\$ 2020 OILO, 599018, OHY SCANNED MAY 1 1 2021 = 1 W

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Form 990-PF		(
Department of the Treasur	νl	١.

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.

		irs.gov/Form990PF for ipsu	detions and the latest into	ormation.	Open to Public Inspection
For cal	endar year 2019 or tax year beginning		and ending		
Name	of foundation			A Employer identification	number
		c. 10 70			•
<u>HE</u>	ALTHCARE INITIATIVES, IN	c. (10)		35-1392974	
Number	and street (or P O box number if mail is not delivered to street a	address)	. Strike Room/suite 2 0 0	B Telephone number	
940	55 COUNSELORS ROW		200	317-805-48	69
City or	and street (or PO box number if mail is not delivered to street as 5 COUNSELORS ROW town, state or province, country, and ZIP or foreign policinal policina	oskai code		C If exemption application is p	ending, check here
INI	DIANAPOLIS, IN 46240	<u> </u>	<u> </u>	1	_
G Che	ck all that apply: Initial return	Initial eturn of a fo	ormer public charity	D 1. Foreign organization:	s, check here
	Final return	Amended return	,	2 Foreign organizations me	seting the 85% test
	Address change	Name obange	——————————————————————————————————————	Foreign organizations me check here and attach co	emputation
$\overline{}$	ck type of organization: X Section 501(c)(3) ex		I U	E If private foundation sta	itus was terminated
		Other taxable private founda		under section 507(b)(1))(A), check here
	narket value of all assets at end of year J Account	· —	X Accrual	F If the foundation is in a	
		ther (specify)		under section 507(b)(1))(B), check here
▶ \$	20,804,685. (Part I, colur	nn (a), must be on cash bas			T (4) -
Part	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
Τ.	necessarily equal the amounts in column (a))	expenses her annys	inodino	monie	(cash basis only)
1	<u> </u>	<u> </u>			
2	Check X if the foundation is not required to attach Sch. B Interest on savings and temporary	206	206.	206.	COLO DE MENTENTO 1
3	cash investments	206. 471,381.	471,381.	471,381.	STATEMENT 1
1 4	Dividends and interest from securities	4/1,301.	4/1,301.	4/1,301.	STATEMENT Z
	a Gross rents				
_ l _	Net rental income or (loss)	2,595,801.			
ရ ၆	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 18,364,013.	2,333,601.			
Revenue 2			2,595,801.		
é '8	Net short-term capital gain	 -	2,333,001.	N/A	
9	Income modifications			11/21	
10	Gross sates less returns				
1	a and allowances Less Cost of goods sold				
j	c Gross profit or (loss)				1
11		2,500.	0.	2.500.	STATEMENT 3
12	Total Add lines 1 through 11	3,069,888.	3,067,388.	474,087.	
13	Compensation of officers, directors, trustees etc	186,500.	33,500.	0.	153,000.
14	Other employee salaries and wages				
15					
	a Legal fees STMT 4	18,342.	9,725.	0.	8,617.
2	b Accounting fees STMT 5	25,341.	10,382.	0.	14,959.
Z/	Other professional fees STMT 6	12,500.	0.	0.	12,500.
ய ഉ 17	•				
₹ 18	Taxes STMT 7	30,936.	24,278.	0.	6,658.
19	Depreciation and depletion				
들 20	Occupancy	16,445.	1,645.	0.	14,800.
P 21	Travel, conferences, and meetings	10,168.	1,030.	0.	9,138.
PE 22	Printing and publications				
e 23	Other expenses STMT 8	148,569.	128,503.	0.	20,066.
딅 24	Total operating and administrative				
Operating 52	expenses. Add lines 13 through 23	448,801.	209,063.	0.	239,738.
O 25	Contributions, gifts, grants paid	668,146.			668,146.
1	Total expenses and disbursements.				
	Add lines 24 and 25	1,116,947.	209,063.	0.	907,884.
27	Subtract line 26 from line 12:			· · ·	
i i	Excess of revenue over expenses and disbursements	1,952,941.			
- 1	Net investment income (if negative, enter -0-)		2,858,325.		
1.	Adjusted net income (if negative, enter -0-)			474,087.	

