 50,000. | | | |
| Program Service Revenue | | Business Code | | | |
| | 2a HL WEBSITE SUBSCRIPTIONS | 14,800. | 14,800. | | |
| | b HL CONTRACTED SERVICES | 29,600. | 29,600. | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | 44,400. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | 6,048,118. | | | 6,048,118. |
| | 4 Income from investment of tax-exempt bond proceeds | 0. | | | |
| | 5 Royalties | 0. | | | |
| | | (i) Real / (ii) Personal | | | |
| | 6a Gross Rents 27,548. | | | | |
| | b Less: rental expenses 27,807. | | | | |
| | c Rental income or (loss) -259. | | | | |
| | d Net rental income or (loss) | -259. | -259. | | |
| | | (i) Securities / (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory 172,900,229. | | | | |
| | b Less: cost or other basis and sales expenses 180,893,404. | | | | |
| | c Gain or (loss) -7,993,175. | | | | |
| | d Net gain or (loss) | -7,993,175. | | | -7,993,175. |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a | | | | |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from fundraising events | 0. | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 a | | | | |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | 0. | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | b Less: cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | 0. | | 0. | |
| | Miscellaneous Revenue | Business Code | | | |
| | 11a | | | | |
| | b | | | | |
| | c | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | 0. | | | |
| | 12 Total Revenue. See instructions | -1,850,916. | 44,141. | 0. | -1,945,057. |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 6,902,471. | 6,902,471. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 790,646. | 327,450. | 463,196. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 816,111. | 670,927. | 145,184. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 68,752. | 56,525. | 12,227. | |
| 9 Other employee benefits | 94,300. | 71,726. | 22,574. | |
| 10 Payroll taxes | 95,447. | 63,896. | 31,551. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 58,314. | 17,227. | 41,087. | |
| b Legal | 53,900. | 17,760. | 36,140. | |
| c Accounting | 23,446. | 11,723. | 11,723. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 477,573. | | 477,573. | |
| g Other | 36,362. | 31,032. | 5,330. | |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 43,324. | 26,743. | 16,581. | |
| 14 Information technology | 147,227. | 114,244. | 32,983. | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 352,413. | 233,647. | 118,766. | |
| 17 Travel | 10,727. | 10,089. | 638. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 46,688. | 28,327. | 18,361. | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 149,349. | 119,336. | 30,013. | |
| 23 Insurance | 10,538. | 5,269. | 5,269. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a DUES & SUBSCRIPTIONS | 9,365. | 4,281. | 5,084. | |
| b MISCELLANEOUS | 2,400. | 1,406. | 994. | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | 0. | |
| 25 Total functional expenses. Add lines 1 through 24f | 10,189,353. | 8,714,079. | 1,475,274. | |
| 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 26,200,428. | 2 | 66,042,326. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 1,043,713. | 4 | 416,558. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 49,748. | 9 | 95,256. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,719,986. | | | |
| | b | Less: accumulated depreciation | 10b 1,429,926. | 426,868. | 10c | 290,060. |
| | 11 | Investments - publicly traded securities | | 148,580,264. | 11 | 125,625,004. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 4,577,743. | 12 | 15,907,558. |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 475,755. | 15 | 292,210. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 181,354,519. | 16 | 208,668,972. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 325,638. | 17 | 234,154. |
| | 18 | Grants payable | | 7,739,570. | 18 | 5,579,134. |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 304,679. | 25 | 475,816. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 8,369,887. | 26 | 6,289,104. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 172,984,632. | 27 | 202,379,868. |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 172,984,632. | 33 | 202,379,868. |
| | 34 | Total liabilities and net assets/fund balances | | 181,354,519. | 34 | 208,668,972. |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number

31-0932681

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, acces sion, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the y ear end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the pos session of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---|---|
| (i) unrelated organizations 3a(i) | | |
| (ii) related organizations 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R? 3b | | |

4 Describe in Part XIV the intended uses of t he organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 420,227. | 346,571. | 73,656. |
| d Equipment | | 610,765. | 541,773. | 68,992. |
| e Other FURNITURE | | 688,994. | 541,582. | 147,412. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 290,060. |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other HEDGE FUNDS | 9,449,652. | FMV |
| PRIVATE EQUITY, LLPS, LLCS | 5,961,146. | FMV |
| OTHER | 496,760. | FMV |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | 15,907,558. | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| POSTRETIREMENT HEALTHCARE BENEFIT | 71,643. |
| ACCRUED PTO LIABILITY | 111,464. |
| DEFERRED COMPENSATION PAYABLE | 292,210. |
| FLEXIBLE SPENDING ACCOUNT LIABILITY | 499. |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 475,816. |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | -1,850,916. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 10,189,353. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -12,040,269. |
| 4 | Net unrealized gains (losses) on investments | 4 | 41,435,506. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 41,435,506. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 29,395,237. |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 39,107,017. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | 41,435,506. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 41,435,506. |
| 3 | Subtract line 2e from line 1 | | | 3 | -2,328,489. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 477,573. | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 477,573. |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | -1,850,916. |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 9,711,780. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 9,711,780. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 477,573. | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 477,573. |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | 10,189,353. |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES, ON JANUARY 1, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS. ADOPTION OF ASC 740 HAD NO EFFECT ON THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**Part XIV Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number

31-0932681

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SEE ATTACHMENT | | | | | | | SEE ATTACHMENT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 118

3 Enter total number of other organizations . . . . . ▶ 1

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING GRANT FUNDS USE

SCHEDULE I, PART I, LINE 2

PROPOSALS ARE JUDGED BY THEIR ABILITY TO MEET THE FOUNDATION'S ELIGIBILITY REQUIREMENTS AND SELECTION CRITERIA. FOR MOST GRANTS, ONCE AWARDED, A MEETING IS SCHEDULED WITH GRANTEE TO REVIEW THE FOUNDATION'S GRANT MONITORING PROCESS. GRANTEES ARE REQUIRED TO REVIEW AND SIGN-OFF ON A GRANT AGREEMENT PREPARED BY THE FOUNDATION, AGREE TO A GRANT DISBURSEMENT SCHEDULE, AND FINALIZE A PROJECT EVALUATION PLAN. GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL REPORT TO THE FOUNDATION, AND PARTICIPATE IN AN ANNUAL SITE VISIT WITH A SENIOR PROGRAM OFFICER OR

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT MANAGEMENT ASSOCIATE. ANNUAL PROGRESS REPORTS INCLUDE A FINANCIAL REPORT THAT MUST BE SIGNED BY THE GRANTEE ORGANIZATION'S CHIEF FINANCIAL OFFICER. IF FOR ANY REASON, A GRANT IS NOT ACHIEVING ITS OBJECTIVES, THE HEALTH FOUNDATION MAY INVOKE THE "REVOCATION CLAUSE" OF THE GRANT AGREEMENT AND MODIFY OR TERMINATE A GRANT.

