

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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011 , and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization The Health Foundation of Greater Cincinnati</td> <td>D Employer identification number 31-0932681</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="2">E Telephone number 513-458-6600</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>Rookwood Tower, 3805 Edwards Road</td> <td>500</td> <td rowspan="2">G Gross receipts \$ 52,450,040</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Cincinnati, Ohio 45209-1948</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: James Schwab 3805 Edwards Road, Suite 500 Cincinnati, Ohio 45209</td> <td>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td>I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td colspan="2">H(c) Group exemption number ▶</td> </tr> <tr> <td>J Website: ▶ www.healthfoundation.org</td> <td>L Year of formation: 1978</td> <td>M State of legal domicile: OH</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td></td> </tr> </table>	C Name of organization The Health Foundation of Greater Cincinnati		D Employer identification number 31-0932681	Doing Business As		E Telephone number 513-458-6600	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	Rookwood Tower, 3805 Edwards Road	500	G Gross receipts \$ 52,450,040	City or town, state or country, and ZIP + 4 Cincinnati, Ohio 45209-1948		F Name and address of principal officer: James Schwab 3805 Edwards Road, Suite 500 Cincinnati, Ohio 45209		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶		J Website: ▶ www.healthfoundation.org	L Year of formation: 1978	M State of legal domicile: OH	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 17
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 16
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 37
	6	Total number of volunteers (estimate if necessary) 6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 71,992 50,000
	9	Program service revenue (Part VIII, line 2g) 577,541 436,823
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,159,606 5,881,459
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (497) 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,808,642 6,368,282
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 7,656,147 7,840,533
	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) 2,061,193 1,961,489
	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–24e) 1,867,615 1,553,048
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 11,584,955 11,355,070	
19	Revenue less expenses. Subtract line 18 from line 12 (3,776,313) (4,986,788)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 215,271,426 200,501,775
	21	Total liabilities (Part X, line 26) 6,684,210 6,105,838
	22	Net assets or fund balances. Subtract line 21 from line 20 208,587,216 194,395,937

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		Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Kevin L. Holmes	Preparer's signature	Date
	Firm's name ▶ Grant Thornton LLP	Firm's EIN ▶ 36-6055558	Check <input type="checkbox"/> if self-employed PTIN P00227061
	Firm's address ▶ 4000 Smith Road, Suite 500 Cincinnati, OH 45209	Phone no. 513-762-5000	

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2011

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

A For the 2011 calendar year, or tax year beginning **2011**, and ending **2011**, and ending **20**

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

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) Room/suite
Rookwood Tower, 3805 Edwards Road 500
City or town, state or country, and ZIP + 4
Cincinnati, Ohio 45209-1948

D Employer identification number **31-0932681**

E Telephone number **513-458-6600**

F Name and address of principal officer: **James Schwab**
3805 Edwards Road, Suite 500 Cincinnati, Ohio 45209

G Gross receipts \$ **52,450,040**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.healthfoundation.org**

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	37
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	71,992	50,000
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	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,061,193	1,961,489
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
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	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,584,955	11,355,070
19	Revenue less expenses. Subtract line 18 from line 12	(3,776,313)	(4,986,788)	
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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: *Daniel W. Geeding* Date: **7/24/12**

Type or print name and title: **Daniel W. Geeding VP, CFO + Treasurer**

Paid Preparer Use Only

Print/Type preparer's name: **Kevin L. Holmes** Preparer's signature: *Kevin L. Holmes* Date: **7/23/12** Check if self-employed PTIN: **P00227061**

Firm's name ▶ **Grant Thornton LLP** Firm's EIN ▶ **36-6055558**

Firm's address ▶ **4000 Smith Road, Suite 500 Cincinnati, OH 45209** Phone no. **513-762-5000**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

The Health Foundation of Greater Cincinnati's mission is to improve 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.

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 4,832,421 including grants of \$ 4,832,421) (Revenue \$)

Grants awarded to community - see Schedule I

4b (Code:) (Expenses \$ 3,008,112 including grants of \$ 3,008,112) (Revenue \$)

Direct Charitable Programs (see Schedule I): Foundation-run programs that benefit the community, including Assistance for Substance Abuse Prevention Center; Conference Center for non-profit meeting space; project-related technical assistance for grantees; convening community and grantee learning groups; non-profit capacity building educational programs for grantees and other non-profits; 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, policy makers and the public; and staff participation in community health planning efforts, particularly in improving health and access to health care in our region.

4c (Code:) (Expenses \$ 1,807,758 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 **9,648,291**

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)? <i>If "Yes," complete Schedule A</i>		✓
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
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? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	✓	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	✓	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	✓	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		✓
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		✓
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>	✓	
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
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	✓	

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 56		
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?	<input checked="" type="checkbox"/>	
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 37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for 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?		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	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?		<input checked="" type="checkbox"/>
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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Ohio
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Daniel W. Geeding, VP, CFO 3805 Edwards Road, Suite 500 Cincinnati, Ohio 45209-1948 (513) 458-6602

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Donald Hoffman Director, President & CEO during year	40	✓		✓			23,623	0	3,727	
(2) James Schwab Director, President & CEO	40	✓		✓			251,352	0	31,080	
(3) Michael Abrams Director during year	1	✓					0	0	0	
(4) Karen Bankston Director	1	✓					0	0	0	
(5) Dawn Bertsche Director	1	✓					0	0	0	
(6) Susan Cook Director	1	✓					0	0	0	
(7) Constance Cooper Director	2	✓					0	0	0	
(8) Eileen Cooper Reed Director (Former Chair)	1	✓					0	0	0	
(9) Ardith Davis Director	2	✓					0	0	0	
(10) Thomas DeWitt Director, Chair (Former Vice Chair)	2	✓		✓			0	0	0	
(11) Robert Graham Director	1	✓					0	0	0	
(12) Thomas Klinedinst, Jr. Director, Vice Chair	2	✓		✓			0	0	0	
(13) Stanley Morton Director	1	✓					0	0	0	
(14) Collins Owens Director during year	1	✓					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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) Leonard Randolph, Jr. Director	2	<input checked="" type="checkbox"/>						0	0	0
(16) Patrick Rogers Director	1	<input checked="" type="checkbox"/>						0	0	0
(17) Tony Shipley Director	1	<input checked="" type="checkbox"/>						0	0	0
(18) Barbara Tobias Director	1	<input checked="" type="checkbox"/>						0	0	0
(19) Rachel Votruba Director	1	<input checked="" type="checkbox"/>						0	0	0
(20) Peter Williams Director	2	<input checked="" type="checkbox"/>						0	0	0
(21) Owen Wrassman Director during year	1	<input checked="" type="checkbox"/>						0	0	0
(22) Daniel Geeding Vice President, CFO & Treasurer	40			<input checked="" type="checkbox"/>				212,226	0	41,062
(23) Patricia O'Connor Vice President and Chief Operating Officer	40			<input checked="" type="checkbox"/>				213,679	0	41,855
(24) Patricia Ruwe Secretary and Assistant Treasurer	30			<input checked="" type="checkbox"/>				79,250	0	21,743
(25) Janice Bogner Senior Program Officer	40					<input checked="" type="checkbox"/>		114,793	0	25,753
1b Sub-total								894,923	0	165,220
c Total from continuation sheets to Part VII, Section A								533,062	0	110,406
d Total (add lines 1b and 1c)								1,427,985	0	275,626