Fo	rm 99	00-PF (2019) HEALTHCARE INITIATIVES,	INC.	35-	1392974 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
느	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	37,025.	28,373.	28,373.
	3	Accounts receivable		·	
		Less, allowance for doubtful accounts			
	4	Pledges receivable ▶			
	1	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons	198,000.	198,000.	
	7	Other notes and toans receivable			
	(Less; allowance for doubtful accounts	[-;		
	8	Inventories for sale or use			
ets	9	Prepaid expenses and deferred charges	13,403.	2,516.	
Assets	130	. ,	13,403.	2,310.	
_	1 100	Investments - U.S. and state government obligations Investments - corporate stock STMT 10	18,657,259.	20,746,202.	20,776,312.
	ł	·	10,037,239.	20,740,2021	20,170,312.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
	١	Less accumulated depreciation	2,052.	2,052.	0.
		Other assets (describe OFFICE DEPOSIT	2,052.	2,032.	
	16	Total assets (to be completed by all filers - see the	19 007 730	20 077 1/2	20,804,685.
	47	instructions. Also, see page 1, item)	24,196.	20,977,143.	20,004,003.
	1	Accounts payable and accrued expenses	24,1900	13,003.	
	18	Grants payable		· · · · · · · · · · · · · · · · · · ·	<u> </u>
ies	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable Other liabilities (describe ► ASSET PLEDGED AS C)	1,999,000.	1,999,000.	
	22	Office Habilities (describe ABBET FIEDGED AB C)	1,555,000.	1,000,000.	
	,,	Total liabilities (add lines 17 through 22)	2,023,196.	2,012,883.	
_	23	Foundations that follow FASB ASC 958, check here	2,023,130.	2,012,003.	
	ŀ	and complete lines 24, 25, 29, and 30.			,
nces	24	Net assets without donor restrictions	16.884 543	18,964,260.	
ğ	25	Net assets with donor restrictions	20,001,3131	10/301/2001	
or Fund Bala		Foundations that do not follow FASB ASC 958, check here			<u> </u>
ā		and complete lines 26 through 30.			-
Ę	26	Capital stock, trust principal, or current funds			
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
set	28	Retained earnings, accumulated income, endowment, or other funds			
As	29	Total net assets or fund balances	16,884,543.	18,964,260.	
Net Assets	23	total liet assets of folio paralless		10,501,2001	
i	30	Total liabilities and net assets/fund balances	18,907,739.	20,977,143.	1
_				<u> </u>	
<u>P</u>	art l	III Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	29		
	(mus	agree with end-of-year figure reported on prior year's return)		1	16,884,543.
		amount from Part I, line 27a		2	1,952,941.
3	Other	increases not included in line 2 (itemize) UNREALIZED 0	SAIN ON INVEST	MENTS 3	180,129.
		nes 1, 2, and 3		4	19,017,613.
5	Decre	ases not included in line 2 (itemize) > LOSS ON COLLATE	RAL PLEDGE AG	REEMENT 5	53,353.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	6	18,964,260.
		······································			Form 990-PF (2019)

CONTINUATION	FOR 990-	-PF,	PART	ΙV
<u>35-</u> 1392974	PAGE	1	OF	:

Part IV Capital Gains and Lo	sses for Tax on Investment Income							
(a) List and 2-story b	d describe the kind(s) of property soli rick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)				
1a DIAMOND CAPITA	L - LT NONCOVEREI)		02/12/0902/15/19				
b BEL AIR - 5565				01/01/1912/31/19				
c BEL AIR - 4002	ST			01/01/1912/31/19				
d BEL AIR - 4002	LT			01/01/1912/31/19				
e BEL AIR - 4002	NONCOVERED			01/01/1912/31/19				
_t BEL AIR - 3317	ST			01/01/1912/31/19				
g BEL AIR - 3962	ST			01/01/1912/31/19				
<u>h BEL AIR - 3962</u>	LT			01/01/1912/31/19				
_ BEL AIR - 3962	NONCOVERED			01/01/1912/31/19				
_ DIAMOND CAPITA				01/01/1912/31/19 01/01/1912/31/19				
	k DIAMOND CAPITAL - LT							
_ CAPITAL GAINS_I	DIVIDENDS							
_m								
<u>n</u>	····							
_0		110						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)				
<u>a</u> 50,000.		58,042.		<8,042.>				
b 1,264,888.		1,212,661.		52,227.				
c 374,808.		310,804.		64,004.				
d 875,163.	·	789,671.		85,492.				
e 311,487.	· · · · · · · · · · · · · · · · · · ·	118,365. 1,036,129.		193,122.				
<u>f</u> 1,125,027.		1,966,686.		88,898. 68,970.				
g 2,035,656. h 8,742,568.	· · · · · · · · · · · · · · · · · · ·	7,420,964.		1,321,604.				
$\frac{1}{1}$ 3,008,071.		2,375,483.		632,588.				
$\frac{1}{1}$ $\frac{3,008,071.}{164,544.}$		162,201.		2,343.				
$\frac{1}{k}$ 322,737.		317,206.		5,531.				
$\frac{1}{1}$ 89,064.		311,2001		89,064.				
m			···					
n								
0								
Complete only for assets showin	g gain in column (h) and owned by ti	ne foundation on 12/31/69	(I) Los	ses (from col. (h))				
(i) 5 M V 22 of 12/21/60	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")					
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	Dut no	<u> </u>				
<u>a</u>				<8,042.>				
<u>b</u>			**	52,227.				
<u>c</u>			**	64,004.				
<u>d</u>			**	85,492.				
<u>e</u>			**	193,122.				
<u></u>			**	88,898.				
9				68,970. 1,321,604.				
<u>h</u>			**	632,588.				
!			**	2,343.				
<u> </u>				5,531.				
1				89,064.				
<u>'</u>			······································	07,004.				
n .								
"0								
<u> </u>								
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter "-0-	in Part I, line 7 " in Part I, line 7	2	2,595,801.				
3 Net short-term capital gain or (loss		(6):						
If gain, also enter in Part I, line 8, of If (loss), enter "-0-" in Part I, line 8		ŗ	3	1,102,152.				
in (1035), criter -0- in rait i, inie 0			<u> </u>	1,102,132.				

923591 04-01-19

** (SHORT-TERM)

	1990-PF (2019) HEALTHCARE INITIATIVES, INC.				35-139	2974		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 494	10(a), 4	940(b), 4940	(e), or 49	48 - see	instru	ctior	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and)				!
	Date of ruling or determination letter: (attach copy of letter if n	ecessary-	see instructions)]
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and enter 1%	•	1	5	<u> 7,1</u>	67.
	of Part I, line 27b			;				1
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4)	_			لييب
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, or	others, ent	ter -0-)		2			0.
3	Add lines 1 and 2				3	5	7,1	67.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, en	iter -0-)		4		77 1	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	5	1,1	67.
6	Credits/Payments:	الما	1 20					}
	2019 estimated tax payments and 2018 overpayment credited to 2019	68		0.000				1
	Exempt foreign organizations - tax withheld at source	6b		0.				
	Tax paid with application for extension of time to file (Form 8868)	6c 6d		0.				
	Backup withholding erroneously withheld Total credits and payments. Add loss 6a through 6d.	_ 60	<u> </u>		7	2	0 0	00.
8	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached			8			69.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	Lacricu		_	9			36.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10		0,5	30.
	Enter the amount of line 10 to be: Credited to 2020 estimated tax		Re	funded 🕨	11			
	rt VII-A Statements Regarding Activities				· · · · · · · · · · · · · · · · · · ·			
1a	During the tax year, did the foundation attempt to influence any national, state, or local leg	islation or	did it participate	or intervene	ın .	\Box	Yes	No
	any political campaign?					1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses? See	the instructions i	for the defini	tion	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies							
	distributed by the foundation in connection with the activities.					<u> </u>		
C	Did the foundation file Form 1120-POL for this year?					1c		<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th	e year				ł		1 1
	(1) On the foundation. > \$ (2) On foundation manager	rs.▶ \$.	·	<u> </u>				l i
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax i	mposed on found	lation		.		1 1
	managers. ► \$O.						<u> </u>	ليدا
	Has the foundation engaged in any activities that have not previously been reported to the	IRS?				5		X
	If "Yes," attach a detailed description of the activities.							{
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrumer	nt, articles of inco	rporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	2				3	-	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	arr			N/A	48	 	
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year	2			M/A	4b 5	\vdash	Х
	If "Yes," attach the statement required by General Instruction T	•				<u> </u>	 	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6	other.						
	 By language in the governing instrument, or 						ľ	
	 By state legislation that effectively amends the governing instrument so that no mandato 	rv directio	ns that conflict w	ith the state I	aw			
	remain in the governing instrument?	, =			•	6		X
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete Part	II, col. (c), and Pa	art XV		7	Х	1
								1
8a	Enter the states to which the foundation reports or with which it is registered. See instructi	ons. >						
	IN	-				<u> </u>		
								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney G	eneral (or designa	ate)		<u></u> -		<u></u>
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney G	eneral (or designa	ate)			<u> </u>	
	 				dar	8b	x	
9	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the of each state as required by General Instruction G? If "No," attach explanation	ection 494	2(j)(3) or 4942(j)		dar	8b 9	X	X

