Form 990-T	E	kempt Organization				rn	OM8 No 1545-0687				
Form 330-1	1	(and proxy tax									
	For cale	ndar year 2018 or other tax year begin	50 7 8	2018							
Department of the Treasury Internal Revenue Service	 	Go to www irs gov/Form990		Open to Public Inspection for							
A Check box if	1 00	not enter SSN numbers on this form a Name of organization (X Check be	_	501(c)(3) Organizations Only over identification number							
address change	ed	(Employees trust, see instructions)									
B Exempt under section	7	HAMILTON COUNTY COMMUNITY FOUNDATION, INC.									
X 501(C D 3)	- Print										
408(e) 220	(e) Type						ated business activity code				
408A530		515 EAST MAIN STREET 100 (See instructions)									
529(a)	_	City or town, state or province, country	y, and Z	IP or foreign postal code]					
C Book value of all asset at end of year	`	CARMEL, IN 46032				5259	90				
·		oup exemption number (See instruct									
63,905,734		eck organization type X 501				401(a)					
		anization's unrelated trades or busine RTNERSHIP INCOME	sses			-	(or first) unrelated				
		e end of the previous sentence, cor	mploto		•		e than one, describe the				
trade or business,			ripiete	raits i and ii, complete a Si	chedule ivi for ea	ch additio	IIai				
		corporation a subsidiary in an affili	ated o	roup or a parent-subsidiary of	controlled group?	<u></u> _	Yes X No				
• .	•	identifying number of the parent co	_	• •	g p						
		ENNIFER BARTENBACH			e number ▶ 31	7-631	-6542				
Part I Unrelate	d Trade	or Business Income	,	(A) Income	(B) Expen	ses	(C) Net				
1a Gross receipts of	or sales										
b Less returns and alle		c Balance ▶	1c								
2 Cost of goods :	sold (Sched	dule A, line 7)	2								
·		2 from line 1c	3				 				
		attach Schedule D)	4a				<u> </u>				
		Part II, line 17) (attach Form 4797)	4b								
		trusts	4c	-10,071.	ATCH 1		-10,071.				
	-		6	23/3/2/	711011 1						
		ncome (Schedule E)	7								
		ents from a controlled organization (Schedule F)	8								
9 Investment income	of a section 50	01(c)(7) (9) or (17) organization (Schedule G)	9								
10 Exploited exem	pt activity i	ncome (Schedule I)	10								
11 Advertising inc	ome (Sche	dule J)	11								
		ctions, attach schedule)	12	1 2 2 2	_						
		ough 12					-10,071.				
		Taken Elsewhere (See instr			, ,	=xcept i	or contributions,				
		t be directly connected with t									
		directors, and trustees (Schedule K)									
16 Repairs and ma	untenance	RECEIVED		· · · · · · · · · · · · · · · · · · ·			 				
17 Bad debts		RECEIVED					 				
18 Interest (attach	Some dule)	(see instructions)									
19 Taxes and licen	set)	NOV. 2.3 2010. 121				19					
20 Charitable conf	ពុំbuពីខណ្ឌ 🕻	See instructions for limitation rules)				20					
21 Depreciation (a	tach Form	(4569) Lon Schedule A and elsewhere on re		21							
22 Less depreciati	on claimed	on Schedule A and elsewhere on re	eturn	22a	·	22b					
23 Depletion:						- 1					
		compensation plans									
· ·	· ·	S									
		Schedule I)									
		Schedule J)					 				
		es 14 through 28									
		ble income before net operating					-10,071				
		ng loss arising in tax years beginning									
	•	le income Subtract line 31 from line	-	• • • • • • • • • • • • • • • • • • • •			-10,071				

For Paperwork Reduction Act Notice, see instructions 8x27⁴⁰ 1,000 15014G D310

Form **990-T** (2018)

