

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

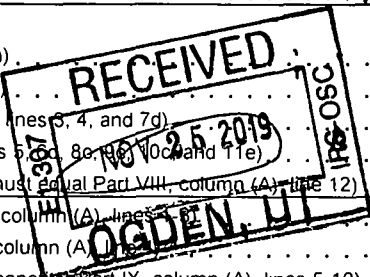
A For the 2018 calendar year, or tax year beginning 2018, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: HAMILTON COUNTY COMMUNITY FOUNDATION, INC. D Employer identification number: 20-0900981. E Telephone number: (317) 634-2423. G Gross receipts \$: 22,097,728. H(a) Is this a group return for subsidiaries? Yes [X] No. H(b) Are all subsidiaries included? Yes [X] No.

I Tax-exempt status: X 501(c)(3). J Website: WWW.HAMILTONCOUNTYCOMMUNITYFOUNDATION.ORG/. K Form of organization: X Corporation. L Year of formation: 2003. M State of legal domicile: IN.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7. Governance statistics; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.



Part II Signature Block

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

Sign Here: Signature of Jennifer K Bartenbach, Date 11/15/2019, Title EXECUTIVE VP AND CFO.

Paid Preparer Use Only: Print/Type preparer's name NICOLE B FISHBACK, Preparer's signature Nicole B Fishback, Date 11/15/2019, PTIN P01279475, Firm's name BKD, LLP, Firm's EIN 44-0160260, Firm's address 201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204, Phone no 317.383.4000.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Handwritten numbers: 951-55, 17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
TO MOBILIZE PEOPLE, IDEAS AND INVESTMENT TO MAKE THIS A COMMUNITY
WHERE EVERY INDIVIDUAL HAS EQUITABLE OPPORTUNITY TO REACH THEIR FULL
POTENTIAL - NO MATTER PLACE, RACE OR IDENTITY. (CONTINUED ON SCHEDULE
O)

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 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 \$ 2,894,041 including grants of \$ 2,601,806) (Revenue \$ 33,682)
WE HELP PEOPLE INVEST IN THE CAUSES THAT MATTER MOST TO THEM.

4b (Code) (Expenses \$ 985,204 including grants of \$ 885,721) (Revenue \$ 11,466)
WE AWARD GRANTS TO EFFECTIVE NOT-FOR-PROFIT ORGANIZATIONS.

4c (Code) (Expenses \$ 2,278,284 including grants of \$ 2,048,230) (Revenue \$ 26,515)
WE PROVIDE LEADERSHIP TO MAKE CENTRAL INDIANA A BETTER, MORE
BEAUTIFUL, MORE EQUITABLE COMMUNITY.

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

4e Total program service expenses ▶ 6,157,529.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0.
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0.
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
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? Note. See the instructions for additional information the organization must report on Schedule O	13a	
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 [X] Upon request [] Other (explain in Schedule O)
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, address, and telephone number of the person who possesses the organization's books and records JENNIFER BARTENBACH 615 NORTH ALABAMA STREET SUITE 119 INDIANAPOLIS, IN 46 317-631-6542

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

Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	(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) ANN O'HARA CHAIR	1.00 0.	X		X				0.	0.	0.
(2) JAY MERRELL VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(3) BRIAN MYERS SECRETARY/TREASURER	1.00 0.	X		X				0.	0.	0.
(4) LISA ALLEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) LAWRENCE BECK BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) HENRY BLACKWELL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) BRENDA BUSH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) JUDITH CAMPBELL MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) THOMAS DAPP BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) DANIEL FOWLER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) KAY HARTLEY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) STEVEN HOLT BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) PAMELA ROBINSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) BRIDGET SHUEL-WALKER BOARD MEMBER	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) CORBY THOMPSON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0	
16) ERIC DOUTHIT ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0	
17) DANIELLE STILES-POLK ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
18) THOMAS J. KILIAN ----- PRESIDENT, HCCF	40.00 ----- 0.			X			163,322.	0.	18,012.	
19) BRIAN PAYNE ----- PRESIDENT & CEO, CICF AND TIF	1.00 ----- 39.00			X			8,285.	405,956.	74,186.	
20) JENNIFER K. BARTENBACH ----- CHIEF FINANCIAL OFFICER	4.00 ----- 36.00			X			21,715.	195,431.	17,613.	
21) ROBERT A. MACPHERSON ----- VP OF DEVELOPMENT	4.00 ----- 36.00			X			16,848.	151,635.	51,963.	
22) TAMARA WINFREY-HARRIS ----- VP MARKETING & COMMUNICATIONS	8.00 ----- 32.00			X			23,270.	93,079.	23,251.	
23) ELIZABETH TATE ----- VP OF COMMUNITY INVESTMENT	8.00 ----- 32.00			X			32,458.	129,832.	28,170.	
24) BRENDA DELANEY ----- CONTROLLER	4.00 ----- 36.00					X	10,807.	97,263.	34,964.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							276,705.	1,073,196.	248,159.	
d Total (add lines 1b and 1c)							276,705.	1,073,196.	248,159.	