| Grants Awarded to Community (reference Part III, line 4a) : Competitive Grants | | | | |
|---|---|---|---|---|
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
| Bethany House Services<br>1841 Fairmount Ave<br>Cincinnati, OH 45214 | 31-1101401 | 501(c)(3) | 200,000 | Rapid Re-Housing Initiative |
| Bogan Elementary School<br>5200 Hamilton Richmond Rd.<br>Oxford, OH 45056 | 31-6005340 | 115 (1) | 58,125 | Implementing PeaceBuilders |
| Butler County Mental Health Board<br>5963 Boymel Drive<br>Fairfield, OH 45014-5541 | 31-6000061 | 501(c)(3) | 200,000 | Dual Diagnosis Treatment for People with Co-Occurring Severe Mental Illnesses and Developmental Disabilities |
| Center for Respite Care<br>3550 Washington Ave<br>Cincinnati, OH 45229 | 20-2544994 | 501(c)(3) | 40,000 | Challenge Grant |
| Central Clinic<br>311 Albert Sabin Way<br>Cincinnati, OH 45229-2801 | 31-0552288 | 501(c)(3) | 95,000 | Disability Access Project |
| Children's Defense Fund<br>395 E. Broad Street, Ste. 703<br>Columbus, OH 43215 | 52-0895622 | 501(c)(3) | 10,000 | Challenge Grant |
| Cincinnati Hamilton County Continuum of Care for the Homeless, Inc.<br>2260 Park Avenue Suite 402<br>Cincinnati, OH 45206 | 20-8286347 | 501(c)(3) | 3,000 | Community Priority Setting Process |
| Cincinnati Health Department<br>3101 Burnet Avenue<br>Cincinnati, OH 45229 | 31-6000064 | 115 (1) | 200,000 | Oyler Community Learning Center School Based Health Center Implementation Grant |
| Cincinnati Union Bethel<br>300 Lytle Street<br>Cincinnati, OH 45202 | 31-053655 | 501(c)(3) | 15,000 | Global Appraisal of Individual Needs (GAINS) Conference |
| CincySmiles Foundation, Inc.<br>635 W. 7th Street Suite 309<br>Cincinnati, OH 45203 | 31-0537044 | 501(c)(3) | 10,585 | General Operating Support |

Grants Awarded to Community (reference Part III, line 4a) : Competitive Grants

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Clermont Counseling Center<br>43 East Main Street<br>Batavia, OH 45102 | 31-0834563 | 501(c)(3) | 50,000 | Primary Care Services in a Behavioral Health Setting |
| Coalition for a Drug Free Greater Cincinnati<br>2330 Victory Parkway, Suite 703<br>Cincinnati, OH 45206-2057 | 31-1474841 | 501(c)(3) | 32,000 | Student Drug Use Survey |
| Community Mental Health Center, Inc.<br>285 Bielby Road<br>Lawrenceburg, IN 47025 | 35-1129339 | 501(c)(3) | 300,000 | Primary Care & Severe Mental Illnesses Integration |
| Comprehend, Inc.<br>611 Forest Avenue<br>Maysville, KY 41056 | 61-0680352 | 501(c)(3) | 25,000 | Implementing Illness Management and Recovery in Rural Kentucky |
| Communications Network<br>1755 Park Street, Suite 260<br>Naperville, IL 60563 | 52-2114179 | 501(c)(3) | 1,000 | General Operating Support |
| Covington Independent Public Schools<br>25 East Seventh Street<br>Covington, KY 41011 | 61-6001265 | 115 (1) | 67,000 | Implementing an Evidence Pased Prevention Program:Project ACHIEVE |
| Crossroad Health Center<br>5 East Liberty Street<br>Cincinnati, OH 45210 | 31-1321054 | 501(c)(3) | 182,125 | Crossroad Pediatric Practice Expansion |
| Erlanger-Elsmere Board of Education<br>500 Graves Ave<br>Erlanger, KY 41018 | 61-6001276 | 115 (1) | 27,300 | Erlanger-Elsmere School Based Health Center Challenge Grant |
| Faith Community Pharmacy<br>2335 Buttermilk Crossing<br>Crescent Springs, KY 41017 | 61-137814 | 501(c)(3) | 20,000 | Challenge Grant |
| Family Service of the Cincinnati Area<br>3730 Glenway Avenue<br>Cincinnati, OH 45205 | 31-0536973 | 501(c)(3) | 50,000 | Family-Involved Interventions for Substance Use Disorder Treatment |
| Family Service of the Cincinnati Area<br>3730 Glenway Avenue<br>Cincinnati, OH 45205 | 31-0536973 | 501(c)(3) | 150,000 | Performance Psychology Social Enterprise |

Grants Awarded to Community (reference Part III, line 4a) : Competitive Grants

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| FRS Counseling, Inc.<br>PO Box 823 313 Chillicothe Ave<br>Hillsboro, OH 45133 | 31-1129448 | 501(c)(3) | 129,450 | Treatment for SAMI Clients in the Criminal Justice System |
| Grantmakers In Health<br>1100 Connecticut Avenue, N.W.<br>12th Floor<br>Washington, DC 20036 | 13-3206571 | 501(c)(3) | 15,000 | General Operating Support |
| Grants Managers Network<br>1101 14th Street, NW Suite 420<br>Washington, DC 20005 | 74-3158155 | 501(c)(3) | 1,000 | General Operating Support |
| Greater Cincinnati Behavioral Health Services<br>1501 Madison Road, 2nd fl<br>Cincinnati, OH 45206 | 31-0802647 | 501(c)(3) | 65,400 | Encompass Training and Consulting Social Enterprise |
| Greater Cincinnati Behavioral Health Services<br>1501 Madison Road, 2nd fl<br>Cincinnati, OH 45206 | 31-0802647 | 501(c)(3) | 9,500 | Technical Assistance - Proposal Writers |
| Greater Cincinnati Foundation<br>200 West Fourth Street<br>Cincinnati, OH 45202-2603 | 31-0669700 | 501(c)(3) | 100,000 | Weathering the Economic Storm |
| Greater Cincinnati Foundation<br>200 West Fourth Street<br>Cincinnati, OH 45202-2603 | 31-0669700 | 501(c)(3) | 100,000 | Weathering the Economic Storm |
| Hamilton County Court of Common Pleas<br>1000 Main Street Room 410<br>Cincinnati, OH 45202 | Governmental Unit | 115 (1) | 227,000 | Hamilton County Court of Common Pleas Substance Abuse & Mental Illness Court |
| Hamilton County Mental Health and Recovery Services Board<br>2350 Auburn Ave<br>Cincinnati, OH 45219 | 31-6000063 | 115 (1) | 47,000 | Planning for Medication Assisted Treatment for Opiate Addiction |
| Health Improvement Collaborative<br>2100 Sherman Avenue, #100<br>Cincinnati, OH 45212 | 31-1449807 | 501(c)(3) | 99,600 | General Operating Support |