Form	990-T (2018)			F	age 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33	-	10,0)71.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
•••	instructions),	35			
26		33			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.			10 0	771
	of lines 33 and 34,	36		10,0	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		⊥,(000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38		10,0)71.
Pai	t IV Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax See instructions	41			-
	Alternative minimum tax (trusts only)	42			
42					
43	Tax on Noncompliant Facility Income See instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
-	t V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
b	Other credits (see instructions)				
С	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
	Total tax Add lines 46 and 47 (see instructions)	48			0
48		49			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments A 2017 overpayment credited to 2018				
	2018 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f				
g	Other credits, adjustments, and payments Form 2439				
•	Form 4136 Other Total ▶ 50g				
51	Total payments Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
	——————————————————————————————————————	53			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	~~~~		
55	Enter the amount of line 54 you want	55			
Par	tVI Statements Regarding Certain Activities and Other Information (see instructions	5)		1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		· -	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	here ▶				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust?			X
	If "Yes," see instructions for other forms the organization may have to file	J 1			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
50	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my	knowledge a	nd belie	ef it is
c:~-	true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	,	J	- "	
Sig		•	S discuss		
Her			eparer sho		٦ 1
		nstructions)? X Yes	s	No
Paic	Print/Type preparer's name Preparer's signature Check	ıf لــــا ،	PTIN		_
	MICOLD D FISHDACK U MAN 4) 4 20 II/ IS/ 2019 self-e	mployed	P0127		
•			14-0160		
use	Only Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phone	no 317	.383.4	000	

Schedule A - Cost of Go	ode Sold F		l of muchanicalia	4						Page 3
1 Inventory at beginning of y		iter method				ar	6			
2 Purchases					goods so	-				
3 Cost of labor	· · · 				line 5 En					
4a Additional section 263A co	' ' ' - 						7			
(attach schedule)	I I					section 263A (w		espect to	Yes	No
b Other costs (attach schedu	· · · 					or acquired for		•	F	1
5 Total. Add lines 1 through	· 					· · · · · · · · · · · · · · · · · · ·				x
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Prop	erty	Leased V	Vith Real Proper	(1)		٠	
(see instructions)	•	, ,	•	•		•	•			
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent recei	ved or accrue	ed							
for personal property is more than 50%) (1)			age of rent for personal p if the rent is based on p			ın columns 2(u, and z	(b) (attach 30)		
(2)										
(3)										
(4)										
Total		Total				(b) Tatal dad				
(c) Total income Add totals of columns 2(a) and 2(b) Enter						(b) Total deduction Enter here and on		,		
here and on page 1, Part I, line 6,						Part I, line 6, colur	nn (B)	<u> </u>		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions)							
			2 Gross income from		3 [eductions directly cor debt-financ			ole to	
Description of debt-financed property						nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)			<u> </u>							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	6 Column 4 divided by column 5			income reportable 1 2 x column 6)		Allocable ded mn 6 x total 3(a) and 3(of colum	
(1)				%						
(2)	<u> </u>			%						

%

%

Enter here and on page 1, Part I, line 7, column (A)