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 ▶ 1

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

Section B. Independent Contractors

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	66,175		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,533,716		
	g Noncash contributions included in lines 1a-1f \$		5,433,519		
	h Total Add lines 1a-1f ▶		10,599,891		
Program Service Revenue	Business Code				
	2a OTHER INCOME	900099	71,663	71,663	
	b				
	c				
	d				
	e				
	f All other program service revenue				
g Total Add lines 2a-2f ▶		71,663			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶		649,020		649,020
	4 Income from investment of tax-exempt bond proceeds . ▶		0		
	5 Royalties ▶		0		
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶		0		
	7a Gross amount from sales of	(i) Securities	(ii) Other		
	assets other than inventory	10,753,679			
	b Less cost or other basis				
	and sales expenses	9,954,844			
	c Gain or (loss)	798,835			
	d Net gain or (loss) ▶		798,835		798,835
	8a Gross income from fundraising events (not including \$ 66,175 of contributions reported on line 1c) See Part IV, line 18 a		23,475		
b Less direct expenses b		60,315			
c Net income or (loss) from fundraising events ▶		-36,840		-36,840	
9a Gross income from gaming activities See Part IV, line 19 a		0			
b Less direct expenses b		0			
c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances a		0			
b Less cost of goods sold b		0			
c Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total . Add lines 11a-11d ▶		0			
12 Total revenue . See instructions ▶		12,082,569	71,663		1,411,015

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	5,292,257.	5,292,257.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	243,500.	243,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	265,898.	132,949.	79,769.	53,180.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	286,987.	143,494.	86,096.	57,397.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	158,892.	79,446.	47,668.	31,778.
9 Other employee benefits	31,270.	15,635.	9,381.	6,254.
10 Payroll taxes	24,132.	12,066.	7,240.	4,826.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	18,496.	9,248.	5,549.	3,699.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	287,145.	179,466.	107,679.	
9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	9,524.	4,762.	2,857.	1,905.
13 Office expenses	14,121.	7,061.	4,236.	2,824.
14 Information technology	10,400.	5,200.	3,120.	2,080.
15 Royalties	0.			
16 Occupancy	30,500.	15,250.	9,150.	6,100.
17 Travel	6,102.	3,052.	1,830.	1,220.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
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 CONSULTING	2,101.	1,051.	630.	420.
b DUES & MEMBERSHIPS	14,787.	7,394.	4,436.	2,957.
c EMPLOYEE RELATIONS & DEV	11,395.	5,698.	3,418.	2,279.
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	6,707,507.	6,157,529.	373,059.	176,919.
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)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	4,619,080.	2	4,362,383.
	3	Pledges and grants receivable, net	1,046,376.	3	698,988
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6	Loans and other 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) Complete Part II of Schedule L	0.	6	0
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	687.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		10a	
	b	Less accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	34,553,118.	11	35,811,905.
	12	Investments - other securities See Part IV, line 11	21,390,138.	12	23,010,965.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	23,197.	15	20,806.
16	Total assets. Add lines 1 through 15 (must equal line 34)	61,631,909.	16	63,905,734.	
Liabilities	17	Accounts payable and accrued expenses	777,744.	17	962,904.
	18	Grants payable	1,166,517.	18	1,156,963.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25.	1,944,261.	26	2,119,867.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	59,099,272.	27	61,139,097
	28	Temporarily restricted net assets	588,376.	28	646,770.
	29	Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), 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	59,687,648.	33	61,785,867.
	34	Total liabilities and net assets/fund balances	61,631,909.	34	63,905,734.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI. X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,082,569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,707,507.
3	Revenue less expenses Subtract line 2 from line 1	3	5,375,062.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,687,648.
5	Net unrealized gains (losses) on investments	5	-4,265,115.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	988,272.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,785,867.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

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

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		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

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

Name of the organization: **HAMILTON COUNTY COMMUNITY FOUNDATION, INC.**
Employer identification number: **20-0900981**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

- The organization is not a private foundation because it is (For lines 1 through 12, check only one box)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 - 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
 - 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
 - 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,221,123	6,540,158	4,594,569	10,924,272	10,623,367	35,903,489
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,221,123	6,540,158	4,594,569	10,924,272	10,623,367	35,903,489
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						13,653,642
6 Public support. Subtract line 5 from line 4						22,249,847

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3,221,123	6,540,158	4,594,569	10,924,272	10,623,367	35,903,489
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	617,250	468,692	506,525	562,992	649,020	2,804,479
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	60,749	63,517	77,152	74,541	71,663	347,622
11 Total support. Add lines 7 through 10						39,055,590

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	56.97%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	54.45%

- 16a 33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- b 33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- b 10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME	60,749	63,517	77,152	74,541	71,663	347,622
TOTALS	<u>60,749</u>	<u>63,517</u>	<u>77,152</u>	<u>74,541</u>	<u>71,663</u>	<u>347,622</u>

SCHEDULE D (Form-990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization: HAMILTON COUNTY COMMUNITY FOUNDATION, INC. Employer identification number: 20-0900981

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for purposes, a table for held easements, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2a, 2b) regarding reporting of art and historical treasures, including dollar amounts for revenue and assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

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 XIII

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" on 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	29,350,759.	23,601,691.	22,641,288.	22,552,449.	22,942,680.
b Contributions	358,763.	3,530,332.	855,298.	1,085,620.	192,460.
c Net investment earnings, gains, and losses	-1,542,231.	3,845,556.	1,500,722.	383,831.	705,935.
d Grants or scholarships	1,377,852.	1,339,349.	1,133,976.	1,147,246.	1,064,730.
e Other expenditures for facilities and programs					
f Administrative expenses	323,779.	287,471.	261,641.	233,366.	223,896.
g End of year balance	26,465,660.	29,350,759.	23,601,691.	22,641,288.	22,552,449.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment \blacktriangleright 100.0000 %

b Permanent endowment \blacktriangleright _____ %

c Temporarily restricted endowment \blacktriangleright _____ %

The percentages on 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)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
d Equipment				
e Other				

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b 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) POOLED RESOURCES	23,010,965.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	23,010,965.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	7,756,503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-4,265,115.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	200,331.	
e	Add lines 2a through 2d		2e	-4,064,784.
3	Subtract line 2e from line 1		3	11,821,287.
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	261,282.	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	261,282.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	12,082,569.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	6,506,540.
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 XIII)	2d	60,315.	
e	Add lines 2a through 2d		2e	60,315
3	Subtract line 2e from line 1		3	6,446,225.
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	261,282.	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	261,282.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	6,707,507

Part XIII Supplemental Information.