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Summer Hill Capital Partners, LLC; 6847 Cintas Blvd, Ste 120; Mason, OH	investment manager	766,439
Blue Raster, LLC; 2200 Wilson Blvd., Suite 210; Arlington, VA 22201	consultant-HealthLandscap	243,059
CLP-SPF Rookwood Towers, LLC; PO Box 951035; Cleveland, OH 44193	rent expense	242,224
Rick Miller Communications, Inc.; 7091 Ravens Run; Cincinnati, OH 45244	consultant-operating prog	117,096

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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				
	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		6,200	6,200			
	b	HL Contracted Services		170,464	170,464			
	c	HL HRSA Contracted Services		260,159	260,159			
	d	-----						
	e	-----						
	f	All other program service revenue .						
	g	Total. Add lines 2a-2f ▶		436,823				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		3,385,924			3,385,924	
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
			161,166					
			b Less: rental expenses	161,166				
			c Rental income or (loss)	0				
	d	Net rental income or (loss) ▶		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			54,784,409					
			b Less: cost or other basis and sales expenses	52,288,874				
			c Gain or (loss)	2,495,535				
	d	Net gain or (loss) ▶		2,495,535			2,495,535	
	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 . ▶						
	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 . . ▶								
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 . . ▶						
Miscellaneous Revenue			Business Code					
11a	-----							
b	-----							
c	-----							
d	All other revenue							
e	Total. Add lines 11a-11d ▶							
12	Total revenue. See instructions. ▶			6,368,282	436,823		5,881,459	

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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21	7,840,533	7,840,533		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	811,584	377,403	434,181	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	837,023	667,854	169,169	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,760	77,429	19,331	
9 Other employee benefits	116,341	84,515	31,826	
10 Payroll taxes	99,781	67,306	32,475	
11 Fees for services (non-employees):				
a Management	12,313	6,990	5,323	
b Legal	25,337	12,679	12,658	
c Accounting	28,894	18,781	10,113	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	820,089		820,089	
g Other	37,475	32,117	5,358	
12 Advertising and promotion				
13 Office expenses	50,848	32,653	18,195	
14 Information technology	79,700	57,349	22,351	
15 Royalties				
16 Occupancy	220,047	150,504	69,543	
17 Travel	26,060	23,717	2,343	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,294	50,003	23,291	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,408	133,999	20,409	
23 Insurance	11,503	7,477	4,026	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	13,080	6,982	6,098	
25 Total functional expenses. Add lines 1 through 24e	11,355,070	9,648,291	1,706,779	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	8,887,407	2	16,456,822
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	777,609	4	234,614
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,519	9	54,168
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,751,638		
	b Less: accumulated depreciation	920,643	775,228	10c 830,995
	11 Investments—publicly traded securities	132,077,487	11	117,001,075
	12 Investments—other securities. See Part IV, line 11	72,347,750	12	65,581,386
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	367,426	15	342,715
16 Total assets. Add lines 1 through 15 (must equal line 34)	215,271,426	16	200,501,775	
Liabilities	17 Accounts payable and accrued expenses	599,051	17	537,947
	18 Grants payable	4,919,724	18	4,502,364
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,165,435	25	1,065,527
	26 Total liabilities. Add lines 17 through 25	6,684,210	26	6,105,838
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	208,587,216	27	194,395,937
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	208,587,216	33	194,395,937	
34 Total liabilities and net assets/fund balances	215,271,426	34	200,501,775	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,368,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,355,070
3	Revenue less expenses. Subtract line 2 from line 1	3	(4,986,788)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,587,216
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(9,204,491)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	194,395,937

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- 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 separate basis, consolidated 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?
- 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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 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 section 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.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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, accession, 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 solicit 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, custodian 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 XIV and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the 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 current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(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		370,456	35,282	335,174
d Equipment		807,283	488,012	319,271
e Other		Furniture-----> 573,899	397,349	176,550

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 830,995

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Hedge Funds	55,945,960	Fair Value
(B) Hedge Funds-Redemption Receivable	57,216	Fair Value
(C) Private Equity, LLPs, LLCs	9,578,210	Fair Value
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	65,581,386	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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) Book value	
(1) Federal income taxes		
(2) Deferred Rent Credit	474,827	
(3) Deferred Compensation Payable	292,715	
(4) Straight Line Rent Liability	140,633	
(5) Accrued PTO Liability	100,547	
(6) Post-retirement Healthcare Benefit	36,070	
(7) Security Deposit Payable	14,625	
(8) Flexible Spending Account Liability	6,110	
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,065,527	

2. FIN 48 (ASC 740) 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 (ASC 740).

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	6,368,282
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,355,070
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(4,986,788)
4	Net unrealized gains (losses) on investments	4	(9,204,491)
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	(9,204,491)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(14,191,279)

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	(3,495,132)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	(9,204,491)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	161,166
e	Add lines 2a through 2d	2e	(9,043,325)
3	Subtract line 2e from line 1	3	5,548,193
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	820,089
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	820,089
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,368,282

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

1	Total expenses and losses per audited financial statements	1	10,696,147
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	10,696,147
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	820,089
b	Other (Describe in Part XIV.)	4b	(161,166)
c	Add lines 4a and 4b	4c	658,923
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,355,070

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.

Part X, line 2:

The Organization recognizes the financial statement benefit of a tax position only after determining that the relevant tax authority would

more likely than not sustain the position following an audit. For tax positions meeting the more likely than not threshold, the amount

recognized in the financial statements is the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate

settlement with the relevant taxing authority. As of December 31, 2011 and 2010, the Organization has no uncertain tax positions for which

the statute of limitations remains open which do not meet the more likely than not threshold. Open tax years include 2010, 2009, and 2008.

Part XII, line 2d and Part XIII, line 4b:

Subtenant rental income = \$161,166

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

The Health Foundation of Greater Cincinnati

Employer identification number

31-0932681

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No *N/A*

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. *N/A*

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America & Caribbean	0	0	Investments		\$1,500,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					\$1,500,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					\$1,500,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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

2011

**Open to Public
Inspection**

Employer identification number

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? 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.

Part II can be duplicated 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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

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

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Adams County Medical Foundation, Inc. 230 Medical Center Drive Seaman, OH 45679	76-0801729	501(c)(3)	\$200,000	Manchester School Based Health Center to implement a school based health center at Manchester Local Schools
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)(3)	\$60,000	Strengthening Quality Improvement to engage direct service staff in quality improvement efforts
Butler Behavioral Health Services 1490 University Blvd Hamilton, OH 45011	31-0669872	501(c)(3)	\$312,300	Integrating Behavioral and Primary Health Care to provide integrated behavioral and primary care services for people with severe mental illnesses
Caracole, Inc. 1821 Summit Road, Suite 001 Cincinnati, OH 45237	31-1210524	501(c)(3)	\$50,000	Developing Community Investment at Caracole to develop the infrastructure necessary for medical case management services for individuals living with HIV/AIDS.
Center for Chemical Addictions Treatment, Inc. 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)(3)	\$45,000	Implementing the NIATx Approach to improve treatment for substance use disorders
Children's Hospital Medical Center Child Policy Research Center MLC 7014 3333 Burnet Ave Cincinnati, OH 45229-3039	31-0833936	501(c)(3)	\$60,000	2011 Child Well Being Survey to collect health status data for children in the 20 counties served by the Foundation
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$50,000	School Based Health Center Planning Grant to plan school based health services for Western Hills High School, Dater High School, and Quebec School, all Cincinnati Public School (CPS) schools
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$50,130	Oyler School-Based Health Center Challenge Grant to match funds raised to support the School-Based Health Center