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

organization dentification number (loss) (see instructions) 4 Total of Specified programation's gross shoone organization's gross moone organization's gro	`		Exe	mpt Co	ontrolled Or	ganizatio	ons				1	
23 24 25 25 25 25 25 25 25			161					ıncluded	ed in the controlling		6 Deductions directly connected with income in column 5	
33	(1)	•										
Nonexempt Controlled Organizations Since Interview Since Interview Since Interview Since Interview Since Interview Since Interview Int	(2)											
Nonexempt Controlled Organizations 7 Taxable Income 8 Net unrelated scome (loss) (see instructions) 8 Net unrelated scome (loss) (see instructions) 10 Part of column 9 this is included in the controlling organization (see instructions) organization (see instructions) Add columns 5 and 10 Enter here and on page 1, Part 1, line 5, column (1) 10 Description of exploited activity 11 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Cross unrelated with principles of the page 1, Part 1, line 9, column (2) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Cross unrelated with principles of column (2) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Cross unrelated with principles or connected with principles or column (2) 1 Description of exploited activity 1 Description of exploited activity 2 Cross unrelated activity 1 Description of exploited activity 2 Cross unrelated activity 2 Cross unrelated activity 3 Separates or connected with principles or connected with	(3)		1									
Nonexempt Controlled Organizations S Net unrelated accome (loss) (see instructions) S Total of specified payments made 10 Part of column 9 this is included in the controlling organization spread organization (see instructions) 11 S S S S S S S S	(4)											
1 Description of exploited Exempt Activity Income, 1 Description of exploited Exempt Activity Income, 2 Consultation of Enter here and on page 1, part 1, line 9, column (A) Consultation Description of exploited activity Description of exploited Exempt Activity Description of exploited Description		zations			-	 					<u> </u>	
(1) (2) (3) (4) Totals Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Description of income 4 Sehasides (attach schedule) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Form related business income from rede or business income from redemance in the r		8 Net unrelated in			•		include	d in the co	ntrolling conne		1 Deductions directly nected with income in column 10	
(4) Add columns 5 and 10 Enter here and on page 1. Part 1, line 6, column (A) Totals Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Deductions directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1. Part 1, line 9, column (A) Totals Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of explored activity 2 Description of explored activity in activity	(1)			_				3		•		
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Add columns 5 and 15 Enter here and on page 1, Part I, line 8, column (A) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Oescription of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Deductions (attach schedule) 4 Set-asides (attach schedule) 5 Total adductions (attach schedule) 6 Totals 6 Totals 7 Excess are 7 Excess are 7 Enter here and on page 1, Part I, line 9, column (A) 1 Description of exploited activity production or business income from trade from trade from trade from trade production or business income from trade from trade page 1, Part I, line 9, column 6, but production or business income from trade from tra						-						
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1 Description of income 2 Amount of income 2 Amount of income 3 Amount of income 4 (attach schedule) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) Totals Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 2 Gross income 3 Description of exploited activity 4 Description of exploited activity 4 Description of exploited activity 5 Gross income 6 Expenses attributable to activity that	Schedule G-Investment in	come of a Sec	tion 501	<u>(c)(/),</u>			nization	(see inst	ructions)		E Tatal dad at a	
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 2 Gross 2 Gross ard directly 2 Column 4 Description of exploited activity 3 Description of exploited activity 4 Net income (soss) 6 Forces income from activity that are activated by that activate or business income activation of column 4 Description activation activation activated and principle activation activated by that activated and principle activated by that activated and principle activated by that activated by that activated and principle activated by that activated and principle activated by that activated by that activated by that activated and principle activated by that activated and principle activated by that activated by the activated and principle activated by that activated by the activated by that activated by the activation activated by the activated by the activated by the activated	1 Description of income	2 Amount of	income		directly cor	nnected					and set-asides (col. 3	
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Totals Schedule J- Advertising Income (see instructions) Part I I Name of periodical 1 Name of periodical 2 Gross advertising income 2 Gross advertising costs advertising costs 1 Name of periodical (1) (2) (3)	(1)								,			
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1 Name of periodical 2 Gross advertising income 3 Direct advertising costs 3 Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)	Schedule J- Advertising In				idated Par	nio.						
1 Name of periodical 2 Gross advertising income 3 Direct advertising costs advertising costs 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)	ilicome From Per	Toulcais Report	eu vii a C	JUI 101	iuateu Das	212						
(2) (3)	1 Name of periodical	advertising			gain or (los 2 minus co a gain, co	ss) (col ol 3) If mpute					7 Excess readersh costs (column 6 minus column 5, bi not more than column 4)	
(2) (3)	(1)								_			
(3)					1					-	-	
				· · ·	1		-				┦ ;; '	
					∤ . `	-		,			\dashv	
	(7)				 							
Totals (carry to Part II, line (5)) ▶												
											Form 990-T (20	

O

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							
(2)							
(3)							
(4)							
Totals from Part I ▶				`			
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter here and on page 1, Part II, line 27	
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	•		
1 Name		'2 Title		3 Percent of time devoted to business	3 Percent of time devoted to 4 Compensation at		

1 Name

2 Title

3 Percent of time devoted to business

(1)

(2)

(3)

(4)

Total Enter here and on page 1, Part II, line 14.

Form **990-T** (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

OURHEALTH HOLDING COMPANY, LLC

· -10,071.

INCOME (LOSS) FROM PARTNERSHIPS

-10,071.