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS:

HAMILTON COUNTY COMMUNITY FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO PROVIDE LONG-TERM SUPPORT FOR VARIOUS CHARITABLE PURPOSES SERVING THE HAMILTON COUNTY COMMUNITY. DUE TO THE CONSOLIDATED NATURE, SOME FUNDS ARE HELD AND ADMINISTERED BY RELATED ORGANIZATIONS.

SCHEDULE D, PART X, LINE 2

FIN 48 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

OTHER RECONCILING ITEMS:

FUNDRAISING EXPENSE	\$ 60,315
DEFINED-BENEFIT PENSION PLAN EXPENSE	\$ 81,622
CHANGE IN VALUE OF SIA	\$ 58,394

TOTAL	\$ 200,331

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS:

FUNDRAISING EXPENSE	\$ 60,315
---------------------	-----------

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

Open to Public Inspection

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

Name of the organization: **HAMILTON COUNTY COMMUNITY FOUNDATION, INC.**
Employer identification number: **20-0900981**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELEBRATION OF (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	89,650.		89,650.
	2	Less Contributions	66,175.		66,175.
	3	Gross income (line 1 minus line 2)	23,475.		23,475.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,000.		10,000.
	7	Food and beverages	31,347.		31,347.
	8	Entertainment			
	9	Other direct expenses	18,968.		18,968.
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Subtract line 10 from line 3, column (d)				-36,840.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

20-0900981

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) ADVOCATES FOR CHILDREN AND FAMILIES INC 493 WESTFIELD RD NOBLESVILLE, IN 46060	271328575	501(C)(3) PUBLI	12,000				CHERISH TRAUMA THERAPY
(2) ALTERNATIVES INCORPORATED OF MADISON COUNTY P O BOX 1302 ANDERSON, IN 46015-1302	310986769	501(C)(3) PUBLI	15,000				NO MORE DOMESTIC VIOLENCE
(3) AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	362275597	501(C)(3) PUBLI	51,000				ANNUAL FUND AND OUR FUTURE CAMPAIGN
(4) BALL STATE UNIVERSITY 1685 CUNNINGHAM LN CRYSTAL LAKE, IL 60014	356000221	EDUCATIONAL ORG	18,000				MADELYNN GROSS
(5) BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 N BROADWAY ST CHICAGO, IL 60613	362166955	501(C)(3) PUBLI	100,000				CAPITAL SUPPORT
(6) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST INDIANAPOLIS, IN 46208	351323831	501(C)(3) PUBLI	90,000				RISE CAMPAIGN
(7) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST NOBLESVILLE, IN 46060	351054426	501(C)(3) PUBLI	10,000				ACADEMIC SUCCESS
(8) BREBEUF JESUIT PREPARATORY SCHOOL 2801 W 86TH ST INDIANAPOLIS, IN 46268	351062640	501(C)(3) PUBLI	5,135				BART MCCORMICK
(9) BROWN COUNTY COMMUNITY FOUNDATION P O BOX 191 NASHVILLE, IN 47448	351960379	501(C)(3) PUBLI	541,295				MEMORIAL SCHOLARSHIP
(10) BUTLER UNIVERSITY ADV OFF JORDAN HALL INDIANAPOLIS, IN 46208	350867977	501(C)(3) PUBLI	37,500				AUGUST FUND
(11) CARMEL CLAY EDUCATIONAL FOUNDATION 515 E MAIN ST CARMEL, IN 46032	356066912	501(C)(3) PUBLI	11,449				GENREAL OPERATING
(12) CARMELITE MONASTERY 949 N RIVER RD DES PLAINES, IL 60016	530196617	RELIGIOUS ORGAN	7,500				2018 DISTRIBUTION
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▲						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