Grants Awarded to Community (reference Part III, line 4a) : Competitive Grants

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| HealthPoint Family Care<br>Water Tower Square<br>601 Washington Street, Ste 300<br>Newport, KY 41017 | 61-0729915 | 501(c)(3) | 20,000 | Northern Kentucky Children's Oral Health Initiative |
| Health Policy Institute of Ohio<br>37 West Broad Street, Suite 350<br>Columbus, OH 43215-4198 | 30-0186863 | 501(c)(3) | 300,000 | General Operating Support |
| InterAct for Change<br>3805 Edwards Rd., Ste 500<br>Cincinnati, OH 45209 | 30-0065901 | 501(c)(3) | 20,000 | Integrated Mental Health and Primary Care Planning |
| Kentucky Child Now!<br>1491 Twilight Trail<br>Frankfort, KY 40601 | 61-1352848 | 501(c)(3) | 50,000 | Organizational Development and Sustainability Project |
| Legal Aid Society of Greater Cincinnati<br>215 East Ninth Street Suite 200<br>Cincinnati, OH 45202 | 31-0536673 | 501(c)(3) | 10,000 | Cover The Uninsured Week Enrollment Campaign |
| Lynchburg-Clay Local School District<br>301 East Pearl Street<br>PO Box 515<br>Lynchburg, OH 45142 | 31-6000859 | 115 (1) | 60,000 | Implementing the Olweus Bullying Program |
| Mercy Health Partners of Southwest Ohio<br>4600 McAuley Place<br>Cincinnati, OH 45242 | 31-1063783 | 501(c)(3) | 47,841 | The HANDS School Based Health Center Challenge Grant |
| Mercy Health Partners of Southwest Ohio Foundation<br>4600 McAuley Pl.<br>Cincinnati, OH 45242 | 31-1217563 | 501(c)(3) | 243,000 | Health Care Access Now Strategic & Business Planning |
| NAMI Hamilton County<br>3805 Edwards Road Suite 130<br>Cincinnati, OH 45209 | 31-0998076 | 501(c)(3) | 20,000 | Minority Outreach Challenge Grant |
| National Assembly on School-Based Health Care<br>1100 G Street, NW, Suite 735<br>Washington, DC 20005 | 54-1752058 | 501(c)(3) | 50,000 | General Operating Support |

Grants Awarded to Community (reference Part III, line 4a) : Competitive Grants

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| National Assembly on School-Based Health Care<br>1100 G Street, NW, Suite 735<br>Washington, DC 20005 | 54-1752058 | 501(c)(3) | 1,150 | School-Based Health Care Funder's Meeting |
| Norwood Middle School<br>2060 Sherman Avenue<br>Norwood, OH 45212 | 31-6000908 | 115 (1) | 59,900 | Norwood Peacebuilders |
| Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment<br>P.O. Box 539<br>New Albany, OH 43054 | 31-1102079 | 501(c)(3) | 3,503 | Challenge Grant |
| Ohio Grantmakers Forum<br>37 West Broad Street Ste 800<br>Columbus, OH 43215-3412 | 31-1111842 | 501(c)(3) | 12,000 | General Operating Support |
| Ohio Justice Policy Center<br>215 E. 9th Street, Suite 601<br>Cincinnati, OH 45202 | 31-1319172 | 501(c)(3) | 113,000 | General Operating Support |
| Ohio Shared Information Services<br>8790 Governor's Hill Drive Suite 202<br>Cincinnati,, OH 45249 | 31-1762094 | 501(c)(3) | 60,000 | Access Health 100 MIS Implementation |
| Over-the-Rhine Community Housing<br>114 W 14th Street<br>Cincinnati, OH 45202 | 31-1272434 | 501(c)(3) | 246,900 | The Jimmy Heath House |
| People Advocating Recovery<br>963 South 2nd St.<br>Louisville, KY 40203 | 20-1664735 | 501(c)(3) | 20,000 | Capacity Building Challenge Grant |
| Program for the Medically Underserved in Cincinnati<br>2270 Banning Road Suite 200<br>Cincinnati, OH 45224 | 31-1155292 | 501(c)(3) | 15,000 | Pathways Program of Greater Cincinnati |
| Scioto Paint Valley Mental Health Center<br>4449 St. Rt 159<br>P. O. Box 6179<br>Chillicothe, OH 45601 | 31-0720849 | 501(c)(3) | 200,000 | Supported Employment Services |

| Grants Awarded to Community (reference Part III, line 4a) : Competitive Grants | | | | |
|---|---|---|---|---|
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
| Sojourner Recovery Services, Inc.<br>314 North Erie Highway<br>Hamilton, OH 45011 | 31-1070029 | 501(c)(3) | 50,000 | Planning for Alternative Health Services in Substance Use Disorder Treatment |
| Southgate Independent School District<br>Blatt & Evergreen Avenues<br>Southgate, KY 41017 | 61-6001363 | 115 (1) | 18,317 | School-Based Health Center Challenge Grant |
| TAPP House/TC, Inc<br>821 Summit, Suite G-40<br>Cincinnati, OH 45237 | 11-3791644 | 501(c)(3) | 75,900 | Capacity Building for TAPP House |
| Transitions, Incorporated<br>700 Fairfield Avenue<br>Bellevue, KY 41073 | 61-0707125 | 501(c)(3) | 85,000 | The Gratitude Center Enhancement Project |
| Universal Health Care Action Network of Ohio (UHCAN)<br>404 S. Third Street<br>Columbus, OH 43215 | 31-1542417 | 501(c)(3) | 70,000 | General Operating Support |
| Vanguard Medical d.b.a. University Emergency Physicians<br>231 Albert Sabin Way<br>P.O. Box 670769<br>Cincinnati, OH 45267-0769 | 31-1404427 | 501(c)(3) | 36,650 | Emergency Response Utilization Survey |
| **Total Grants Awarded to Community** | | | 4,418,246 | |
| **Total Advised Grants Program (see page 14)** | | | 299,000 | |
| **Less Prior Year Grant Reversals (see page 16)** | | | (437,453) | |
| **Total Grants (reference Part III line 4a)** | | | 4,279,793 | |

Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program

NOTE: the following grants are administered through an Advised Grant Program which does not accept requests

