2939306525538 1

Form	990-T	E	xempt Organization (and proxy ta					rn	ОМВ	No 1545-0047
		For cale	ndar year 2019 or other tax year begi			• •	•	2019	9	<b>010</b>
Denar	rtment of the Treasury	, or daile	► Go to www.irs.gov/Form996					in I	<u>(</u> 2	30 13
	al Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form					(8)(3)	Open to (	Public Inspection for Organizations Only
A 2	Check box if address changed			pox if name char			<b>V</b>	D Emple	oyer identif	ication number ee instructions )
BExe	empt under section		HAMILTON COUNTY COM	MUNITY F	OUNDATIO	ON, INC				
Х	501(C) <b>0</b> 3)	Print	Number, street, and room or suite no	If a P O box, se	e instructions			20-0	900981	
	408(e) 220(e)	or								ess activity code
	408A 530(a)	Туре	11810 TECHNOLOGY DE	RIVE				(See in	istructions)	
	529(a)		City or town, state or province, count	try, and ZIP or fo	reign postal co	ode		1		
	ok value of all assets		FISHERS, IN 46038					5259	90	
at e	end of year	F Gro	up exemption number (See instruc	tions ) ►						
(	68,983,719.	G Che	eck organization type  X 50	1(c) corporate	on	501(c) tr	ust	401(a)	trust	Other tru
			inization's unrelated trades or busin-			· · · · · · · · · · · · · · · · · · ·	Describ	e the only	(or first) u	inrelated
tra	ade or business her	e ▶PAF	RTNERSHIP INCOME		If or	nly one co	mplete Parts	I-V If more	e than one	, describe the
fır	rst in the blank spa	ce at the	e end of the previous sentence, co	mplete Parts	and II, comp	plete a Sche	edule M for ea	ch additio	nal	
tra	ade or business, the	en compl	ete Parts III-V							
I D	uring the tax year,	was the	corporation a subsidiary in an affi	liated group or	a parent-sub	osidiary conf	rolled group?		▶ _	Yes X
lf	"Yes," enter the na	me and	identifying number of the parent co	orporation 🕨			·			
J TH	he books are in care	of ▶JE	ENNIFER BARTENBACH		Т	elephone n	umber ▶ 31	17-631	-6542	
Par	tel Unrelated	Trade o	or Business Income		(A) Income	•	(B) Expe	nses		(C) Net
1a	Gross receipts or s	ales				,				
ь/	Less returns and allowa	nces	c Balance	<b>1</b> c			:			
2	Cost of goods sol	d (Sched	ule A, line 7)	2			<u> </u>			
3	Gross profit Subt	tract line	2 from line 1c	3						
4a	Capital gain net in	ncome (a	attach Schedule D)	4a						
b	Net gain (loss) (Fo	rın 4797,	Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduc	ction for t	lrusts	4c						
5			r an S corporation (attach statement)		-55,	438.	ATCH 1			-55,43
6	Rent income (Scho	edule C)		6						
7	Unrelated debt-fin	nanced in	come (Schedule E)	7						
8	Interest annuities, roya	lties, and re	ents from a controlled organization (Schedule F	:) 8				,		
9	Investment income of a	section 50	1(c)(7), (9) or (17) organization (Schedule G	9						
10	Exploited exempt	activity ii	ncome (Schedule I)	10						
11	Advertising incom	e (Sched	dule J)	11			<u> </u>		<u></u> _	*****
12	Other income (Se	e instruc	ctions, attach schedule)	12					<u> </u>	
13			ough 12		-55,				L	-55,43
Par			Taken Elsewhere (See inst		r limitation	്s on ded	luctions)(	Deduction	ons mus	t be directly
	connected	d with th	ne unrelated business incon	ne)						
14	Compensation of	officers,	directors, and trustees (Schedule K	)	1. Sec. 3	٠٠٠ مطند		14	ļ	
15	Salaries and wage	s	directors, and trustees (Schedule K	Hemal Ke	GHUG GGF	NGB		15		
16	revairs and main	lenance		1000				16	<b></b>	
17				<i>, ,,</i> , , , , ,				•••	<b>_</b>	
18	Interest (attach so	chedule) (	(see instructions)	/···oct·`	፲- <b>፯</b> - ታስንብ፦			18		
19	Taxes and licenses	s			i j roro	٠		19		
20	Depreciation (atta	ch Form	4562)		<u>20</u>	ļ <u>.</u>			1	
21	Less depreciation	claimed	on Schedule A and elsewhere on r	eturn .	2 <u>1a</u>			21b	ļ	
22	Depletion		<i></i>	<b>Q</b> g	aèù'∧i.			22	<b></b>	
23			compensation plans						<u> </u>	
24			s <u>/</u>					- 1	<del>  -</del>	
25			Schedule 1)						ļ	
26			chedule J)						<del> </del>	
23 24 25 26 27 28			chédule)							
28			s 14 through 27,						-	
20		_	le income before net operating		/ \		4		<del> </del>	-55,43
29		operating	g loss arising in tax years beginni	ng on or after	January 1, 🕍	0,18 (see ins	structions) .		ļ	
						1 Y U -				
29 30 <u>31</u>	Unrelated busines	s taxable	e income Subtract line 30 from line lotice, see instructions	e 29		<u>. L.W.</u>	<u></u>	<u>.l. 31</u>	<u> </u>	-55,43 om <b>990-T</b> (20