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$200,000	Cincinnati School Nursing Program 2011 to support the School Nursing Program
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$200,000	School Based Health Center Implementation Grant to implement school-based health services at the Academy of World Languages and the schools located within Withrow High School campus
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$200,000	Cincinnati Public School Nursing Program 2012 to support the school nursing program in 2012
CincySmiles Foundation, Inc. 635 W. 7th Street Suite 309 Cincinnati, OH 45203	31-0537044	501(c)(3)	\$37,500	Challenge Grant Disbursement to match funds raised
CincySmiles Foundation, Inc. 635 W. 7th Street Suite 309 Cincinnati, OH 45203	31-0537044	501(c)(3)	\$40,000	Board Development to support board recruitment and development, strategic planning, and financial functions
Clermont County Mental Health & Recovery Board 2337 Clermont Center Drive Batavia, OH 45103	31-6000067	501(c)(3)	\$16,000	Expansion of Supported Employment Services to expand a Supported Employment program, an evidence-based practice
Coalition for a Drug Free Greater Cincinnati 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)(3)	\$80,000	2012 Student Drug Use Survey To collect youth drug use data from 65,000 youth in the Greater Cincinnati area
Coalition for a Drug Free Greater Cincinnati 2330 Victory Parkway, Suite 703 Cincinnati, OH 45206-2057	31-1474841	501(c)(3)	\$20,000	Challenge Grant to match funds raised to support the student drug use survey

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Community Behavioral Health 820 Sourth Martin Luther King Blvd. Hamilton, OH 45011	31-1806189	501(c)(3)	\$1,000	Implementing the NIATx Approach to improve treatment of substance use disorders
Comprehend, Inc. 611 Forest Avenue Maysville, KY 41056	61-0680352	501(c)(3)	\$45,000	Implementing the NIATx Approach to improve treatment of substance use disorders
Corporation for Supportive Housing 40 West Long Street PO Box 15955 Columbus, OH 43215-8955	13-3600232	501(c)(3)	\$30,000	Returning Home Ohio Evaluation to collect, analyze, and report on data for individuals with mental illness or substance use disorders who are exiting prison in Ohio
Crossroad Health Center 5 East Liberty Street Cincinnati, OH 45202	31-1321054	501(c)(3)	\$180,000	West Side Practice Expansion to increase access to primary care for adults and children at the West Side practice site
Crossroads Center 311 Martin Luther King Drive Cincinnati, OH 45219	31-1327938	501(c)(3)	\$45,000	Implementing the NIATx Approach to improve treatment of substance use disorders
Every Child Succeeds Children's Hospital Medical Center 3333 Burnet Ave Cincinnati, OH 45229-3039	31-1628467	501(c)(3)	\$57,000	Social Enterprise Planning to develop a social enterprise business
Faith Community Pharmacy 2655 Crescent Springs Road Crescent Springs, KY 41091	61-1378914	501(c)(3)	\$15,000	Community Pharmacy Challenge Grant to match funds raised to purchase medications for those who cannot afford them
First Step Home 2203 Fulton Ave. Cincinnati, OH 45206	31-1328492	501(c)(3)	\$33,150	Planning for Treatment of Opiate Addicted Pregnant Women to plan treatment services for opiate-addicted pregnant women in Hamilton County

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
FRS Counseling, Inc. PO Box 823 313 Chillicothe Ave Hillsboro, OH 45133	31-1129448	501(c)(3)	\$45,000	Implementing the NIATx Approach to improve processes in treatment of substance use disorders
go Vibrant 3410 Cornell Place Cincinnati, OH 45220	27-4894861	501(c)(3)	\$75,000	go Vibrant Start-Up to start go Vibrant
Good Samaritan Hospital Free Clinic dba Free Health Center of Price Hill 3301 Warsaw Avenue Cincinnati, OH 45205	27-3893817	501(c)(3)	\$50,000	Sustainability Strategy for the Free Health Center of Price Hill To create an on-going revenue base that will ensure the sustainability for the Free Health Center of Price Hill
Good Samaritan Hospital Free Clinic dba Free Health Center of Price Hill 3301 Warsaw Avenue Cincinnati, OH 45205	27-3893817	501(c)(3)	\$15,000	Challenge Grant to match funds raised to support the free clinic
Grantmakers In Health 1100 Connecticut Avenue, N.W. 12th Floor Washington, DC 20036	13-3206571	501(c)(3)	\$25,000	General Support 2012 to provide general support
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)(3)	\$5,000	Addressing Obesity in Adults with Severe Mental Illness to address client obesity within a mental health and primary care integrated care program
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501(c)(3)	\$300,000	Integrated Care for the Homeless to implement integrated mental health and primary care services for homeless people with severe mental illnesses
Health Care Access Now 7162 Reading Road, Suite 1120 Cincinnati, OH 45237	26-4042151	501(c)(3)	\$160,000	Challenge Grant to match funds raised to support Health Care Access Now (HCAN)
Health Care Access Now 7162 Reading Road, Suite 1120 Cincinnati, OH 45237	26-4042151	501(c)(3)	\$32,500	Start-Up to start Health Care Access Now (HCAN)

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)(3)	\$290,000	Core Support (2013) to provide research, analysis, and communications related to health policy in Ohio
InterAct for Change 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-2048	30-0065901	501(c)(3)	\$50,000	Cincinnati Public School Nurse Planning to support collaborative planning for the Cincinnati Public School Nurse program
Jewish Family Service 8487 Ridge Road Cincinnati, OH 45226	31-0744786	501(c)(3)	\$150,000	Activity Center for Cincinnati Jews with Severe Mental Illness To establish a peer-led 'drop-in center' to promote recovery of the Cincinnati area's adult Jewish population affected by severe mental illness.
Kentucky Equal Justice Center 201 W. Short Street, Suite 310 Lexington, KY 40507	61-0909545	501(c)(3)	\$45,000	Kentucky Health Law Fellow 2012 to improve access to healthcare coverage for low-income Kentuckians
Kentucky Equal Justice Center 201 W. Short Street, Suite 310 Lexington, KY 40507	61-0909545	501(c)(3)	\$20,000	Challenge Grant to match funds raised to support a health law fellow
Mental Health Recovery Center of Warren County 975 Fujitec Drive Lebanon, OH 45036	31-1138311	501(c)(3)	\$20,000	Integrated Care Planning to plan integrated mental health and primary care services
Ohio Justice and Policy Center 215 E. 9th Street, Suite 601 Cincinnati, OH 45202	31-1319172	501(c)(3)	\$75,000	General Operating Support 2011 to provide general operating support
Oxford Free Clinic P.O. Box 390 Oxford, OH 45056	20-4253386	501(c)(3)	\$7,000	Challenge Grant to expand the donor base of the free Oxford Free Clinic
People Advocating Recovery 1425 Story Avenue Louisville, KY 40206	20-1664735	501(c)(3)	\$13,095	Capacity Building Challenge Grant (2011) to match funds raised to support general operations