20-0900981

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) CENTRAL INDIANA CORPORATE PARTNERSHIP FOUND 111 MONUMENT CIR INDIANAPOLIS, IN 46204	352065457	501(C)(3) PUBLI	10,000				SUPPORT ACTIVITIES ASCEND INDIANA
(2) CHAVUCIE'S PLACE 4607 E 106TH ST CARMEL, IN 46033	352072683	501(C)(3) PUBLI	25,000				YOUTH AND TEEN SUICIDE PREVENTION
(3) CHRISTIAN THEOLOGICAL SEMINARY 1000 W 42ND ST INDIANAPOLIS, IN 46208	351045939	501(C)(3) PUBLI	100,000				FAITH & ACTION PROJECT
(4) CICOA AGING & IN-HOME SOLUTIONS 8440 WOODFIELD CROSSING BLV INDIANAPOLIS IN	351310387	501(C)(3) PUBLI	10,000				DEMENTIA FRIENDLY HAMILTON COUNTY
(5) CICP FOUNDATION INC 111 MONUMENT CIR INDIANAPOLIS, IN 46204	352065457	501(C)(3) PUBLI	16,500				GENERAL OPERATING
(6) CITY OF FISHERS 1 MUNICIPAL DR FISHERS, IN 46038	351361390	LOCAL ELECTED C	5,547				2018 DISTRIBUTION
(7) CONNECT2HELP 3901 N MERIDIAN ST INDIANAPOLIS, IN 46208	311216792	501(C)(3) PUBLI	6,000				PROVIDE 211 SERVICES TO HAMILTON COUNTY
(8) CONNER PRAIRIE 13400 ALLISONVILLE RD FISHERS, IN 46038	203402627	501(C)(3) PUBLI	317,000				OXBOW TRAIL, SUMMER CAMP, PLAYGROUND
(9) CORNERSTONE LUTHERAN CHURCH 4850 E MAIN ST CARMEL, IN 46033	351404519	501(C)(3) PUBLI	10,000				GENERAL OPERATING
(10) CRU P O BOX 628222 ORLANDO, FL 32862-8222	956006173	501(C)(3) PUBLI	24,000				PROJECT #0641700
(11) EITELJORG MUSEUM OF AMERICAN INDIANS AND WE 500 W WASHINGTON ST INDIANAPOLIS, IN 46204	311139447	501(C)(3) PUBLI	25,000				PURCHASE SAN JOSE RETABLEO PAINTING
(12) ELEVATE INDIANAPOLIS 2902 N MERIDIAN ST INDIANAPOLIS, IN 46208	810807405	501(C)(3) PUBLI	25,000				GENERAL OPERATING

- 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Name of the organization

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

20-0900981

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) ENGLISHTON PARK UNITED PRESBYTERIAN MINISTR P O BOX 240 LEXINGTON, IN 47138	237378186	501(C)(3) PUBLI	10,000				ACADEMIC REMEDIATION TRAINING CENTER
(2) FELEGE HIYKOT CENTER 1648 SHELDON ST INDIANAPOLIS, IN 46218	200916223	501(C)(3) PUBLI	31,000				PROGRAM/PROJECT SUPPORT
(3) FOOD FOR THE POOR, INC 6401 LYONS RD COCONUT CREEK, FL 33073	592174510	501(C)(3) PUBLI	40,000				HAITI BARRIERE BATTANT PROJECT
(4) FOUNDATION FOR LUTHERAN CHILD AND FAMILY SE 1525 N RITTER AVE INDIANAPOLIS, IN 46219	351784910	501(C)(3) PUBLI	10,000				GENERAL OPERATING
(5) FRANKLIN COLLEGE 7725 S COMBS RD INDIANAPOLIS, IN 46237	350868086	501(C)(3) PUBLI	10,000				ANDREW POLLERT
(6) FRIENDS OF HAMILTON COUNTY PARKS 10474 TRADE CENTER DR FISHERS, IN 46038	205360193	501(C)(3) PUBLI	324,887				2018 DISTRIBUTION
(7) GCC FOUNDATION 5504 E 146TH ST NOBLESVILLE, IN 46062	815340751	501(C)(3) PUBLI	50,000				146TH STREET CARE CENTER EXPANSION
(8) GRACE CHURCH 5504 E 146TH STREET NOBLESVILLE, IN 46062	352154601	501(C)(3) PUBLI	25,000				GENERAL OPERATING
(9) GROUNDWORK INDY 1107 BURDSAL PKW INDIANAPOLIS, IN 46206	473863928	501(C)(3) PUBLI	35,000				CHARITABLE CONTRIBUTION
(10) HABITAT FOR HUMANITY HAMILTON COUNTY 7998 CENTERPOINT DR INDIANAPOLIS, IN 46256	351805196	501(C)(3) PUBLI	25,000				HOME REPAIRS
(11) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPME 347 S 8TH ST NOBLESVILLE, IN 46060	320080849	501(C)(3) PUBLI	8,500				HAND CAPACITY BUILDING THROUGH EDU
(12) HAMILTON COUNTY HARVEST FOOD BANK P O BOX 881 NOBLESVILLE, IN 46061	300640307	501(C)(3) PUBLI	8,900				DATA COLLECTION

- 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

20-0900981

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) HAMILTON COUNTY SHERIFF'S DEPARTMENT 18100 CUMBERLAND RD NOBLESVILLE, IN 46060		LOCAL ELECTED C	19,600				PURCHASE & TRAINING K-9 LAW ENFORCEMENT
(2) HAMILTON HEIGHTS EDUCATIONAL FOUNDATION P O BOX 469 ARCADIA, IN 46030	311253618	501(C)(3) PUBLI	15,000				BACKPACK PROGRAM WEEKEND FEEDING
(3) HEALTHNET, INC 3403 E RAYMOND ST INDIANAPOLIS, IN 46203	351579827	501(C)(3) PUBLI	11,000				HOUSING SPECIALIST FOR NED VOUCHERS
(4) HEART AND SOUL CLINIC, INC P O BOX 478 WESTFIELD, IN 46074	800390182	501(C)(3) PUBLI	31,795				LEASE PAYMENT, UTILITIES, BUILD OUT
(5) HIM BY HER FOUNDATION P O BOX 52 MCCORDSVILLE, IN 46055-0052	471388573	501(C)(3) PUBLI	10,000				GENERAL OPERATING
(6) HOLY NAME CATHOLIC CHURCH P O BOX 774198 STEAMBOAT SPRINGS, CO 80477	840499858	RELIGIOUS ORGAN	75,000				YOUNG ADULT MINISTRY
(7) HOPE NETWORK MINISTRIES 460 SAN GABRIEL DR SUNNYVALE, TX 75182	752684368	501(C)(3) PUBLI	15,000				GENERAL OPERATING
(8) HORIZON INTERNATIONAL P O BOX 180 PENDLETON, IN 46064	352154451	501(C)(3) PUBLI	15,740				GENERAL OPERATING
(9) INDIANA CHILDREN'S WISH FUND 6081 E 82ND ST INDIANAPOLIS, IN 46204	351610742	501(C)(3) PUBLI	19,000				PROGRAMMING SUPPORT
(10) INDIANA CHILDREN'S WISH FUND 6081 E 82ND ST INDIANAPOLIS, IN 46204	351610742	501(C)(3) PUBLI	9,000				PROGRAMMING SUPPORT
(11) INDIANA PHILANTHROPY ALLIANCE 32 EAST WASHINGTON ST INDIANAPOLIS, IN 46209	351835134	501(C)(3) PUBLI	8,750				LEGACY FUND 2018 MEMBERSHIP DUES
(12) INDIANA UNIVERSITY 1387 W 236TH ST SHERIDAN, IN 46069	356001673	EDUCATIONAL ORG	58,000				WYATT REED