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Bethany House Services<br>1841 Fairmount Ave<br>Cincinnati, OH 45214 | 31-1101401 | 501(c)(3) | 1,250 | General Operating Support |
| Boys & Girls Club of Clermont County<br>212 Market Street<br>New Richmond, OH 45157 | 31-1463574 | 501(c)(3) | 500 | General Operating Support |
| Brighton Center, Inc.<br>P.O. Box 325<br>Newport, KY 41071-0325 | 61-0673886 | 501(c)(3) | 9,000 | General Support |
| Catholic Social Services / Southwest Ohio<br>100 East 8th Street<br>Cincinnati, OH 45202 | 31-0536968 | 501(c)(3) | 10,000 | Caregiver Assistance Network |
| Center for Chemical Addictions Treatment, Inc.<br>830 Ezzard Charles Avenue<br>Cincinnati, OH 45214 | 31-0792742 | 501(c)(3) | 1,500 | General Operating Support |
| Center for Respite Care<br>3550 Washington Ave<br>Cincinnati, OH 45229 | 20-2544994 | 501(c)(3) | 14,500 | General Operating Support |
| Cincinnati Children's Hospital Medical Center - Division of Adolescent Medicine<br>MLC 400<br>3333 Burnet Ave<br>Cincinnati, OH 45229 | 31-0833936 | 501(c)(3) | 1,000 | Department of Hematology |
| Cincinnati Health Department<br>3101 Burnet Avenue<br>Cincinnati, OH 45229 | 31-6000064 | 115 (1) | 1,000 | Oyler School-Based Health Center |
| Cincinnati Recreation Commission<br>805 Central Avenue, 2 Centennial Plaza<br>Cincinnati, OH 45202 | 31-1574475 | 501(c)(3) | 4,000 | Therapeutic Recreation |
| Cincinnati Works<br>37 West Seventh Street, Ste. 200<br>Cincinnati, OH 45202 | 31-1656186 | 501(c)(3) | 20,750 | General Operating Support |

Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program

NOTE: the following grants are administered through an Advised Grant Program which does not accept requests

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Comprehensive Community Child Care<br>1924 Dana Avenue<br>Cincinnati, OH 45207 | 31-0823634 | 501(c)(3) | 1,000 | General Operating Support |
| Connections: A Safe Place<br>2602 Eden Avenue<br>Cincinnati, OH 45219 | 31-1488760 | 501(c)(3) | 11,000 | General Operating Support |
| Covington Ladies Home<br>702 Garrard St.<br>Covington, KY 41011 | 61-0461759 | 501(c)(3) | 5,000 | General Operating Support |
| Faith Community Pharmacy<br>2335 Buttermilk Crossing<br>Crescent Springs, KY 41017 | 61-137814 | 501(c)(3) | 500 | General Operating Support |
| Fernside, Inc: A Center for Grieving Children<br>4380 Malsbary Road, Suite 300<br>Cincinnati, OH 45242 | 31-1179234 | 501(c)(3) | 4,500 | General Operating Support |
| First Step Home<br>2203 Fulton Ave.<br>Cincinnati, OH 45206 | 31-1328492 | 501(c)(3) | 1,000 | General Operating Support |
| FreeStore/FoodBank<br>Health & Hygiene Program<br>1250 Tennessee Ave<br>Cincinnati, OH 45229 | 23-7122205 | 501(c)(3) | 16,250 | Health & Hygiene Program Support |
| Grant County Board of Education<br>505 South Main Street<br>Williamstown, KY 41097-0369<br>859-824-3323 | Governmental Entity | 115 (1) | 10,000 | School-Based Health Care |
| Greater Cincinnati Behavioral Health Services<br>1501 Madison Road, 2nd fl<br>Cincinnati, OH 45206 | 31-0802647 | 501(c)(3) | 1,000 | Recovery Center of Hamilton County |

Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program

NOTE: the following grants are administered through an Advised Grant Program which does not accept requests

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Hamilton County Developmental Disabilities Services<br>1520 Madison Road<br>Cincinnati, OH 45206 | Governmental Entity | 115 (1) | 1,000 | General Operating Support |
| Harmony Garden<br>1776 Mentor Avenue<br>Box 221<br>Cincinnati, OH 45212 | 20-5461244 | 501(c)(3) | 500 | General Operating Support |
| Health Resource Center<br>40 E. McMicken<br>Cincinnati, OH 45210 | 31-1426847 | 501(c)(3) | 1,000 | General Operating Support |
| HealthPoint Family Care<br>Water Tower Square<br>601 Washington Street, Ste 300<br>Newport, KY 41017 | 61-0729915 | 501(c)(3) | 6,000 | Pike Street Homeless Clinic |
| Highland County Homeless Shelter, Inc.<br>145 Homestead Ave<br>Hillsboro, OH 45133 | 31-1547454 | 501(c)(3) | 1,000 | General Operating Support |
| Hospice of Cincinnati<br>4380 Malsbary Road, Suite 100<br>Cincinnati, OH 45242 | 31-0917155 | 501(c)(3) | 15,500 | General Operating Support |
| Hospice of the Bluegrass, Inc.<br>2312 Alexandria Drive<br>Lexington, KY 40504 | 61-0978097 | 501(c)(3) | 1,000 | General Operating Support |
| Ida Spence United Methodist Mission<br>2401 Benton Road<br>Covington, KY 41011 | | 501(c)(3) | 2,500 | General Operating Support |
| International Rett Syndrome Foundation<br>4600 Devitt Drive<br>Cincinnati, OH 45246 | 31-1682518 | 501(c)(3) | 3,000 | General Operating Support |
| LifeCenter Organ Donor Network<br>615 Elsinore Place, Suite 400<br>Cincinnati, OH 45202 | 31-1040508 | 501(c)(3) | 1,000 | General Operating Support |

Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program

NOTE: the following grants are administered through an Advised Grant Program which does not accept requests

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Lindner Learning Center for Children<br>317 East Fifth Street<br>Cincinnati, OH 45202 | 04-3169620 | 501(c)(3) | 2,500 | General Operating Support |
| McAuley High School<br>6000 Oakwood Avenue<br>Cincinnati, OH 45224 | Governmental Entity | 115 (1) | 5,000 | Women in Medicine |
| Mental Health America of Northern Kentucky<br>513 Madison Avenue<br>3rd Floor<br>Covington, KY 41011 | 61-0712473 | 501(c)(3) | 1,000 | General Operating Support |
| Mental Health Association of Southwest Ohio, Inc.<br>2400 Reading Road<br>Suite 412<br>Cincinnati, OH 45202-1458 | 31-0796119 | 501(c)(3) | 4,500 | General Operating Support |
| Mercy Neighborhood Ministries, Inc.<br>1601 Madison Rd.<br>Cincinnati, OH 45206 | 31-1376693 | 501(c)(3) | 2,000 | General Operating Support |
| Mercy Professional Services<br>2330 Victory Parkway, Ste 500<br>Cincinnati, OH 45206 | 31-0830955 | 501(c)(3) | 1,000 | General Operating Support |
| Mighty Vine Wellness Club<br>2347 Vine Street<br>Cincinnati, OH 45219 | 31-1059137 | 501(c)(3) | 1,500 | General Operating Support |
| NAMI Hamilton County<br>3805 Edwards Road<br>Suite 130<br>Cincinnati, OH 45209 | 31-0998076 | 501(c)(3) | 3,000 | General Operating Support |
| NAMI Kentucky<br>10510 LaGrange Road, Building 103<br>Louisville, KY 40223-1277 | 61-1140329 | 501(c)(3) | 1,000 | NAMI Northern Kentucky |

Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program

NOTE: the following grants are administered through an Advised Grant Program which does not accept requests