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
People Advocating Recovery 1425 Story Avenue Louisville, KY 40206	20-1664735	501(c)(3)	\$3,500	Financial Technical Assistance to provide financial technical assistance to People Advocating Recovery
Scioto Paint Valley Mental Health Center 4449 St. Rt 159 P. O. Box 6179 Chillicothe, OH 45601	31-0720849	501(c)(3)	\$60,000	Primary & Behavioral Healthcare Integration Feasibility Study to plan integration of behavioral health and primary care services
Shawnee Mental Health Center, Inc. 901 Washington Street Portsmouth, OH 45662-1507	31-0843758	501(c)(3)	\$5,000	Choices: Helping Consumers Select & Prepare Healthy Foods to address obesity by helping consumers select and prepare healthy foods
Strategies to End Homelessness 2368 Victory Parkway Suite 600 Cincinnati, OH 45206	20-8286347	501(c)(3)	\$100,000	Homeless to Homes Collaborative Fund to fund portions of the Cincinnati Homeless to Homes plan
Talbert House 2600 Victory Parkway Cincinnati, OH 45206-1711	31-0713350	501(c)(3)	\$7,500	Mental Health Advocacy Coalition of Southwest Ohio to educate about and advocate for mental health issues
The Children's Home of Cincinnati 5050 Madison Road Cincinnati, OH 45227	31-0536969	501(c)(3)	\$125,000	Treatment for Adolescents with Co-occurring Disorders to treat adolescents with co-occurring severe emotional and substance use disorders
The Counseling Center 1634 11th Street Portsmouth, OH 45662	31-1070665	501(c)(3)	\$6,000	Implementing the NIATx Approach to improve substance use disorder treatment
The Health Collaborative 2649 Erie Avenue Cincinnati, OH 45208	31-1449807	501(c)(3)	\$100,000	Infrastructure Grant to match funds raised to support the Health Improvement Collaborative
The Health Collaborative 2649 Erie Avenue Cincinnati, OH 45208	31-1449807	501(c)(3)	\$20,300	TransformCincyHealth.org to communicate with the public about the Cincinnati Regional Health Transformation program

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
The HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)(3)	\$100,000	Integrated Behavioral and Physical Health Services 2011 to increase primary health care access at existing integrated behavioral health practice sites
The HealthCare Connection, Inc. 1401 Steffen Avenue Cincinnati, OH 45215	31-0822524	501(c)(3)	\$45,000	School-Based Health Center Planning to plan school based health services for Princeton Schools
The Main Place 112 South Third Street Newark, OH 43055	31-1690987	501(c)(3)	\$35,000	Ohio Certified Peer Support Capacity Building Project to establish a training and certification process for Peer Specialists in Ohio
The Ohio Children's Hospital Association Foundation 155 East Broad Street 23rd Floor Columbus, OH 43215	27-229882	501(c)(3)	\$145,000	Solutions for Patient Safety Initiative to develop an infrastructure to collect, analyze and share statewide quality improvement data
The Partnership for a Drug-Free America 352 Park Avenue South 9th Floor New York, NY 10010	13-3413627	501(c)(3)	\$45,000	Join Together to provide general operating support
The United Way of Greater Cincinnati 2400 Reading Road Cincinnati, OH 45202-1478	31-0537502	501(c)(3)	\$50,000	Community Indicators Portal to expand data dissemination capabilities of the current community data portal
Universal Health Care Action Network of Ohio (UHCAN) 370 S. 5th Street Suite 3 Columbus, OH 43215	31-1542417	501(c)(3)	\$75,000	General Support 2011 to provide general support

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

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Universal Health Care Action Network of Ohio (UHCAN) 370 S. 5th Street Suite 3 Columbus, OH 43215	31-1542417	501(c)(3)	\$20,000	General Support 2010 to provide general support
Urban Appalachian Council 2115 West 8th Street Cincinnati, OH 45204	31-0797245	501(c)(3)	\$25,000	The Social Areas of Cincinnati: An Analysis of Social Needs to analyze five census decades of Social Areas of Cincinnati Study
Total Grants Awarded to Community (pages 1-8)			4,371,976	
Total Non-Competitive Grants (see pages 9-19)			660,175	
Less Prior Year Grant Reversals (see page 20)			(199,730)	
Total Grants (reference Part III line 4a)			4,832,421	

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Abilities First Foundation 4710 Timber Trail Drive Middletown, OH 45044	31-0620685	501(c)(3)	\$1,000	Disabilities Programs to provide services for children and adults with disabilities and cognitive deficits
Alcoholism Council of the Cincinnati Area 2828 Vernon Place Cincinnati, OH 45219	31-6059934	501(c)(3)	\$10,850	NIATx Summit 2011 To send six people to the NIATx Conference to prepare their agencies for NIATx work
Alpha II Housing Alternatives, Inc. 5108 Reading Rd Cincinnati, OH 45237	03-0505395	501(c)(3)	\$7,750	Severe Mental Illness/Disabled Services to provide general support for health related programs
Arthritis Foundation 7124 Miami Road Madeira, OH 45243	31-6043937	501(c)(3)	\$5,000	Health Education to provide general support for health related programs
Boys & Girls Club of Clermont County 212 Market Street New Richmond, OH 45157	31-1463574	501(c)(3)	\$1,000	Substance Use Disorder Prevention to support substance use disorder prevention programs
Brighton Center, Inc. P.O. Box 325 Newport, KY 41071-0325	61-0673886	501(c)(3)	\$9,500	Substance Use Disorder Program to provide long-term residential treatment for women with substance use disorders
Center for Chemical Addictions Treatment, Inc. 830 Ezzard Charles Avenue Cincinnati, OH 45214	31-0792742	501(c)(3)	\$6,250	Substance Use Disorder Program to provide detoxification services and residential treatment for people with substance use disorders
Center for Closing the Health Gap in Greater Cincinnati 3120 Burnet Avenue, Suite 201 Cincinnati, OH 45229	20-0902286	501(c)(3)	\$10,000	Community Wellness & Minority Health Program to provide general support for health related programs
Center for Respite Care 3550 Washington Ave Cincinnati, OH 45229	20-2544994	501(c)(3)	\$13,000	Medical Care and Temporary Shelter Program to provide general support for health related programs
Children's Hospital Medical Center Child Policy Research Center MLC 7014 3333 Burnet Ave Cincinnati, OH 45229-3039	31-0833936	501(c)(3)	\$1,500	Voices for Ohio's Children to improve the health, safety, education, family stability and childcare of Ohio's children through policy work

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Children's Theatre of Cincinnati Art Reach 5020 Oaklawn Drive Cincinnati, OH 45227-1434	31-6026285	501(c)(3)	\$5,000	Bullying Prevention to support interactive prevention programs for children in grades K-8
Cincinnati Eye Institute Foundation 1945 CEI Drive Cincinnati, OH 45242	20-4418334	501(c)(3)	\$5,000	Roselawn Eye Clinic to provide free comprehensive eye examinations to uninsured and low income adults
Cincinnati Health Department 3101 Burnet Avenue Cincinnati, OH 45229	31-6000064	115 (1)	\$1,000	Oyler School Based Health Center to provide general support for the Oyler School Based Health Center
Cincinnati Recreation Commission 805 Central Avenue, 2 Centennial Plaza Cincinnati, OH 45202	31-1574475	501(c)(3)	\$2,500	Therapeutic Services for Disabled to provide general support for programs that serve individuals with disabilities
Cincinnati Union Bethel 300 Lytle Street Cincinnati, OH 45202	31-053655	501(c)(3)	\$15,250	Substance Use Disorder Program to provide general support for health related programs
Communications Network 1755 Park Street, Suite 260 Naperville, IL 60563	52-2114179	501(c)(3)	\$500	General Support 2012 to provide general operating support
Community Health Leadership Network dba Communities Joined in Action 1910 E 4th Ave PMB 212 Olympia, WA 98506-4362	52-2305386	501(c)(3)	\$5,000	Technical Assistance to build public and private community based collaboratives that assure access to needed health and human services
Community Resource Center Inc. dba ReSource 3610 Park 42 Drive Cincinnati, OH 45241	31-1364553	501(c)(3)	\$1,000	Supportive Services for Non-Profits to provide general support for health related programs
Comprehensive Community Child Care 1924 Dana Avenue Cincinnati, OH 45207	31-0823634	501(c)(3)	\$2,000	Children's Health Programs to provide general support for health related programs
Connections: A Safe Place 2602 Eden Avenue Cincinnati, OH 45219	31-1488760	501(c)(3)	\$2,000	Mental Health Program to provide general support for health related programs