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1) INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BLVD INDIANAPOLIS, IN 46202	356018940	501(C)(3) PUBLI	12,000				I U DAY
(2) INDIANAPOLIS HEBREW CONGREGATION 6501 N MERIDIAN ST INDIANAPOLIS, IN 46260	350871004	501(C)(3) PUBLI	18,800				GENERAL OPERATING
(3) INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSH 3550 N WASHINGTON BLV INDIANAPOLIS, IN 46209	351742559	501(C)(3) PUBLI	30,000				OPERATING SUPPORT
(4) INDIANAPOLIS SYMPHONY ORCHESTRA 32 E WASHINGTON ST INDIANAPOLIS, IN 46204	350998627	501(C)(3) PUBLI	20,000				GENERAL OPERATING
(5) INDIANAPOLIS ZOOLOGICAL SOCIETY, INC 1200 W WASHINGTON ST INDIANAPOLIS, IN 46222	351074747	501(C)(3) PUBLI	75,000				GENERAL OPERATING
(6) ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE 555 COLLEGE AVE PALO ALTO, CA 94306	462118225	501(C)(3) PUBLI	10,000				SCHOOL OF PEACE
(7) KIPP INDIANAPOLIS COLLEGE PREPARATORY 1740 E 30TH ST INDIANAPOLIS, IN 46218	300145826	501(C)(3) PUBLI	10,000				GENERAL OPERATING
(8) LIFE CENTERS 3901 W 86TH ST INDIANAPOLIS, IN 46268	311059740	501(C)(3) PUBLI	22,000				GENERAL OPERATING
(9) LOGAN STREET SANCTUARY 1274 LOGAN ST NOBLESVILLE, IN 46060	475632095	501(C)(3) PUBLI	10,000				OPERATIONAL SUPPORT
(10) MARIAN UNIVERSITY 3200 COLD SPRING RD INDIANAPOLIS, IN 46222	350868175	501(C)(3) PUBLI	25,000				EDUCATORS COLLEGE
(11) HEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD NOBLESVILLE, IN 46060	351344488	501(C)(3) PUBLI	22,088				SPONSOR-A-SENIOR PROGRAM
(12) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208	351916572	501(C)(3) PUBLI	10,000				GENERAL OPERATING

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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20-0900981

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- 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
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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) NICARAGUA RESOURCE NETWORK 16162 CAREY RD WESTFIELD, IN 46074	421748310	501(C)(3) PUBLI	15,700				GENERAL OPERATING
(2) NICKEL PLATE ARTS INC 107 S 8TH NOBLESVILLE, IN 46060	454264204	501(C)(3) PUBLI	13,000				OPERATING SUPPORT
(3) NOBLESVILLE SCHOOLS EDUCATION FOUNDATION 18025 RIVER RD NOBLESVILLE, IN 46062	351714053	501(C)(3) PUBLI	33,098				PLINY AND MILDRED RANDALL SCHOLARSHIPS
(4) NOBLESVILLE SISTER CITIES INTERNATIONAL 11611 N MERIDIAN ST CARMEL, IN 46032	351762953	501(C)(3) PUBLI	6,000				NOBLESVILLE INTERNATIONAL HOSTS
(5) NORTHVIEW CHURCH 12900 HAZELL DELL PKWY CARMEL, IN 46033	311064174	501(C)(3) PUBLI	191,000				GENERAL OPERATING
(6) ORR FELLOWSHIP P O BOX 20262 INDIANAPOLIS, IN 46220	201134456	501(C)(3) PUBLI	80,000				LAUNCHPAD INITIATIVE
(7) OUR LADY OF GRACE CATHOLIC CHURCH 9900 E 191ST ST NOBLESVILLE, IN 46060	351009271	501(C)(3) PUBLI	113,980				REPLACEMENT GYM FLOOR
(8) OUTRUN THE SUN, INC 8435 KEYSTONE CROSSING INDIANAPOLIS IN46240	352237364	501(C)(3) PUBLI	10,000				SUPPORT THE EVENT
(9) PATACHOU FOUNDATION, INC 4923 N COLLEGE AVE INDIANAPOLIS, IN 46205	462741705	501(C)(3) PUBLI	10,000				KITCHEN HEADQUARTERS CHARITABLE
(10) PRIMELIFE ENRICHMENT, INC 1078 THIRD AVE SW CARMEL, IN 46032	351411017	501(C)(3) PUBLI	11,532				CONTRIBUTION
(11) PURDUE UNIVERSITY 3829 LONGSHORE DR COLUMBUS, IN 47203	356002041	501(C)(3) PUBLI	55,500				JOSE LOYO HERNANDEZ MORBERTO RODRIGUEZ
(12) PURDUE UNIVERSITY FT WAYNE- FINCL AID 1004 S CHURCHMAN AVE INDIANAPOLIS IN 46203	356002041	501(C)(3) PUBLI	8,000				SALGADO