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Newport Independent Schools<br>30 E Eighth Street<br>Newport, KY 41071 | 61-6001336 | Other | 1,000 | School-Based Health Center |
| Ohio Parkinson Foundation Southwest Region<br>325 N Third Street<br>Fairborn, OH 45234 | 31-1427886 | 501(c)(3) | 2,500 | General Operating Support |
| PARACHUTE: Butler County Court Appointed Special Advocates<br>282 N. Fair Ave.<br>Hamilton, OH 45011 | 31-1230170 | 501(c)(3) | 2,500 | General Operating Support |
| Parkside Christian Church<br>6986 Salem Rd<br>Cincinnati, OH 45230 | 31-0671739 | 501(c)(3) | 1,000 | General Operating Support |
| PLAN<br>11223 Cornell Park Drive<br>Cincinnati, OH 45242 | 31-1486601 | 501(c)(3) | 3,000 | General Operating Support |
| Pregnancy Center of Clermont<br>167 E. Main Street<br>Amelia, OH 45102 | 31-1185361 | 501(c)(3) | 1,000 | General Operating Support |
| Recovery Network of Northern Kentucky<br>605 Madison Avenue<br>Covington, KY 41011 | 61-01712473 | 501(c)(3) | 4,000 | General Operating Support |
| Redwood<br>71 Orphanage Road<br>Ft. Mitchell, KY 41017 | 61-6013702 | 501(c)(3) | 1,000 | General Operating Support |
| Saint Francis Seraph Ministries Development Office<br>1615 Vine Street<br>Cincinnati, OH 45202-6400 | 31-0624999 | 501(c)(3) | 1,000 | General Operating Support |
| Santa Maria Community Services, Inc.<br>2918 Price Avenue<br>Cincinnati, OH 45204 | 31-0537141 | 501(c)(3) | 12,500 | General Operating Support |

Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program

NOTE: the following grants are administered through an Advised Grant Program which does not accept requests

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Scioto Paint Valley Mental Health Center<br>4449 St. Rt 159<br>P. O. Box 6179<br>Chillicothe, OH 45601 | 31-0720849 | 501(c)(3) | 500 | Assertive Community Treatment Team |
| Senior Citizens, Inc.<br>140 Ross Avenue<br>Hamilton, OH 45013 | 31-0569735 | 501(c)(3) | 10,000 | General Operating Support |
| Senior Services of Northern Kentucky, Inc.<br>1032 Madison Ave.<br>Covington, KY 41011 | 61-0725458 | 501(c)(3) | 1,500 | General Operating Support |
| Silver Grove Independent School District<br>101 West Third Street<br>Silver Grove, KY 41085 | 61-6001358 | 115 (1) | 1,000 | School-Based Health Center |
| Sisters Network, Inc - Cincinnati Chapter<br>PO Box 371034<br>Cincinnati, OH 45222-1034 | 76-0480069 | 501(c)(3) | 3,000 | General Operating Support |
| SISTERS OF CHARITY SENIOR CARE CORPORATION<br>990 Bayley Place<br>Cincinnati, OH 45233 | 31-1252361 | 501(c)(3) | 6,750 | General Operating Support |
| Soteni, Inc.<br>8875 Spooky Ridge Lane<br>Cincinnati, OH 45242 | 20-0041518 | 509(a)(1) | 6,000 | General Operating Support |
| Southeastern Indiana Cancer Health Network, Inc.<br>941 Miller Avenue<br>Lawrenceburg, IN 47025 | 11-3655032 | 501(c)(3) | 1,000 | General Operating Support |
| St. Vincent DePaul<br>1125 Bank Street<br>Cincinnati, OH 45214 | 31-0537510 | 501(c)(3) | 12,500 | Community Pharmacy |
| Starfire Council of Greater Cincinnati<br>5030 Oaklawn Drive<br>Cincinnati, OH 45227-1434 | 31-1372833 | 501(c)(3) | 2,500 | General Operating Support |

Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program

NOTE: the following grants are administered through an Advised Grant Program which does not accept requests

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Stepping Stones Center<br>5650 Given Road<br>Cincinnati, OH 45243 | 31-0671799 | 501(c)(3) | 2,500 | General Operating Support |
| TAPP House/TC, Inc<br>821 Summit, Suite G-40<br>Cincinnati, OH 45237 | 11-3791644 | 501(c)(3) | 3,500 | General Operating Support |
| Tender Mercies, Inc.<br>27 W. 12th Street<br>Cincinnati, OH 45202 | 31-1137270 | 501(c)(3) | 8,500 | General Operating Support |
| The Baby Basket<br>P.O. Box 3634<br>Lawrenceburg, IN 47025 | 35-2054266 | 501(c)(3) | 2,500 | General Operating Support |
| The Counseling Center<br>1634 11th Street<br>Portsmouth, OH 45662 | 31-1070665 | 501(c)(3) | 1,000 | General Operating Support |
| The Union Foundation<br>3334 Evanston Avenue<br>Cincinnati, OH 45207 | 20-8465276 | 501(c)(3) | 1,000 | General Support |
| The Visiting Nurse Association of Greater Cincinnati & Northern Kentucky<br>2400 Reading Road<br>Cincinnati, OH 45202-1468 | 31-0536716 | 501(c)(3) | 2,250 | General Support |
| Transitions, Incorporated<br>700 Fairfield Avenue<br>Bellevue, KY 41073 | 61-0707125 | 501(c)(3) | 2,500 | Grateful Life Center |
| Transitions, Incorporated<br>700 Fairfield Avenue<br>Bellevue, KY 41073 | 61-0707125 | 501(c)(3) | 1,000 | Social Setting Detoxification |
| Tri-County Soul Ministries<br>11177 Springfield Pike<br>Cincinnati, OH 45246 | 31-1244943 | 501(c)(3) | 4,250 | Food Pantry and Nutrition Program |

| Grants Awarded to Community (reference Part III, line 4a) : Advised Grant Program | | | | |
|---|---|---|---|---|
| NOTE: the following grants are administered through an Advised Grant Program which does not accept requests | | | | |
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
| Tri-State Bleeding Disorders Foundation, a chapter of National Hemophilia Foundation<br>635 W. Seventh Street<br>Suite 407<br>Cincinnati, OH 45203 | 31-0928221 | 501(c)(3) | 1,000 | General Operating Support |
| University of Cincinnati Foundation<br>PO Box 19970<br>Cincinnati, OH 45219-0970 | 31-0896555 | 501(c)(3) | 2,500 | Department of Occupational Medicine |
| Urban Appalachian Council<br>2115 West 8th Street<br>Cincinnati, OH 45204 | 31-0797245 | 501(c)(3) | 4,000 | Women's Health & Wellness |
| Urban Health Project<br>619 Oak Street<br>Cincinnati, OH 45206 | 31-600989 | 501(c)(3) | 2,000 | Medical Student Internships |
| Welcome House<br>205 Pike Street<br>Covington, KY 41011 | 61-1020382 | 501(c)(3) | 5,500 | General Operating Support |
| Williamstown Independent School District<br>300 Helton Street<br>Williamstown, KY 41097 | Governmental Entity | 115 (1) | 4,500 | School Based Health Care |
| Women's Crisis Center, Inc.<br>835 Madison Ave.<br>Covington, KY 41011 | 61-0908752 | 501(c)(3) | 6,000 | General Operating Support |
| Xavier University - Department of Nursing<br>3800 Victory Parkway<br>Cincinnati, OH 45207 | 31-0537516 | 501(c)(3) | 2,500 | General Operating Support |
| **Subtotal Advised Grants Program (to page 6)** | | | **299,000** | |