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Covington Ladies Home 702 Garrard St. Covington, KY 41011	61-0461759	501(c)(3)	\$5,000	Elderly Women's Health Program to provide general support for health related programs
Down Syndrome Association of Greater Cincinnati 644 Linn Street, #1128 Cincinnati, OH 45203	31-1051378	501(c)(3)	\$1,000	Health Education Program to provide general support for health related programs
Every Child Succeeds Children's Hospital Medical Center 3333 Burnet Ave Cincinnati, OH 45229-3039	31-1628467	501(c)(3)	\$5,000	Women's Health Programs to provide general support for the maternal depression program
Faces and Voices of Recovery 1010 Vermont Avenue, NW, #618 Washington, DC 20005	51-0516206	501(c)(3)	\$30,000	Peer Recovery Support Accreditation Planning to develop a process for accreditation of addiction recovery support organizations
Faith Community Pharmacy 2655 Crescent Springs Road Crescent Springs, KY 41091	61-1378914	501(c)(3)	\$3,500	Prescription Medication Support to provide general support for health related programs
Fernside, Inc.: A Center for Grieving Children 4380 Malsbary Road, Suite 300 Cincinnati, OH 45242	31-1179234	501(c)(3)	\$5,000	Supportive Services to provide grief support services to children and families
First Step Home 2203 Fulton Ave. Cincinnati, OH 45206	31-1328492	501(c)(3)	\$7,000	Substance Use Disorder Programs to provide general support for health related programs
Foundation of the Cincinnati Academy of Medicine 2300 Wall Street, Suite F Cincinnati, OH 45212	31-0623960	501(c)(3)	\$20,000	Project Access to pilot the Project Access Program for recruitment of volunteer physicians
FreeStore/FoodBank Health & Hygiene Program 1250 Tennessee Ave Cincinnati, OH 45229	23-7122205	501(c)(3)	\$18,500	Health and Hygiene Program to provide general support for the Health and Hygiene program

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Girls on the Run 1723 Sherman Norwood, OH 45225	31-1711468	501(c)(3)	\$2,000	Girls on Track to address the physical, emotional, mental, social and spiritual well-being of girls in the 3rd through 8th grade
Greenhills Co-Op Nursery School 21 Cromwell Rd. Cincinnati, OH 45218	31-0654647	501(c)(3)	\$2,000	Children's Health Programs to support the health and hygiene program
HealthPoint Family Care 1401 Madison Avenue Covington, KY 41011	61-0729915	501(c)(3)	\$5,750	Pike Street Homeless Clinic to provide general support for the Pike Street Homeless Clinic
Highland County Homeless Shelter, Inc. 145 Homestead Ave Hillsboro, OH 45133	31-1547454	501(c)(3)	\$500	Health Related Programs to provide general support for health related programs
Holly Hill Children's Services 9599 Summer Hill Road California, KY 41007	61-0461729	501(c)(3)	\$750	Children's Health to provide residential treatment for children with severe emotional and behavioral problems
Hospice of Cincinnati 4360 Cooper Road, Ste. 300 Cincinnati, OH 45242	31-0917155	501(c)(3)	\$4,500	Supportive Services Programs to provide skilled medical care to adults with chronic, life-limiting or terminal medical conditions
Ida Spence United Methodist Mission PO Box 121319 Covington, KY 41012		501(c)(3)	\$1,000	Emergency Services Programs to provide general support for health related programs
IKRON 2347 Vine Street Cincinnati, OH 45219	31-1059137	501(c)(3)	\$1,500	Mighty Vine Wellness Center to provide general support for health related programs
Interfaith Hospitality Network 2110 St. Michael Street Cincinnati, OH 45204	31-1335474	501(c)(3)	\$1,000	Health Related Programs for Severe Mentally Ill to provide general support for health related programs

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Legal Aid Society of Greater Cincinnati 215 East Ninth Street Suite 200 Cincinnati, OH 45202	31-0536673	501(c)(3)	\$12,500	Cover The Uninsured Week Enrollment Campaign 2011 to assist eligible families to enroll in Ohio's Medicaid program
Mental Health America of Northern Kentucky 912 Scott Street PO Box 122604 Covington, KY 41012	61-0712473	501(c)(3)	\$1,000	Supportive Services for Severe Mentally Ill to provide general support for health related programs
Mt. Sinai Health Care Foundation 11000 Euclid Avenue Cleveland, OH 44106	37-1777878	501(c)(3)	\$3,000	GIH Affordable Care Act Match to provide matching funds for a Grantmakers in Health grant to support proposal writing services for ACA grants
NAMI Clermont County 4030 Mt. Carmel-Tobasco Road Suite 201 Cincinnati, OH 45255	31-1778745	501(c)(3)	\$2,500	Health Programs for the Severe Mentally Ill to provide general support for health related programs
NAMI Hamilton County 4790 Red Bank Expressway Suite 218 Cincinnati, OH 45227	31-0998076	501(c)(3)	\$2,000	Health Programs for the Severe Mentally Ill to provide general support for health related programs
NAMI Northern Kentucky 8350 E Main Street Alexandria, KY 41001	26-4491224	501(c)(3)	\$3,000	Health Programs for the Severe Mentally Ill to provide general support for health related programs
NAMI Southern Ohio 935 Keiser Road Waverly, OH 45690	41-2108012	501(c)(3)	\$1,000	Supportive Services to provide general support for health related programs
Northeastern Ohio Universities College of Medicine 4209 State Route 44 PO Box 95 Rootstown, OH 44272	34-1131512	501(c)(3)	\$1,000	Integrating Care: Defining the Business Case to define the business case for integrating physical and behavioral healthcare in Ohio
Nutrition Council 2400 Reading Rd, Ste 201 B Cincinnati, OH 45202	23-7429745	501(c)(3)	\$7,500	Health Education & Nutrition Programs to provide general support for health related programs

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment P.O. Box 539 New Albany, OH 43054	31-1102079	501(c)(3)	\$500	Substance Use Disorder Programs to provide general support for health related programs
Ohio Grantmakers Forum 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)(3)	\$20,000	ACA Funders Coalition to support the management of the ACA Funders Coalition
Ohio Grantmakers Forum 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)(3)	\$3,000	Philanthropy Forward 2011 Technical Assistance - Conference Sponsorship to support two sessions at the OGF annual conference
Ohio Grantmakers Forum 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)(3)	\$5,000	General Support to provide general support
Ohio Grantmakers Forum 37 West Broad Street Ste 800 Columbus, OH 43215-3412	31-1111842	501(c)(3)	\$10,500	General Support 2012 to provide general operating support
Ohio School Based Health Care Association 8885 Stonehenge Drive Pickering, OH 43147	06-1638227	501(c)(3)	\$3,000	Technical Assistance and Advocacy to support technical assistance and advocacy efforts for Ohio's School Based Health Centers
Over-the-Rhine Community Housing 114 W 14th Street Cincinnati, OH 45202	31-1272434	501(c)(3)	\$7,000	Corporation for Supportive Housing Proposal Writer to assist organizations in Hamilton County in preparing an application for a Corporation for Supportive Housing grant
PARACHUTE: Butler County Court Appointed Special Advocates 282 N. Fair Ave. Hamilton, OH 45011	31-1230170	501(c)(3)	\$7,500	Health Related Programs to provide general support for health related programs