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Schedule I (Form 990) (2018)

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- 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
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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) REINS OF GRACE THERAPEUTIC RIDING CENTER IN 1414 W 206TH ST SHERIDAN, IN 46069	462666912	501(C)(3) PUBLI	12,000				REINS OF GRACE OUTDOOR CLASSROOM
(2) RIVERVIEW HOSPITAL FOUNDATION 395 WESTFIELD RD NOBLESVILLE, IN 46061	351378456	501(C)(3) PUBLI	7,620				2018 DISTRIBUTION
(3) ROSE-HULMAN INSTITUTE OF TECHNOLOGY 23 BROWNING LN VALPARAISO, IN 46383	350868149	501(C)(3) PUBLI	15,000				WHITNEY VALTIERRA
(4) SECINA MEMORIAL HIGH SCHOOL 5000 NOWLAND AVE INDIANAPOLIS, IN 46201	350979238	501(C)(3) PUBLI	10,000				STUDENTS IN NEED
(5) SECOND HELPINGS, INC THE E & M GLICK CENTER INDIANAPOLIS IN 46202	351484281	501(C)(3) PUBLI	10,000				FILLING THE FOOD GAP
(6) SECOND PRESBYTERIAN CHURCH 7700 N MERIDIAN ST INDIANAPOLIS, IN 46260	350868030	RELIGIOUS ORGAN	12,500				GENERAL OPERATING
(7) SENIOR CITIZENS ORGANIZATION, INC 18336 CUMBERLAND RD NOBLESVILLE, IN 46060	310928267	501(C)(3) PUBLI	5,016				GENERAL OPERATING
(8) SOUTHEAST NEIGHBORHOOD DEVELOPMENT, INC 1035 SANDERS ST INDIANAPOLIS, IN 46203	351557200	501(C)(3) PUBLI	10,000				TWIN AIRE PROJECT
(9) SPECIAL OLYMPICS INC 1133 19TH ST N W WASHINGTON DC 20036	520889518	501(C)(3) PUBLI	10,000				GENERAL OPERATING
(10) ST JOHN'S UNIVERSITY P O BOX 7222 COLLEGEVILLE, MN 56321-7222	453656162	501(C)(3) PUBLI	100,000				FOREVER FORWARD CAPITAL CAMPAIGN
(11) ST MARY'S CHILD CENTER 901 MARTIN LUTHER KING INDIANAPOLIS IN 46202	351141484	501(C)(3) PUBLI	75,000				GENERAL OPERATING
(12) ST VINCENT DE PAUL SOCIETY 1391 GREENFIELD AVE NOBLESVILLE, IN 46060	352307344	501(C)(3) PUBLI	10,000				RESTOCK FOOD PANTRY

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**SCHEDULE I
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Department of the Treasury
Internal Revenue Service

Name of the organization

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

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20-0900981

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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
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(1) STARFISH INITIATIVE 6958 HILLSDALE CT INDIANAPOLIS, IN 46250	562442758	501(C)(3) PUBLI	10,000				CAMP TECUMSEH
(2) TAYLOR UNIVERSITY-UPLAND 132 MAPLEWOOD DR NOBLESVILLE, IN 46062	350868181	501(C)(3) PUBLI	20,000				ANDREW FRIESEN
(3) TEACH FOR AMERICA - INDIANAPOLIS 1314 N MERIDIAN ST INDIANAPOLIS, IN 46202	133541913	501(C)(3) PUBLI	55,000				GALA SPONSORSHIP
(4) TEENWORKS 2820 MERIDIAN ST 103 INDIANAPOLIS IN 46208	462047309	501(C)(3) PUBLI	10,000				INDIGO BASELINE ASSESSMENTS
(5) THE CENTER FOR THE PERFORMING ARTS 1 CENTER GREEN CARMEL, IN 46032	203901164	501(C)(3) PUBLI	23,500				GENERAL OPERATING
(6) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATI P O BOX 6134 INDIANAPOLIS, IN 46206-6134	237016089	501(C)(3) PUBLI	6,000				GENERAL OPERATING
(7) THE MILK BANK 5060 E 62ND ST INDIANAPOLIS, IN 46220	201662573	501(C)(3) PUBLI	10,000				MILK BANK CAFE
(8) THE OAKS ACADEMY 2301 N PARK AVE INDIANAPOLIS, IN 46205	352050595	501(C)(3) PUBLI	13,250				CAMPAIGN FOR RENEWAL
(9) THE RECOVERY HIGH SCHOOL AT FAIRBANKS 6102A CLEARVISTA PKWY INDIANAPOLIS IN 46236	203094377	501(C)(3) PUBLI	6,000				HELPING HAMILTON CTY YOUTH BEGIN RECOVERY
(10) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S 8TH ST NOBLESVILLE, IN 46060	311131854	501(C)(3) PUBLI	71,532				REACHING RESOURCES
(11) THE VILLAGES OF INDIANA, INC 3833 N HERIDIAN ST INDIANAPOLIS, IN 46208	351708240	501(C)(3) PUBLI	10,000				GENERAL OPERATING
(12) THE WELL COFFEEHOUSE 5000 LINBAR DR NASHVILLE, TN 37211	454036301	501(C)(3) PUBLI	50,000				GENERAL OPERATING