• •

P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	广		-
	If "Yes," attach statement. See instructions	12		х
13		13	х	
	Website address WWW.HEALTHCAREINITIATIVESING.ORG			L
14	The books are in care of ► HALEY GILROY Telephone no. ► 317-80	5-4	869	
• •	Located at ▶9465 COUNSELORS ROW, STE. 200, INDIANAPOLIS, IN ZIP+4 ▶46			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	210		
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
,,	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			 -
	foreign country			{
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Г	Yes	No
1:	a During the year, did the foundation (either directly or indirectly):			
.,	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			}
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		j
	(5) Transfer any income or assets to a disqualified person (or make any of either available	l J		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"]
	if the foundation agreed to make a grant to or to employ the official for a period after]
	termination of government service, if terminating within 90 days.)		:	j
,	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			}
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	-"	\rightarrow	
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			ĺ
·	before the first day of the tax year beginning in 2019?	16		$\overline{\mathbf{x}}$
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 'V	- 1	 -
Ī	defined in section 4942(j)(3) or 4942(j)(5)):		- 1	}
я	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			İ
٠	6d and 6e) for tax year(s) beginning before 2019?	.		ŀ
	If "Yes," list the years ▶		ı	1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		J	J
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		İ	
	statement - see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	- 1	-	
_	during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after	·		- 1
-	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		- 1	ì
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	_		_ }
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
•	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	Fori	ո 990	-PF (2019)

Form 990-PF (2019)

	5-1392974 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	· · · · · · · · · · · · · · · · · · ·
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CHARITABLE GRANTS AND CONTRIBUTIONS	
	668,146.
2	000,140.
	7
3	
4	
	_
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A	Amount
20721	
2	
All other program-related investments. See instructions.	
3	_
Total Add lines 1 through 3	0.

Form **990-PF** (2019)

[F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		······································
а		1a	20,121,241.
	Average of monthly cash balances	16	132,780.
C	Fair market value of all other assets	1c	
d		1d	20,254,021.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	20,254,021.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	303,810.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,950,211.
6	Minimum investment return. Enter 5% of line 5	6	997,511.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	997,511.
2a	Tax on investment income for 2019 from Part VI, line 5	}	
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	57,167.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	940,344.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	940,344.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	940,344.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	907,884.
b	Program-related investments - total from Part IX-B	_1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	,
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	907,884.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	907,884.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation question of tax in those years	ualifies fo	r the section

Form **990-PF** (2019)

Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	Обграз	Tours prior to 2010	2010	2010
line 7				940,344.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:	•			
a From 2014				ļ
b From 2015				
c From 2016				
d From 2017 e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 907,884.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	····			
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				907,884.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				-
undistributed income for which a notice of deficiency has been issued, or on which			•	
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line		ļ	Ċ	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				32,460.
be distributed in 2020 7 Amounts treated as distributions out of		·		32,300.
corpus to satisfy requirements imposed by				1
section 170(b)(1)(F) or 4942(g)(3) (Election				1
may be required - see instructions)	0.			! !
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			·
9 Excess distributions carryover to 2020.				1
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2015				,
b Excess from 2016				1
c Excess from 2017				
d Excess from 2018		1	ł	
e Excess from 2019				5 000 PF (0010)

Part XV Supplementary Information Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,	}	D	
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	**	
Paid during the year	•			
		-		
A KID AGAIN - INDIANA	N/A	PC	GENERAL SUPPORT -	
8275 ALLISON POINTE TRAIL, SUITE 220			INDIANA CHAPTER	
INDIANAPOLIS, IN 46250				2,500
ALZHEIMER'S ASSOCIATION	N/A	PC	ALZHEIMER'S	
50 E 91ST STREET, SUITE 100			ASSOCIATION DONATION	
INDIANAPOLIS, IN 46240				2,500
AMERICAN ACADEMY OF PEDIATRICS - IN	N/A	PC	REACH OUT AND READ	
CHAPTER	1/4	FC	PROGRAM	•
350 MASSACHUSETTS AVE. SUITE 300	,			
INDIANAPOLIS, IN 46204				2,500
			•	
.		ĺ	1	
ASCENT 121	N/A	PC	ASCENT 121 DONATION	
PO BOX 1143	,,,,			
CARMEL, IN 46082				2,500
	ŕ			
ASSISTANCE LEAGUE OF INDIANA	N/A	PC	ASSISTANCE LEAGUE OF	
1475 W 86TH STREET, SUITE E	, , ,		INDIANAPOLIS	
INDIANAPOLIS, IN 46260		1		2,500
Total SEE CO	NTINUATION SHEE	r(S)	▶ 3a	668,146
b Approved for future payment				-
NONE				
			1	_
				·
	<u></u>			
			1	
•				
_ Total			▶ 3b	0