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Parkinson's Disease Support Network OKI 1205 Linneman Rd. Cincinnati, OH 45238	35-1976138	501(c)(3)	\$4,500	Health Education and Supportive Services to provide general support for health related programs
Senior Citizens Services of Butler County 140 Ross Avenue Hamilton, OH 45013	31-0569735	501(c)(3)	\$10,000	Elder Health Programs to provide general support for wellness programs
People Advocating Recovery 1425 Story Avenue Louisville, KY 40206	20-1664735	501(c)(3)	\$500	Substance Use Disorder Programs to provide general support for health related programs
People Working Cooperatively 4612 Paddock Rd. Cincinnati, OH 45229	31-0859104	501(c)(3)	\$4,500	Housing Support to provide home repair, weatherization, and mobility modification services for low-income, elderly, and disabled homeowners
PLAN 4300 Rossplain Road Cincinnati, OH 45236	31-1486601	501(c)(3)	\$2,000	Supportive Services for the Disabled and Mentally Ill to provide general support for health related programs
Primary Health Solutions 2 North Main Street, Suite 602 Middletown, OH 45042	31-1694200	501(c)(3)	\$9,600	Collaborative Family Healthcare Association Conference Support to present lessons learned from Foundation-funded integrated care projects
Reds Community Fund Great American Ballpark 100 Joe Nuxhall Way Cincinnati, OH 45202	31-1790195	501(c)(3)	\$5,000	Reds Rookie Success League Program to provide general support for prevention programs
Santa Maria Community Services 617 Steiner Avenue Cincinnati, OH 45204-1327	31-0537141	501(c)(3)	\$10,250	Improving Access to Care to improve access to primary care for minority populations
Seton Family Center 712 Purcell Avenue Cincinnati, OH 45205	31-1282268	501(c)(3)	\$1,000	Family Therapy to provide affordable mental health services to families

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Sisters of Charity Senior Care Bayley Place 900 Bayley Place Drive Cincinnati, OH 45233	31-1252361	501(c)(3)	\$2,500	Elder Mount Adult Day Program to support the health and wellness day program
Society of St. Vincent de Paul 1125 Bank Street Cincinnati, OH 45214	31-0537510	501(c)(3)	\$10,000	Prescription Medication Support to provide general support for health related programs
Soteni, Inc. 8875 Spooky Ridge Lane Cincinnati, OH 45242	20-0041518	501(c)(3)	\$6,250	Health Education Programs to provide general support for health related programs
Southeastern Indiana Cancer Health Network, Inc. 941 Miller Avenue Lawrenceburg, IN 47025	11-3655032	501(c)(3)	\$1,000	Prevention Programs to provide general support for health related programs
Starfire Council of Greater Cincinnati 5030 Oaklawn Drive Cincinnati, OH 45227-1434	31-1372833	501(c)(3)	\$3,500	Health Related Programs to provide general support for health related programs
StarShine Hospice Cincinnati Children's Hospital Medical Center 3333 Burnet Ave Cincinnati, OH 45229	31-0833936	501(c)(3)	\$3,500	StarShine Hospice Program to provide skilled medical care to children with chronic, life-limiting or terminal medical conditions
Stepping Stones Center 5650 Given Road Cincinnati, OH 45243	31-0671799	501(c)(3)	\$3,000	Supportive Services for Disabled to provide general support for health related programs
Stop AIDS 220 Findlay Street Cincinnati, OH 45202-7712	31-1144896	501(c)(3)	\$2,000	Supportive Services to provide general support for health related programs
Cincinnati Hamilton County Continuum of Care for the Homeless 2368 Victory Parkway Suite 600 Cincinnati, OH 45206	20-8286347	501(c)(3)	\$3,525	2011 Community Priority Setting Process to facilitate the 2011 Continuum of Care for the Homeless HUD application process

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Tender Mercies, Inc. 27 W. 12th Street Cincinnati, OH 45202	31-1137270	501(c)(3)	\$11,000	Transitional Housing for Homeless Individuals with Severe Mental Illness to provide general support for health related programs
The Visiting Nurse Association of Greater Cincinnati & Northern Kentucky 2400 Reading Road Cincinnati, OH 45202-1468	31-0536716	501(c)(3)	\$5,000	Home Health Care to provide general support for health related programs
Transitions, Incorporated 700 Fairfield Avenue Bellevue, KY 41073	61-0707125	501(c)(3)	\$6,500	Grateful Life Center to provide long-term residential substance use disorder treatment for homeless men
Transitional Living 2052 Princeton Road Hamilton, OH 45011	31-0945205	501(c)(3)	\$500	Hamilton Municipal Health Court to divert offenders with severe mental illnesses from incarceration to treatment
Tri-County Soul Ministries 11177 Springfield Pike Cincinnati, OH 45246	31-1244943	501(c)(3)	\$4,500	FoodBank and Emergency Assistance to provide general support for the FoodBank and Emergency Assistance programs
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)(3)	\$4,000	The Oxley Fund to provide College of Medicine scholarships for minority students
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)(3)	\$2,000	Department of Occupational Medicine to provide general support for health related activities at the discretion of Dr. James Lockey
University of Cincinnati Foundation PO Box 19970 Cincinnati, OH 45219-0970	31-0896555	501(c)(3)	\$10,000	College of Pharmacy to provide general support for health related programs
The University of Wisconsin Pyle Center 702 Langdon Street Madison, WI 53706	39-6006492	501(c)(3)	\$250	NIATx Accelerating Reform Collaborative

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Urban Health Project 619 Oak Street 7th Floor Cincinnati, OH 45206	31-600989	501 (c)(3)	\$4,000	Social Services to provide health care and social services for the underserved and uninsured
Welcome House 205 Pike Street Covington, KY 41011	61-1020382	501(c)(3)	\$6,000	Substance Use Disorder Program to provide emergency shelter and social services for women with substance use disorders and their children
West College Hill Neighborhood Services 2062 North Bend Road Cincinnati, OH 45224	31-0873015	501(c)(3)	\$500	Nutrition Program to provide food to the working poor of West College Hill by supporting the food pantry
WMKV FM 89.3 11100 Springfield Pike Cincinnati, OH 45246		501(c)(3)	\$3,000	Elder Health Education to provide general support for health related radio programming
Women's Crisis Center, Inc. 835 Madison Ave. Covington, KY 41011	61-0908752	501(c)(3)	\$7,500	Health Related Programs to treat adults and children traumatized by domestic violence, rape or sexual abuse
Xavier University - Department of Nursing 3800 Victory Parkway Cincinnati, OH 45207	31-0537516	501(c)(3)	\$3,000	Health Education to provide general support for the Master's of Science in Nursing program
Alzheimer's Association Greater Cincinnati Chapter 644 Linn Street, Suite 1026 Cincinnati, OH 45203	13-3039601	501(c)(3)	\$30,000	General Support to provide general support for health related programs
Central Clinic 311 Albert Sabin Way Cincinnati, OH 45229-2801	31-0552288	501(c)(3)	\$4,000	Young Child Institute to provide general support for the Young Child Institute
Community Building Institute 3800 Victory Parkway Cincinnati, OH 45207	31-0537516	501(c)(3)	\$10,000	Core Change Summit to support a community-wide effort to create solutions that unleash the possibilities of the urban core

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

Note the following grants are administered through a non-competitive grant program which does not accept requests