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(1) TINDLEY ACCELERATED SCHOOLS 3960 MEADOWS DR INDIANAPOLIS, IN 46205	352151971	501(C)(3) PUBLI	10,000				JILL ORHE SCHOLARSHIP FUND
(2) TOURISM TOMORROW, INC 200 S CAPITAL AVE INDIANAPOLIS, IN 46225	351573009	501(C)(3) PUBLI	15,000				WHITE RIVER REGIONAL MASTER PLAN
(3) TRINITY FREE CLINIC 1045 W 146TH ST CARMEL, IN 46032	352120420	501(C)(3) PUBLI	25,000				TRINITY FREE CLINIC OPERATIONS SUPPORT
(4) TRUTH AT WORK 9953 CROSSPOINT BLVD INDIANAPOLIS IN 46256	351959473	501(C)(3) PUBLI	60,000				GENERAL OPERATING
(5) UNITED STATES MASTERS SWIMMING, INC 1751 MOUND ST SARASOTA, FL 34236	310999051	501(C)(3) PUBLI	12,172				2018 DISTRIBUTION
(6) UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST INDIANAPOLIS, IN 46208	351007590	501(C)(3) PUBLI	61,350				GENERAL OPERATING
(7) VISITING NURSE SERVICE, INC 1300 ALBANY ST BEECH GROVE, IN 46107	350868199	501(C)(3) PUBLI	15,360				CHARITABLE CONTRIBUTION
(8) WESTFIELD ECONOMIC DEVELOPMENT FOUNDATION 2728 E 171ST ST WESTFIELD, IN 46074	262259201	501(C)(3) PUBLI	33,700				PROGRAMMING SUPPORT
(9) WESTFIELD EDUCATION FOUNDATION 1143 E 181ST ST WESTFIELD, IN 46074-8926	351709318	501(C)(3) PUBLI	35,401				2018 DISTRIBUTION
(10) WOODMAR UNITED METHODIST CHURCH 7320 NORTHCOTE AVE HARMOND, IN 46324	350988814	RELIGIOUS ORGAN	10,000				COMMUNITY PRESCHOOL AND CHILDCARE
(11) YAMPA VALLEY COMMUNITY FOUNDATION P O BOX 881869 STEAMBOAT SPRINGS, CO 80488	840794536	501(C)(3) PUBLI	10,000				MCCREIGHT SMILE FOUNDATION
(12) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST INDIANAPOLIS, IN 46204	350868211	501(C)(3) PUBLI	19,777				2018 DISTRIBUTION

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No 1545-0047

2018

Department of the Treasury
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(1) YOUNG LIFE RACEWAY REGION 1010 N CAPITOL AVE INDIANAPOLIS, IN 46204	840385934	501(C)(3) PUBLI	15,000				PROGRAMMING SUPPORT
(2) YOUNG LIFE WASHINGTON TOWNSHIP 4631 LISBORN DR CARMEL, IN 46033-2200	840385934	501(C)(3) PUBLI	30,000				PROJECT AG486 HIGH SCHOOL MENTORING PROGRAM
(3) YOUTH MENTORING INITIATIVE P O BOX 743 FISHERS, IN 46038	262543447	501(C)(3) PUBLI	10,000				GENERAL OPERATING
(4) YWAM SAN DIEGO/BAJA P O BOX 5417 CHULA VISTA, CA 91912	330604992	501(C)(3) PUBLI	40,000				
(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
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Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 SCHOLARSHIPS	75	243,500			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US:

WHEN MAKING A GRANT, THE FOUNDATION VERIFIES THE GRANTEE ORGANIZATION'S CHARITABLE STATUS AND THAT THE GRANTEE IS COMPLIANT WITH ALL CONDITIONS AND PAST GRANT REPORTING REQUIREMENTS. A LETTER ACCOMPANYING ALL GRANT PAYMENTS INCLUDES THE GRANT PURPOSE AND REPORTING REQUIREMENTS IF

APPLICABLE (GREATER THAN \$25,000). THE LETTER ALSO INCLUDES LANGUAGE THAT STATES THE GRANT MUST BE USED SOLELY FOR THE CHARITABLE PURPOSES DESCRIBED IN THE LETTER, AND THAT ANY UNUSED FUNDS MUST BE RETURNED TO THE FOUNDATION IMMEDIATELY UNLESS AN AMENDED GRANT PURPOSE IS AUTHORIZED

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

BY THE FOUNDATION IN WRITING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

20-0900981

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 on 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** Yes No

8 Were any amounts reported on 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. **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