Prior Year Grant Reversals (reference Part III, line 4a)

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Centerpoint Health<br>2602 Victory Parkway<br>Cincinnati, OH 45206 | 31-0816109 | 501(c)(3) | (20,000) | Integrated Primary Care Services Expansion |
| Cincinnati Union Bethel<br>300 Lytle Street<br>Cincinnati, OH 45202 | 31-053655 | 501(c)(3) | (13,413) | TAMAR Project |
| Coalition for a Drug Free Greater Cincinnati<br>2330 Victory Parkway, Suite 703<br>Cincinnati, OH 45206-2057 | 31-1474841 | 501(c)(3) | (13,400) | More Than Just Talk, Taking Action |
| First Step Home<br>2203 Fulton Avenue<br>Cincinnati, OH 45206 | 31-1328492 | 501(c)(3) | (20,487) | Primary Care and Mental Health Services Integration for Women with Substance Use Disorders |
| Foundation of the Cincinnati Academy of Medicine<br>320 Broadway<br>Cincinnati, OH 45202 | 31-0623960 | 501(c)(3) | (13,061) | Study of Greater Cincinnati Area Physicians Participation in Uncompensated Care |
| FreeStore/FoodBank<br>Health & Hygiene Program<br>1250 Tennessee Ave<br>Cincinnati, OH 45229 | 23-7122205 | 501(c)(3) | (13,498) | Health Problems of Single Indigent Men |
| Greater Cincinnati Behavioral Health Services<br>1501 Madison Road, 2nd fl<br>Cincinnati, OH 45206 | 31-0802647 | 501(c)(3) | (19,997) | Technical Assistance for Peer Support in Mental Health Services |
| Mercy Health Partners of Southwest Ohio<br>4600 McAuley Place<br>Cincinnati, OH 45242 | 31-1063783 | 509(a)(1) | (23,832) | Community Care Access Network |
| NorthKey Community Care<br>503 Farrell Drive<br>Covington, KY 41011 | 61-0661458 | 501(c)(3) | (41,521) | Crisis Intervention Team |
| Paint Valley ADAMH Board<br>394 Chestnut Street<br>Chillicothe, OH 45601 | Governmental Unit | 115 (1) | (131,367) | Paint Valley's Improving Access to Children's Behavioral Health Services |

Prior Year Grant Reversals (reference Part III, line 4a)

| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
|---|---|---|---|---|
| Scioto Paint Valley Mental Health Center<br>4449 St. Rt 159<br>P. O. Box 6179<br>Chillicothe, OH 45601 | 31-0720849 | 501(c)(3) | (12,476) | Pharmacy Services as a Social Enterprise |
| Scioto County Prosecuting Attorneys Office<br>602 Seventh Street<br>Portsmouth, OH 45662 | Governmental Unit | 115 (1) | (18,727) | Reformers Unanimous - Southern Ohio Collaborative |
| Talbert House<br>2600 Victory Parkway<br>Cincinnati, OH 45206-1711 | 31-0713350 | 501(c)(3) | (20,360) | Teaching Family Model Implementation |
| All other prior year grants reversals (individual amounts < $10,000) | | | (75,313) | |
| **Total Prior Year Grant Reversals (to page 6)** | | | **(437,453)** | |

| Direct Charitable Programs (reference Part III, line 4b) | | | | |
|---|---|---|---|---|
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
| NOTE: the following direct charitable programs are administered through:<br>The Health Foundation of Greater Cincinnati<br>Rookwood Tower, 3805 Edwards Road Suite 500<br>Cincinnati, OH 45209-1948 | 31-0932681 | 501(c)(4) | | |
| 2009 NIATx Change Leader Academy | | | 3,432 | to provide a Network of Addiction Treatment Improvement Change Leader Academy for Ohio, Indiana, and Kentucky |
| Access Health 100 | | | 269,478 | to support regional primary care planning and development |
| ASAP Center Reports | | | 13,258 | to describe the work of the ASAP Center for community use |
| Assistance for Substance Abuse Prevention Center 2009 | | | 455,257 | to operate the Assistance for Substance Abuse Prevention Center (ASAP) to provide expertise and resources to community groups for prevention of substance abuse |
| Capacity Building Services 2009 | | | 111,340 | to provide a series of services to grantees to help them continue their programs after the Health Foundation's grants end |
| Communications and Public Information Program | | | 266,446 | to provide communication consultation and support to grantees, to maintain timely information for grantees through the Foundation's web site, to publish white papers and reports, and to provide an electronic newsletter to the interested public |
| Conference Center | | | 77,900 | to provide a conference center for use by non-profit organizations |

| Direct Charitable Programs (reference Part III, line 4b) | | | | |
|---|---|---|---|---|
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
| Data Operations | | | 68,443 | to provide an Online Analysis and Statistical Information System to the public and archive useful information for community use |
| Direct Charitable - Interns | | | 51,408 | to support a part-time internship |
| Evaluation of SUD and SMI Grantees in the Criminal Justice System - 2009 | | | 3,608 | to standardize a series of project evaluations for grants awarded from 2008 - 2010 |
| Evaluation Resources - 2009 | | | 25,132 | to provide a researcher to assist grantees in their evaluation activities |
| Evidence-Based School-Wide Prevention Program: Technical Assistance and Consultation | | | 136,466 | to provide planning, consultation, training and technical assistance to School-Aged Behavioral Health grantees |
| Growing Well Cincinnati | | | 92,789 | to plan a health care delivery system for students who attend Cincinnati Public Schools |
| Health Data Improvement Program 2009 | | | 135,031 | to improve the quality, accessibility and usefulness of health data in the Foundation's service area |
| Health Landscape Residual | | | 53,649 | to support the continued maintenance and development of the HealthLandscape site |
| Health Landscape, LLC | | | 305,089 | to fund operations of Health Landscape LLC |
| Healthcare Access Corporation Start-up | | | 19,338 | to plan a program to improve access to care in our region |
| Healthcare Reform 2009 | | | 112,712 | to provide analysis and education about healthcare reform and its effects on the Greater Cincinnati region |
| Kentucky Health Issues Poll - 2009 | | | 36,873 | to survey Kentuckians about health policy issues |
| NIATx Technical Assistance 2010-2017 | | | 8,966 | to provide technical assistance and expert monitoring of NIATx projects |

| Direct Charitable Programs (reference Part III, line 4b) | | | | |
|---|---|---|---|---|
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of Cash Grant | (h) Purpose of grant or assistance |
| Ohio Health Issues Poll - 2009 | | | 38,184 | to survey Ohioans about health policy issues |
| Project Conferences - GAINS | | | 383 | to permit grantees to attend selected professional conferences |
| SBHC Business and Operational Planning Grantees Technical Assistance -2009 | | | 7,500 | to provide expert technical assistance to grantees who are planning new school-based health centers |
| Transition from Assertive Community Treatment - 2009 | | | 4,805 | to study predictions and successful patient transition off of ACT treatment teams |
| Total Direct Charitable Programs (ref Part III, line 4b) | | | 2,297,486 | |