<u>1 (a) Name and address of organization or government</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
Community Resource Center Inc dba ReSource 3610 Park 42 Drive Cincinnati, OH 45241	31-1364553	501(c)(3)	\$25,000	Development to increase development capacity
Cornerstone Corporation for Shared Equity 1641 Vine Street Cincinnati, OH 45202	31-1170803	501(c)(3)	\$100,000	Housing for the Disabled to provide capital funds for housing for the disabled in Over-The-Rhine
Drop Inn Center Shelterhouse 217 West 12th Street Cincinnati, OH 45210	31-0920479	501(c)(3)	\$700	Winter Shelter to support the winter shelter
Health Policy Institute of Ohio 37 West Broad Street, Suite 350 Columbus, OH 43215-4198	30-0186863	501(c)(3)	\$19,000	Ohio Public Health Futures Project to support health related programs.
NAMI Hamilton County 4790 Red Bank Expressway Suite 218 Cincinnati, OH 45227	31-0998076	501(c)(3)	\$12,000	Donor Management to support health related programs
Subtotal Non-Competitive Grants Program (to page 8)			660,175	

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 Refund	(h) Purpose of grant or assistance
Adams County Hospital dba Adams County Regional Medical Center 230 Medical Center Drive Seamon, OH 45679	31-6402534	501 (c)(3)	(9,109)	Planning for the Manchester Local School District SBHC
Butler Behavioral Health Services 1490 University Blvd Hamilton, OH 45011	31-0669872	501 (c)(3)	(30,045)	Planning Integrated Behavioral Health and Primary Care Services
Community Behavioral Health Inc. 820 Sourth Martin Luther King Blvd. Hamilton, OH 45011	31-1806189	501 (c)(3)	(25,510)	Butler County Program for Repeated DUI Offenders
Greater Cincinnati Behavioral Health Services 1501 Madison Road, 2nd fl Cincinnati, OH 45206	31-0802647	501 (c)(3)	(10,818)	Planning Integrated Care for the Homeless
HealthSource of Ohio 5400 DuPont Circle, Suite A Milford, OH 45150	31-0884250	501 (c)(3)	(50,000)	Community-Based Family Practice Residency Program
Sojourner Recovery Services, Inc. 314 North Erie Highway Hamilton, OH 45011	31-1070029	501 (c)(3)	(13,768)	Planning for Alternative Health Services in Substance Use Disorder
Talbert House 2600 Victory Parkway Cincinnati, OH 45206	31-0713350	501 (c)(3)	(6,405)	Planning for a Mentoring Program for Women in Treatment
TAPP House/TC, Inc. 407 Vine Street, Suite 151 Cincinnati, OH 45202	11-3791644	501 (c)(3)	(36,900)	Capacity Building for TAPP House
All other prior year grants reversals (individual amounts < \$5,000)			(17,175)	
Total Prior Year Grant Reversals (to page 8)			(199,730)	

<u>1 (a) Name and Address of Organization</u>	<u>(b) EIN</u>	<u>(c) IRC section if applicable</u>	<u>(d) Amount of Cash Grant</u>	<u>(h) Purpose of grant or assistance</u>
NOTE: the following direct charitable programs are administered through: The Health Foundation of Greater Cincinnati 3805 Edwards Road Rookwood Tower Suite 500 Cincinnati, OH 45209-1948	31-0932681	501(c)(4)		
Access Health 100			274,078	to restructure our regional health care system so that every resident has access to quality healthcare
Assistance for Substance Abuse Prevention Center 2011			421,350	to assist community organizations in using state-of-the-art substance abuse prevention, education and early intervention programming
Capacity Building Services			117,196	to build grantees' skills and resources for sustaining their programs after the Health Foundation's grants end and to provide technical assistance to nonprofits
Community Health Status Survey 2010			16,667	to collect health status data for the 20 counties served by The Health Foundation of Greater Cincinnati
Conference Center			105,795	to provide meeting space and support to Foundation grantees and other eligible nonprofits in the Foundation's service area
Data Operations			35,103	to operate an online analysis and statistical information system for the general public that allows users to access public data and perform sophisticated data analysis without statistical software
Direct Charitable Services			335,011	to provide technical assistance for grantees and the community for health planning efforts
Electronic Communications and Public Information Program 2011			158,872	to provide communication, consultation and support to grantees; to maintain timely information through the Foundation's website; and to provide an electronic newsletter to the interested public
Evaluation of Substance Use Disorder and Severe Mental Illness Grantees			1,500	to standardize a series of project evaluations for grants awarded from 2008 - 2010
Health Data Improvement			151,567	to improve the quality, accessibility and usefulness of health data in the Foundation's service area, and to assist grantees and nonprofits in finding and using appropriate data sources
Health Landscape			672,732	to provide a public internet-based decision-support utility containing many user-ready health and related databases, and to present data in maps and tables (includes expenses paid for by customers)

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
Healthcare Reform Public Education Program			278,321	to educate the public and nonprofit community about how the Patient Protection and Affordable Care Act of 2010 affects them
Interns			66,885	to support two part-time internships
Kentucky Health Issues Poll			50,832	to conduct an annual statewide health policy survey in Kentucky, use the data to inform the Foundation's policy-related grantmaking and disseminate the results to the community
NIATX Technical Assistance			68,330	to provide technical assistance and expert monitoring of the Getting and Keeping People in Substance Use Disorder Treatment: Using the NIATx Approach grantees
Ohio Health Issues Poll			59,051	to conduct an annual statewide health policy survey in Ohio, use the data to inform the Foundation's policy-related grantmaking, and disseminate the results to the community
Project Conferences			4,568	to facilitate and coach grantees and prospective grantees at selected professional conferences
SBHC Business and Operational Planning Grantees' Technical Assistance			11,229	to provide expert technical assistance to grantees who are planning new school-based health centers
School-Aged Behavioral Health Prevention			86,164	to provide planning, consultation, training and technical assistance to school-aged behavioral health grantees
Interactive Grant Mapping on HF Website			36,015	to create a custom tooltip map of Health Foundation grants and to improve print output within HealthLandscape
SUD & SMI in CJS Initiative Report			36,000	to complete a series of reports that synthesize the work, lessons learned and results of the Foundation's Substance Use Disorders and Severe Mental Illness in the Criminal Justice System Initiative
ACA Amicus Curiae Brief			11,614	to submit an amicus curiae brief to the United States Supreme Court regarding the Affordable Care Act
Transition from Assertive Community Treatment			9,235	to study predictions and successful patient transitions off ACT treatment teams
Total Direct Charitable Programs (ref Part III, line 4b)			3,008,112	

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

**Open to Public
Inspection**

Employer identification number

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are 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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		
4b		
4c		
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

The Health Foundation of Greater Cincinnati

Employer identification number

31-0932681

Part VI:Section B:Question 11b: Prior to filing, the Form 990 was approved by the Audit Committee, then received by the full Board of Directors.

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: The 2011 compensation for the organization's President and Chief Executive Officer ("President") was established in late 2010 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.

As the President began his employment with the Foundation in 2011, in establishing the President's compensation, factors reviewed by the Executive Committee included: (i) the President's credentials and experience; (ii) the elements of the President's total compensation; (iii) the organization's compensation targets and (iv) 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 2011 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, 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.

Name of the organization The Health Foundation of Greater Cincinnati	Employer identification number 31-0932681
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Part VI: Section B: Question 15b: The 2011 compensation for the organization's 'Vice President and Chief Operating Officer', 'Vice President, Chief Financial Officer and Treasurer', and 'Secretary and Assistant Treasurer' (the "Officers") was established in late 2010 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 2011 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.

Part VI:Section C:Question 19:The form 990, conflict of interest policy, document retention policy and whistle blower protection 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: James Schwab 1, Daniel Geeding 1, Patricia O'Connor 1, Patricia Ruwe 2, Francie Wolgin 2.