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HEALTHCARE INITIATIVES, INC.

Part XV Supplementary Informatio	n ,			
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BEYOND MONUMENTAL	N/A	₽C	GRANT BEYOND	
202 E MARKET ST			MONUMENTAL	
INDIANAPOLIS, IN 46204		 		25,000.
·				
BROOKE'S PLACE	N/A	PC	GENERAL SUPPORT	
8935 N MERIDIAN ST, SUITE 200			1	
INDIANAPOLIS, IN 46260	<u> </u>			2,500.
CANCER SUPPORT COMMUNITY - CENTRAL	N/A	PC	GENERAL SUPPORT	
INDIANA				
5150 W 71ST ST				
INDIANAPOLIS, IN 46268				10,000.
			+	
CHILD ADVOCATES	N/A	PC	GENERAL SUPPORT	
8200 HAVERSTICK RD, #240				
INDIANAPOLIS, IN 46240				5,000.
CHILDREN'S ORGAN TRANSPLANT	N/A	PC	GENERAL SUPPORT	
ASSOCIATION			1	
2501 W COTA DR		İ	1	5,000.
BLOOMINGTON, IN 47403				3,000.
COBURN PLACE SAFEHAVEN II, INC.	N/A	PC	GRANT - COBURN PLACE	
604 E 38TH STREET				30.000
INDIANAPOLIS, IN 46205 COMMUNITY HEALTH NETWORK FOUNDATION	N/A	PC	COMMUNITY HEALTH	30,000.
7330 SHADELAND STATION, SUITE 150	N/A	ľ	NETWORK FOUNDATION	
INDIANAPOLIS, IN 46256			HAVE HOPE - SUICIDE	
-n		1	PREVENT/AWARENESS	
			DONATION	27,500.
DANA FARBER CANCER INSTITUTE	N/A	₽C	DANA FARBER CANCER	
10 BROOKLINE PLACE WEST, 6TH FLOOR			INSTITUTE/ THE JIMMY	
BROOKLINE, MA 02445	1		FUND DONATION	2,500.
DIABETES YOUTH FOUNDATION	N/A	PC	GENERAL SUPPORT	
5050 E 211TH STREET	[]	_		
NOBLESVILLE, IN 46062		L		5,000.
DOUBLE H RANCH	N/A	₽C	DOUBLE H RANCH	
97 HIDDEN VALLEY ROAD	1	1	DONATION	
LAKE LUZERNE, NY 12846				2,500.
Total from continuation sheets				655,646.