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number

31-0932681

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| b | If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | X | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | X | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. | | | |
| | ☒ Compensation committee | ☒ Written employment contract | | |
| | ☒ Independent compensation consultant | ☒ Compensation survey or study | | |
| | ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.** | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

**Part II** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| | (i) | 300,000. | 0. | 6,551. | 0. | 30,139. | 336,690. | 0. |
| DONALD E HOFFMAN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | 204,000. | 0. | 3,643. | 0. | 25,609. | 233,252. | 0. |
| PATRICIA O'CONNOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | 202,124. | 0. | 4,298. | 0. | 35,333. | 241,755. | 0. |
| DANIEL W GEEDING | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

The 2009 compensation for Donald Hoffman (the President and Chief Executive Officer), Patricia O'Connor (the Vice President and Chief Operating Officer) and Daniel Geeding (the Vice President and Chief Financial Officer) (the "Officers") was established in late 2008 by the independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of each Officer's total compensation. The independent compensation consultant met with the Executive Committee when it determined the Officers' compensation. An Officer was not present when the Executive Committee discussed and established his or her compensation.

In establishing an Officer's compensation, factors reviewed by the Executive Committee included: (i) the Officer's individual performance; (ii) the performance of the organization; (iii) the Officer's length of service, credentials and experience; (iv) for Dr. O'Connor and Dr. Geeding, salary recommendations by Mr. Hoffman; (v) the elements of each Officer's total compensation and a salary history; (vi) the organization's compensation targets and raise pool; and (vii) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant. (Mr. Hoffman is independent of Dr. O'Connor and Dr. Geeding.) After considering these factors, the Committee set each Officer's 2009 compensation. In acting to establish each Officer's compensation, the Executive Committee determined the Officer's total compensation to be reasonable and in the organization's best interest and for its benefit. At the next meeting of the organization's full Board, the Executive Committee reported, in an executive session that did not include any of the Officers, the compensation of each Officer and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the Officers' compensation.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number

31-0932681

ATTACHMENT 1

PART VI:SECTION B:QUESTION 11

PRIOR TO FILING, THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE, RECEIVED AND REVIEWED BY THE BOARD OF DIRECTORS AND RETURNED TO THE AUDIT COMMITTEE FOR FINAL APPROVAL.

PART VI, SECTION B

POLICIES ALSO APPLY TO THE ORGANIZATION'S DISREGARDED ENTITY.

PART VI:SECTION B:QUESTION 12C

ON AN ANNUAL BASIS, LEGAL COUNSEL SUBMITS A COPY OF THE CONFLICT OF INTEREST POLICY TO EACH DIRECTOR AND OFFICER OF THE ORGANIZATION, ALONG WITH A CONFLICT OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRE IS COMPLETED AND SIGNED BY EACH DIRECTOR AND OFFICER. LEGAL COUNSEL THEN COMPILES A SUMMARY, WHICH IS DISTRIBUTED TO THE BOARD ON AN ANNUAL BASIS. A SIMILAR PROCESS IS ALSO CONDUCTED AT THE STAFF LEVEL ON AN ANNUAL BASIS. CONFLICTS OF INTEREST ARE DISCLOSED IN THE PROCESSING OF ALL GRANTS AND TRANSACTIONS. DIRECTORS, OFFICERS AND ASSOCIATES WITH CONFLICTS OF INTEREST ARE EXCLUDED FROM THE DECISION MAKING PROCESS.

PART VI:SECTION B:QUESTION 15A

SEE ATTACHMENT

PART VI:SECTION B:QUESTION 15B

SEE ATTACHMENT

Name of the organization: THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number: 31-0932681

ATTACHMENT 1 (CONT'D)

PART VI:SECTION C:QUESTION 19

THE FORM 990, CONFLICT OF INTEREST POLICY, DOCUMENT RETENTION POLICY AND WHISTLEBLOWER POLICY ARE AVAILABLE ON THE WEBSITE.

PART VII:SECTION A

ESTIMATED NUMBER OF HOURS PER WEEK EACH PERSON IN COLUMN (A) DEVOTED TO RELATED ORGANIZATION: DONALD HOFFMAN 6, DANIEL GEEDING 1, PATRICIA O'CONNOR 1, PATRICIA RUWE 2, FRANCIE WOLGIN 1.

PART XI: QUESTION 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE COMPRISED ENTIRELY OF INDEPENDENT DIRECTORS. THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF THE FOUNDATION'S FINANCIAL STATEMENTS AND SELECTION AND COMPENSATION OF AN INDEPENDENT AUDITOR.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE HEALTH FOUNDATION OF GREATER CINCINNATI IS DEDICATED TO IMPROVING THE HEALTH OF THE PEOPLE OF THE GREATER CINCINNATI REGION. OUR VISION IS THAT GREATER CINCINNATI IS ONE OF THE HEALTHIEST REGIONS IN THE COUNTRY. OUR VALUES ARE INNOVATION, CARING, EDUCATION AND STEWARDSHIP.

ATTACHMENT 3

Name of the organization: THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number: 31-0932681

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

4B PROGRAM SERVICE

DIRECT CHARITABLE PROGRAMS-SEE SCHEDULE I: FOUNDATION-RUN PROGRAMS THAT BENEFIT THE COMMUNITY, INCLUDING ASSISTANCE FOR SUBSTANCE ABUSE PREVENTION CENTER; CONFERENCE CENTER FOR NONPROFIT MEETING SPACE; PROJECT-RELATED TECHNICAL ASSISTANCE FOR GRANTEES; CONVENING COMMUNITY AND GRANTEE LEARNING GROUPS; NONPROFIT CAPACITY BUILDING EDUCATIONAL PROGRAMS FOR GRANTEES AND OTHER NONPROFITS; PUBLIC COMMUNICATIONS REGARDING COMMUNITY HEALTH STATUS AND HEALTH POLICY; DATA ACQUISITION AND ANALYSIS SERVICES DESIGNED TO HELP OR INFORM GRANTEES, HEALTH CARE PLANNERS, PROGRAM EVALUATORS, POLICYMAKERS AND THE PUBLIC; AND STAFF PARTICIPATION IN COMMUNITY HEALTH PLANNING EFFORTS, PARTICULARLY IN IMPROVING HEALTH AND ACCESS TO HEALTH CARE IN OUR REGION.