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 on 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 aren't 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 and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS J. KILLIAN PRESIDENT, HCCF	(i) 163,322. (ii) 0. (iii) 0.	0.	0.	9,213.	8,799.	181,334.	0.
2 BRIAN PAYNE PRESIDENT & CEO, CICF AND TIF	(i) 8,285. (ii) 405,956. (iii) 21,715.	0.	0.	1,197.	287.	9,769.	0.
3 JENNIFER K. BARTENBACH CHIEF FINANCIAL OFFICER	(i) 195,431. (ii) 16,848. (iii) 151,635.	0.	0.	15,413.	439.	211,283.	0.
4 ROBERT A. MACPHERSON VP OF DEVELOPMENT	(i) 32,458. (ii) 129,832. (iii) 0.	0.	0.	4,953.	681.	38,092.	0.
5 ELIZABETH TATE VP OF COMMUNITY INVESTMENT	(i) 0. (ii) 0. (iii) 0.	0.	0.	19,811.	2,725.	152,368.	0.
6	(i) 0. (ii) 0. (iii) 0.	0.	0.				
7	(i) 0. (ii) 0. (iii) 0.	0.	0.				
8	(i) 0. (ii) 0. (iii) 0.	0.	0.				
9	(i) 0. (ii) 0. (iii) 0.	0.	0.				
10	(i) 0. (ii) 0. (iii) 0.	0.	0.				
11	(i) 0. (ii) 0. (iii) 0.	0.	0.				
12	(i) 0. (ii) 0. (iii) 0.	0.	0.				
13	(i) 0. (ii) 0. (iii) 0.	0.	0.				
14	(i) 0. (ii) 0. (iii) 0.	0.	0.				
15	(i) 0. (ii) 0. (iii) 0.	0.	0.				
16	(i) 0. (ii) 0. (iii) 0.	0.	0.				

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization HAMILTON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 20-0900981
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12.	5,433,519.	FMV ON DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) 2018.

JSA

8E1298 1 000

15014G D310

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

20-0900981

FORM 990, PART III, LINE 1

ORGANIZATION MISSION:

1.) GRANTMAKING FROM A VARIETY OF FUNDS TO OTHER EFFECTIVE

NOT-FOR-PROFITS

2.) COMMUNITY LEADERSHIP ON ISSUES LIKE MENTAL HEALTH, FAMILY & YOUTH

EMPOWERMENT, AND INCLUSIVE ECONOMIC GROWTH

3.) PHILANTHROPIC ADVISING TO HELP PEOPLE MAKE THEIR CHARITABLE GIVING

MORE THOUGHTFUL AND ENJOYABLE.

FORM 990, PART V, LINE 2

NUMBER OF EMPLOYEES:

HAMILTON COUNTY COMMUNITY FUND (HCCF) EMPLOYEES ARE PAID THROUGH A COMMON

PAYMASTER. THE CENTRAL INDIANA COMMUNITY FOUNDATION INC. IS THE COMMON

PAYMASTER (CICF EIN #35-1793680). CICF FILES ALL REQUIRED FEDERAL

EMPLOYMENT TAX RETURNS, WHICH INCLUDE ALL HCCF EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS:

ANN O'HARA AND BRENDA BUSH HAVE A BUSINESS RELATIONSHIP. LAWRENCE BECK

AND KAY HARTLEY HAVE A BUSINESS RELATIONSHIP. MICHAEL DAUGHERTY AND

STEVEN HOLT HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO THE GOVERNING DOCUMENTS:

Name of the organization HAMILTON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 20-0900981
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HAMILTON COUNTY COMMUNITY FOUNDATION FORMERLY KNOWN AS FROM LEGACY FUND
CHANGED ITS NAME ON NOVEMBER 6, 2018.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

FOLLOWING A DETAILED REVIEW BY THE CHIEF FINANCIAL OFFICER AND AN
INDEPENDENT ACCOUNTING FIRM, THE FORM 990 AND SCHEDULES ARE PROVIDED TO
ALL BOARD MEMBERS PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

CONFLICT OF INTEREST POLICIES ARE COMPLETED ANNUALLY BY ALL BOARD MEMBERS
AND STAFF. THE POLICY STATEMENTS ARE REVIEWED ANNUALLY BY OFFICERS OF
HAMILTON COUNTY COMMUNITY FOUNDATION, INC. WHEN FOUNDATION BUSINESS IS
BEING CONDUCTED AND THERE IS A CONFLICT, THE BOARD OR STAFF MEMBERS
ABSTAIN FROM VOTING ON RELATED MATTERS. THIS IS DOCUMENTED IN THE BOARD
MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

COMPARATIVE COMPENSATION INFORMATION IS GATHERED BY THE HUMAN RESOURCES
MANAGER AND USED TO DETERMINE APPROPRIATENESS OF INDIVIDUAL COMPENSATION
FOR ALL EMPLOYEES AS PART OF THE ANNUAL REVIEW AND BUDGETING PROCESS.
THIS REVIEW IS PERFORMED BY THE CEO AND CFO. THE CHAIRMAN OF THE BOARD
PERFORMS A REVIEW AND MAKES A RECOMMENDATION FOR COMPENSATION ADJUSTMENTS
FOR THE CEO. THE LAST REVIEW WAS CONDUCTED IN 2018.

Name of the organization HAMILTON COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 20-0900981
--	--

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INT. POLICY, AND FINANCIAL STATEMENTS:

THE PUBLIC DISCLOSURE COPY OF FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

TRANSFERS BETWEEN ENTITIES	\$ 848,256
DEFINED-BENEFIT PENSION PLAN EXPENSE	81,622
CHANGE IN VALUE OF SIA	58,394

TOTAL	\$ 988,272

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990

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

Name of the organization

Employer identification number

HAMILTON COUNTY COMMUNITY FOUNDATION, INC.

20-0900981

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

(a) Name, address, and EIN (if applicable) 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) HCCF CHARITABLE HOLDINGS, LLC 82-5251653 515 EAST MAIN STREET CARMEL, IN 46032	CHARITABLE	IN	519,021.	181,000.	HCCF
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHEEHAN CHARITABLE FOUNDATION 26-2865905 515 EAST MAIN STREET CARMEL, IN 46032	CHARITABLE	IN	501 (C) (3)	12A, I	N/A		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the instructions for Form 990

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(1)	(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 sections 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)														

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.