HEALTHCARE INITIATIVES, INC.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor DOVE RECOVERY HOUSE FOR WOMEN N/A ÞС GENERAL SUPPORT 3351 N MERIDIAN ST SUITE 110 INDIANAPOLIS, IN 46208 2,500. ESKENAZI HEALTH FOUNDATION PROJECT POINT N/A ÞС GRANT - ESKENAZI 720 ESKENAZI AVE. FIFTH THIRD BANK BUILDING, 5TH FLOOR INDIANAPOLIS, IN HEALTH FOUNDATION 46202 55,000. FAMILY VOICES INDIANA FAMILY VOICES INDIANA N/A ÞС 12175 VISIONARY WAY SUITE 1360 FISHERS, IN 46038 2,500. GIGI'S PLAYHOUSE INDIANAPOLIS Þ¢ GIGI'S PLAYHOUSE N/A 5909 E 86TH STREET INDIANAPOLIS DONATION 5,000. INDIANAPOLIS, IN 46250 GLEANERS FOOD BANK OF INDIANA N/A ÞС GRANT - GLEANERS FOOD 3737 WALDEMERE AVENUE BANK OF INDIANA INDIANAPOLIS, IN 46241 25,000. HOOSIER BURN CAMP PC HOOSIER BURN CAMP N/A DONATIONS PO BOX 233 BATTLE GROUND, IN 47920 17,500. INDIANA MINORITY HEALTH COALITION PC INDIANA MINORITY h/a 3737 NORTH MERIDIAN ST SUITE 300 HEALTH COALITION INDIANAPOLIS, IN 46208 (IMHC) / NATIONAL DIABETES PREVENTION PROGRAM DONATION 2,500. INDIANA YOUTH GROUP INDIANA YOUTH GROUP N/A ÞС DONATION 3733 N MERIDIAN ST 2,500. INDIANAPOLIS, IN 46208 GRANT - INDIANAPOLIS INDIANAPOLIS PARKS FOUNDATION N/A PC PARKS FOUNDATION 615 N ALABAMA STREET SUITE 119 25,000. INDIANAPOLIS, IN 46204 INDIANAPOLIS PUBLIC SCHOOLS EDUCATION N/A ÞС GRANT INDIANAPOLIS PUBLIC SCHOOLS FOUNDATION 120 E WALNUT STREET EDUCATION FOUNDATION 25,000. INDIANAPOLIS, IN 46204 Total from continuation sheets

3 Grants and Contributions Paid During th	ne Year (Continuation)	.,		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
		,		
INDY THUNDER BEEP BASEBALL	N/A	₽C	INDY THUNDER BEEP	
6527 N COLLEGE AVE, APT. #65			BASEBALL DONATION	2,5
INDIANAPOLIS, IN 46220 IU FOUNDATION	N/A	PC	IU SCHOOL OF MEDICINE-	2,3
1110 W. MICHIGAN ST. LO 506	W/A	ľ	GASTRIC CANCER	
INDIANAPOLIS, IN 46202		-	RESEARCH	
			IU SCHOOL OF MEDICINE	
			- VONDEILEN CURTIS	20,00
JDRF-INDIANA CHAPTER	N/A	PC	2019 JDRF HOPE GALA	
10401 N MERIDIAN ST, SUITE 150			SPONSORSHIP	
INDIANAPOLIS, IN 46290				5,00
JOSEPH MALEY FOUNDATION	N/A	PC	GRANT & DONATION FOR	
PO BOX 681010			GALA NO ONE FROM HCI	
INDIANAPOLIS, IN 46268			ATTENDING GRANT JOSEPH MALEY	
			FOUNDATION	46,00
TOW'S HOUSE	N/A	PC	GENERAL SUPPORT	
JOY'S HOUSE 2028 BROAD RIPPLE AVENUE	N/A		DENDING SOTTON	
INDIANAPOLIS, IN 46220				10,00
KIC - IT	N/A	PC	GENERAL SUPPORT	
592 IRONWOOD DRIVE		·		
FRANKLIN, IN 46131				2,50
KID'S VOICE OF INDIANA	N/A	PC	GENERAL SUPPORT	•
127 E MICHIGAN ST, SUITE 500				7,50
INDIANAPOLIS, IN 46204		,		7,30
LIFESMART YOUTH	N/A	PC	GENERAL SUPPORT	
615 N ALABAMA STREET, SUITE 228 INDIANAPOLIS, IN 46204				12,50
INDIANAFOLIS, IN 40204				,-
TIONS STUD OF INDIANABOLIS	N/A	₽C	GENERAL SUPPORT	
LIONS CLUB OF INDIANAPOLIS 101 E MONROE STREET	N/A	1	Daniel Bottom	
FRANKLIN, IN 46131				7,50
		-		
TIMMIE DED DOOD CANCED ACENCY	N/A	₽C	LITTLE RED DOOR CANCER	
LITTLE RED DOOR CANCER AGENCY 1801 NORTH MERIDIAN ST	N/A		AGENCY DONATION	
INDIANAPOLIS, IN 46202				2,50
Total from continuation sheets				