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|---|---|
| CLP-SPF ROOKWOOD TOWERS, LLC<br>PO BOX 951035<br>CLEVELAND, OH 44193 | RENT EXPENSE | 445,850. |
| UNIVERSITY OF CINCINNATI<br>PO BOX 691031<br>CINCINNATI, OH 45269-1031 | CONSULTANT-OP. PRGM | 131,380. |
| PLANNING FOR SUCCESS, LLC<br>6585 DIVOT COURT<br>LOVELAND, OH 45140 | CONSULTANT-HL | 111,150. |
| MIAMI UNIVERSITY<br>GRANTS & CONTRACTS<br>OXFORD, OH 45056 | CONSULTANT-OP. PRGM | 103,191. |

Name of the organization: THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number: 31-0932681

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|---|---|
| TOTAL COMPENSATION | | 791,571. |

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION | ENDING BOOK VALUE |
|---|---|
| PREPAID EXPENSES AND OTHER | 95,256. |
| TOTALS | 95,256. |

Schedule O (Form 990) | Supplemental Information to Form 990 | 2009

The Health Foundation of Greater Cincinnati | EIN: 31-0932681

**Part VI: Section B: Question 15a:**

The 2009 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2008 by the independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of the President's total compensation. The independent compensation consultant met with the Executive Committee when it established the President's compensation. The President was not present when the Executive Committee discussed and established his compensation.

In establishing the President's compensation, factors reviewed by the Executive Committee included: (i) a Board evaluation of the President's individual performance; (ii) the performance of the organization; (iii) the President's length of service, credentials and experience; (iv) the elements of the President's total compensation and his salary history; (v) the organization's compensation targets and raise pool; and (vi) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant. After considering these factors, the Committee established the President's 2009 compensation. In acting to establish the President's compensation, the Executive Committee determined the President's total compensation to be reasonable and in the organization's best interest and for its benefit. At the next meeting of the organization's full Board, the Executive Committee reported, in an executive session that did not include the President, the compensation of the President and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the President's compensation.

Schedule O (Form 990) | Supplemental Information to Form 990 | 2009

The Health Foundation of Greater Cincinnati | EIN: 31-0932681

**Part VI: Section B: Question 15b:**

The 2009 compensation for the organization's Vice President and Chief Operating Officer and Vice President and Chief Financial Officer (the "Officers") was established in late 2008 by the independent members of the organization's Executive Committee. The Executive Committee retained an independent compensation consultant to advise it concerning the reasonableness of each Officer's total compensation. The independent compensation consultant met with the Executive Committee when it established the Officers' compensation. The Officers were not present when the Executive Committee discussed and established their compensation.

In establishing an Officer's compensation, factors reviewed by the Executive Committee included: (i) a review of the Officer's individual performance by the President and Chief Executive Officer; (ii) the performance of the organization; (iii) the Officer's length of service, credentials and experience; (iv) compensation recommendations by the President and Chief Executive Officer; (v) the elements of each Officer's total compensation and a salary history; (vi) the organization's compensation targets and raise pool; and (vii) comparability data, including data prepared by and reviewed with the Executive Committee by the independent compensation consultant. (The organization's President and Chief Executive Officer is independent of the Officers.) After considering these factors, the Committee established each Officer's 2009 compensation. In acting to establish each Officer's compensation, the Executive Committee determined the Officer's total compensation to be reasonable and in the organization's best interest and for its benefit. At the next meeting of the organization's full Board, the Executive Committee reported, in an executive session that did not include the Officers, the compensation of each Officer and the basis for the Executive Committee's compensation decisions. The Executive Committee contemporaneously documented in minutes its deliberations concerning the Officers' compensation.

Because the 2009 compensation for the Secretary/Assistant Treasurer was below $100,000, she was not considered a key employee. The President and Chief Executive Officer established the 2009 compensation for the Secretary/Assistant Treasurer in late 2008 based on the following factors: (i) recommendations from the Vice President and Chief Financial Officer, to whom the Secretary/Assistant Treasurer reports; (ii) the Secretary/Assistant Treasurer's performance, length of service, credentials and experience; (iii) compensation surveys for comparable positions; and (iv) recommendations by the organization's independent compensation consultant about an organization-wide raise pool. Both the President and Chief Executive Officer and the Vice President and Chief Financial Officer are independent of the Secretary/Assistant Treasurer.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE HEALTH FOUNDATION OF GREATER CINCINNATI

Employer identification number
31-0932681

## Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| HEALTH LANDSCAPE, LLC 36-4643299<br>3805 EDWARDS ROAD, SUITE 500 CINCINNATI, OH 45209 | HEALTH DATA | OH | 94,400. | 61,797. | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|---|---|---|---|---|
| INTERACT FOR CHANGE 30-0065901<br>3805 EDWARDS ROAD, SUITE 500 CINCINNATI, OH 45209 | PHILANTHROPY | OH | 501(C)(3) | 170B1AVI | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part V** **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| a | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | X | |
| b | Gift, grant, or capital contribution to other organization(s) | 1b | X | |
| c | Gift, grant, or capital contribution from other organization(s) | 1c | | X |
| d | Loans or loan guarantees to or for other organization(s) | 1d | X | |
| e | Loans or loan guarantees by other organization(s) | 1e | | X |
| f | Sale of assets to other organization(s) | 1f | | X |
| g | Purchase of assets from other organization(s) | 1g | | X |
| h | Exchange of assets | 1h | | X |
| i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | | X |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | X |
| l | Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | X |
| m | Sharing of facilities, equipment, mailing lists, or other assets | 1m | | X |
| n | Sharing of paid employees | 1n | X | |
| o | Reimbursement paid to other organization for expenses | 1o | X | |
| p | Reimbursement paid by other organization for expenses | 1p | | X |
| q | Other transfer of cash or property to other organization(s) | 1q | | X |
| r | Other transfer of cash or property from other organization(s) | 1r | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of other organization | (b) Transaction type (a–r) | (c) Amount involved |
|---|---|---|---|
| (1) | INTERACT FOR CHANGE | A | 19,874. |
| (2) | INTERACT FOR CHANGE | B | 20,000. |
| (3) | INTERACT FOR CHANGE | D | 650,000. |
| (4) | INTERACT FOR CHANGE | N | 123,948. |
| (5) | INTERACT FOR CHANGE | O | 161,560. |
| (6) | | | |

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Form **8868** (Rev. April 2009)

Department of the Treasury
Internal Revenue Service

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

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

*Do not complete Part II unless* you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

| Type or print | Name of Exempt Organization | Employer identification number |
|---|---|---|
| File by the due date for filing your return. See instructions. | THE HEALTH FOUNDATION OF GREATER CINCINNATI | 31-0932681 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | |
| | ROOKWOOD TOWER, 3805 EDWARDS ROAD, SUITE 500 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | CINCINNATI, OH 45209-1948 | |

**Check type of return to be filed** (file a separate application for each return):

| | | |
|---|---|---|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶ DR. DANIEL GEEDING, VP, CFO

Telephone No. ▶ 513 458-6602 FAX No. ▶

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 09 or

▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ NONE |
| c | **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ 0.00 |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



COPY