Part VII: Section A: line 1c: (A) Edward Carl, President, HealthLandscape; (B) 40; (C) Highest compensated employee; (D) \$167,692; (E) \$0; (F) \$36,708; (A) Francie Wolgin, Senior Program Officer; (B) 40; (C) Highest compensated employee; (D) \$120,376; (E) \$0; (F) \$22,013; (A) Mark Carrozza, Health Informatics Developer, HealthLandscape; (B) 40; (C) Highest compensated employee; (D) \$126,734; (E) \$0; (F) \$28,836; (A) Judith Warren, Senior Program Officer; (B) 40; (C) Highest compensated employee; (D) \$118,260; (E) \$0; (F) \$22,849

Part XI:Question 5: unrealized gain/(loss) on marketable securities = (\$9,204,491)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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.

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" to 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
(1) HealthLandscape, LLC; 3805 Edwards Road, Suite 500; Cincinnati, OH 45209	Health data	OH	486,823	330,792	N/A
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) InterAct for Change; 3805 Edwards Road, Suite 500; Cincinnati, OH 45209; EIN: 30-0065901	Philanthropy	OH	501(c)(3)	170(b)(1)(A)(vi)	HFGC*	✓	
(2)							
(3) *HFGC is abbreviation for The Health Foundation of Greater Cincinnati							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Sale of assets to related organization(s)		✓
g Purchase of assets from related organization(s)		✓
h Exchange of assets with related organization(s)		✓
i Lease of facilities, equipment, or other assets to related organization(s)		✓
j Lease of facilities, equipment, or other assets from related organization(s)		✓
k Performance of services or membership or fundraising solicitations for related organization(s)		✓
l Performance of services or membership or fundraising solicitations by related organization(s)		✓
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
n Sharing of paid employees with related organization(s)	✓	
o Reimbursement paid to related organization(s) for expenses	✓	
p Reimbursement paid by related organization(s) for expenses		✓
q Other transfer of cash or property to related organization(s)		✓
r Other transfer of cash or property from related organization(s)		✓

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	(d) Method of determining amount involved
InterAct for Change (1)	b	50,000	cash
InterAct for Change (2)	n	52,875	estimate
InterAct for Change (3)	o	44,737	cash
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No. 1545-1002

Attachment
 Sequence No. **69**

▶ See separate instructions.

Name of shareholder The Health Foundation of Greater Cincinnati	Identifying number (see instructions) 31-0932681
Number, street, and room or suite no. (If a P.O. box, see instructions.) 3805 Edwards Road, Suite 500	Shareholder tax year: calendar year 20 11 or other tax year beginning , 20 and ending , 20
City or town, state, and ZIP code or country Cincinnati, OH 45209-1948	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) Regiment Capital Ltd.	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) Ugland House South Church Street Grand Cayman Cayman Islands	Tax year of company or fund: calendar year 20 11 or other tax year beginning , 20 and ending , 20

Part I Elections (See instructions.)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 1a through 2c of Part II.*
 - B **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 10f of Part IV.*
 - C **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 10e of Part IV.*
 - D **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 3a through 4c of Part II to calculate the tax that may be deferred.*
- Note:** If any portion of line 1a or line 2a of Part II is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- E **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC, or, if I qualify, my share of the PFIC's post-1986 earnings and profits deemed distributed, on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 10f of Part IV.*
 - F **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part III.*
 - G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1291-9(j)(2)(v), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d).
 - H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1291-9(j)(2)(iv), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d).

Part II Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 1a through 2c. If you are making Election D, also complete lines 3a through 4c. (See instructions.)

1a	Enter your pro rata share of the ordinary earnings of the QEF	1a	52,009
b	Enter the portion of line 1a that is included in income under section 951 or that may be excluded under section 1293(g)	1b	
c	Subtract line 1b from line 1a. Enter this amount on your tax return as ordinary income	1c	
2a	Enter your pro rata share of the total net capital gain of the QEF	2a	39,011
b	Enter the portion of line 2a that is included in income under section 951 or that may be excluded under section 1293(g)	2b	
c	Subtract line 2b from line 2a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)	2c	
3a	Add lines 1c and 2c	3a	
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)	3b	0
c	Enter the portion of line 3a not already included in line 3b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	3c	
d	Add lines 3b and 3c	3d	
e	Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets)	3e	
Important: If line 3e is greater than zero, and no portion of line 1a or 2a is includible in income under section 951, you may make Election D with respect to the amount on line 3e.			
4a	Enter the total tax for the tax year (See instructions.)	4a	
b	Enter the total tax for the tax year determined without regard to the amount entered on line 3e	4b	
c	Subtract line 4b from line 4a. This is the deferred tax, the time for payment of which is extended by making Election D. See instructions	4c	

Part III Gain or (Loss) From Mark-to-Market Election (See instructions.)

5a	Enter the fair market value of your PFIC stock at the end of the tax year	5a	
b	Enter your adjusted basis in the stock at the end of the tax year	5b	
c	Subtract line 5b from line 5a. If a gain, do not complete lines 6 and 7. Include this amount as ordinary income on your tax return. If a loss, go to line 6	5c	
6	Enter any unreversed inclusions (as defined in section 1296(d))	6	
7	Enter the loss from line 5c, but only to the extent of unreversed inclusions on line 6. Include this amount as an ordinary loss on your tax return	7	
8	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a	Enter the fair market value of the stock on the date of sale or disposition	8a	
b	Enter the adjusted basis of the stock on the date of sale or disposition	8b	
c	Subtract line 8b from line 8a. If a gain, do not complete line 9. Include this amount as ordinary income on your tax return. If a loss, go to line 9	8c	
9a	Enter any unreversed inclusions (as defined in section 1296(d))	9a	
b	Enter the loss from line 8c, but only to the extent of unreversed inclusions on line 9a. Include this amount as an ordinary loss on your tax return. If the loss on line 8c exceeds unreversed inclusions on line 9a, complete line 9c	9b	
c	Enter the amount by which the loss on line 8c exceeds unreversed inclusions on line 9a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	9c	

Note. See instructions in case of multiple dispositions.

Part IV Distributions From and Dispositions of Stock of a Section 1291 Fund (See instructions.)
 Complete a **separate Part IV** for each excess distribution (see instructions).

10a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	10a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	10b	
c	Divide line 10b by 3. (See instructions if the number of preceding tax years is less than 3.)	10c	
d	Multiply line 10c by 125% (1.25)	10d	
e	Subtract line 10d from line 10a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part IV. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return	10e	
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 11. If a loss, show it in brackets and do not complete line 11.	10f	
11a	Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 11a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income	11b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)	11c	
d	Foreign tax credit. (See instructions.)	11d	
e	Subtract line 11d from line 11c. Enter this amount on your income tax return as "additional tax." (See instructions.)	11e	
f	Determine interest on each net increase in tax determined on line 11e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)	11f	

Part V Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Complete a separate column for each outstanding election. Complete lines 9 and 10 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
1 Tax year of outstanding election						
2 Undistributed earnings to which the election relates						
3 Deferred tax						
4 Interest accrued on deferred tax (line 3) as of the filing date						
5 Event terminating election						
6 Earnings distributed or deemed distributed during the tax year						
7 Deferred tax due with this return						
8 Accrued interest due with this return						
9 Deferred tax outstanding after partial termination of election						
10 Interest accrued after partial termination of election						

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. THE HEALTH FOUNDATION OF GREATER CINCINNATI	Employer identification number (EIN) or <input checked="" type="checkbox"/> 31-0932681
	Number, street, and room or suite no. If a P.O. box, see instructions. 3805 EDWARDS ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CINCINNATI, OHIO 45209-1948	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

- The books are in the care of ▶ DANIEL GEEDING

Telephone No. ▶ 513-458-6600

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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 11 or

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

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

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

COPY

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.