FOI	1 999/1 (2019)			Page 4
	Int III Total Unrelated Business Taxable Income	<del>, _ ,</del>		
32	total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	(Instructions)	32	55,	438.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		_
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line			
	34 from the sum of lines 32 and 33	35	-55,	438.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-55.	438.
38				000.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	/ <del>  30  </del>		000.
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37			420
	fenter the smaller of zero or line 37	39	-55,	438.
7	rt IV Tax Computation	<del>,                                     </del>		
<b>A</b> 0	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amount on line 39 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	41		
42	Proxy tax See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income. See instructions	44		
45	Votal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			
	Tax and Payments	1.10		
46		T T		
	O Other credits (see instructions)	1		
		-		
	General business credit Attach Form 3800 (see instructions)	- 1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	┥ │		
	Total credits Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48		
49	Total tax Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Payments A 2018 overpayment credited to 2019			
t	2019 estimated tax payments	1		
	Tax deposited with Form 8868	1		
	Foreign organizations Tax paid or withheld at source (see instructions)	1		
	Backup withholding (see instructions)	1		
f		1		
		1		
ć	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ <b>51g</b>			
52	Total payments Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ▶	54		
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want	56		
Pa	rt VI Statements Regarding Certain Activities and Other Information (see instruction	s)		_
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		thority Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			
		roroigir o	50y	x
	here ►			$\frac{1}{x}$
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.	· · · ·	<u> </u>
	If "Yes," see instructions for other forms the organization may have to file			
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			1
	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the I true, correct, and complete Declaration of preparer (other han taxpayer) is based on all information of which preparer has any knowledge	est of my kn	owledge and be	elief, it is
Sig		av the IRS	discuss this	return
He	re Limmin K. Dwwwhall 11/15/2020 EXECUTIVE VP AND CFO	th the pre	parer shown	
	Signature of officer Date Title (se	e instructions)?	'X Yes	No
	Frint/Type preparer's name Preparer's signature. Date Chec	, .e	PTIN	
Pai	1 Manager	employed	P012794	75
Pre			4-016026	
Use			383.4000	
	I Firm's address ▶ ZOI N. IDDINOIS SIKEEI, INDIANAFOLIS, IN 40204   Phon	euo ⊃⊥/.	70J.4000	-

% %

Enter here and on page 1,

Part I, line 7, column (A)

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Enter here and on page 1,

Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

Page 4

Schedule F - Interest, Ann	,,			ot Controll								<del></del>
Name of controlled organization			3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)												
(2)			_									
(3)												
(4)			_									<u> </u>
Nonexempt Controlled Organiz			_							0.15 -1 -	Τ	Dad
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total o paymen			l ind	clude	t of column d in the co ation's gros	ntrolling		Deductions directly inected with income in column 10
(1)			_									
(5)			<u> </u>									
(3)												
(4)				<del></del>					olumns 5 a		ļ	id columns 6 and 11
Totals	ncome of a Sec	ction 5	 i01(c)	(7), (9),	or (17		θ	art I,	ere and on line 8, colui	mn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	income		dire	ectly cor	nected				t-asides schedule)		and set-asides (col 3 plus col 4)
(1)												··
(2)												
( <del>3</del> ) ( <del>4</del> )				-					<del></del>			<u> </u>
T <sub>otals</sub> ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, co	olumn (A)	) [	r Than A	dverti	sing In	com	<b>e</b> (s	ee instru	ctions)		Enter here and on page Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	d conn prod ur	ected w fuction fuction fuction frelated ess inco	of If a	unrelat	ompute	fron	n act	income ivity that irelated sincome	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)											-	
(3)											_	
(4)			_									
	Enter here and on page 1, Part I, line 10, col (A)	page	here and 1, Part 0, col (	1, 1							•	Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J– Advertising In	come (see instri	uctions	)							· ·		
Part I Income From Per	iodicals Report	ed on	a Co	nsolidate	d Bas	sis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising co		gai 2 n a g	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	-											
(2)	- 1		-									
(3)												
(4)												
Totals (carry to Part II, line (5))												Form <b>990-T</b> (2011

Page 5

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 Gross 1. Name of periodical advertising income		3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) (2) (3) (4)							
Totals from Part I ▶  Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
)		%	
()		%	
)		%	
)		%	
otal. Enter here and on page 1,	Part II, line 14		

Form **990-T** (2019)

ATTACHMENT	1	

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

OURHEALTH HOLDING COMPANY, LLC

-55,438.

INCOME (LOSS) FROM PARTNERSHIPS

-55,438.