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	0
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
MARIAN UNIVERSITY	N/A	₽C	DONATION HCI ENDOWED	
3200 COLD SPRING ROAD			SCHOLARSHIP	
INDIANAPOLIS, IN 46222				10,00
REACH FOR YOUTH	N/A	₽C	GRANT REACH FOR YOUTH	
3505 N WASHINGTON BLVD	,,			
INDIANAPOLIS, IN 46205				25,00
REHABILITATION HOSPITAL	N/A	PC	ADAPTIVE	
4141 SHORE DRIVE INDIANAPOLIS, IN 46254			SPORTS/VETERANS	15,00
REINS AND RAINBOWS 1132 E 250 S	N/A	₽C	GENERAL SUPPORT	
WABASH, IN 46992	}			5,00
RILEY CHILDREN'S FOUNDATION	N/A	PC	RILEY CHILDREN'S	
30 S. MERIDIAN STREET, SUITE 200			FOUNDATION, CAMP ABOUT	
INDIANAPOLIS, IN 46204			FACE DONATION	
		}	GRANT - RILEY	
	· · · · · · · · · · · · · · · · · · ·		CHILDREN'S FOUNDATION	30,00
SALVATION ARMY	N/A	PC	DISASTER RELIEF	
6060 CASTLEWAY WEST DRIVE	,	[72	
INDIANAPOLIS, IN 46250	-			12,50
ST. VINCENT FOUNDATION	N/A	PC	ONCOLOGY	
3402 HARCOURT ROAD, SUITE 210 INDIANAPOLIS, IN 46260			GRANT - ST. VINCENT HOSPITAL FOUNDATION	52,50
THE ARC OF INDIANA FOUNDATION	N/A	PC	ERSKINE GREEN TRAINING	
143 W MARKET ST, SUITE 200			INSTITUTE	
INDIANAPOLIS, IN 46204			+	10,00
THE TRUSTEES OF INDIANA UNIVERSITY	N/A) PC	DONATION CANNE-III /	
PO BOX 78000			DOG THERAPY RILEY ER	
DETROIT, MI 48278				62,14
		1		
VILLAGE OF MERICI	N/A	₽C	GRANT VILLAGE OF	
5707 LAWTON LOOP E. DR. OFC 22			MERICI	a
INDIANAPOLIS, IN 46216			1	25,00

3 Grants and Contributions Paid During th		<u>,</u>		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
VISION TRUST INTERNATIONAL	,` N/A	₽C	VISION TRUST ACCOUNT	
3710 SINTON ROAD #100	N/A	FC	GUA004 DONATION	
COLORADO SPRINGS, CO 80907	1		BOAUUT BONATION	2,50
COLORADO BIRINGB, CO VOJVI				2,30
NOMEN IN MOTION	N/A	PC	WOMEN IN MOTION FOR	
5215 TACOMA AVE	1		SAFE HAVEN	
INDIANAPOLIS, IN 46220			 	2,50
			700 "D10" 77 ' 0 77 D2	
YOUTH SOCCER ASSOCIATION	N/A	PC	FOR "RACHAEL'S FIRST WEEK" ORGANIZATION	
l9000 GRAND PARK BLVD, SUITE J VESTFIELD, IN 46074			MEER URGANIZATION	10,00
(,			
`				·
· · · · · · · · · · · · · · · · · · ·				
<u> </u>				
Total from continuation sheets		<u> </u>		

Part XVI-A Analysis of Income-Producing Activit

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Excl	uded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue.	Code		COGE		
a	<u> </u>		\vdash		
			\vdash	<u> </u>	
<u> </u>	 		 		
d	}- 	·	├		
e					
g Fees and contracts from government agencies			 		
g Fees and contracts from government agencies 2 Membership dues and assessments			 		· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash			 		
investments			14	206.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:			1 3	471,301.	
					
a Debt-financed property					·
b Not debt-financed property			-		
6 Net rental income or (loss) from personal					
property	—		 		
7 Other investment income			-		
8 Gain or (loss) from sales of assets other			14	2,595,801.	
than inventory			14	2,393,001.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory 11 Other revenue:			\vdash		
a FEE INCOME			14	2,500.	
			 	2,300.	
b	<u> </u>				··· -
c			_		
	<u> </u>	· · · · · - · · · · · · · · · · · · · ·			······································
e 12 Subtotal. Add columns (b), (d), and (e)	——	0.		3,069,888.	0.
3 Total. Add tolumns (b), (d), and (e)		<u> </u>	L	13	
See worksheet in line 13 instructions to verify calculations.)				10	3,003,000.
		11 1		D	
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incor	ne is reported i	n column (e) of Part XVI-A	contrib	uted importantly to the accom-	plishment of
the foundation's exempt purposes (other than b					
	 				
				· -	
	 .				
					
					
				······································	·
					
					
		· · · · · · · · · · · · · · · · · · ·			
					

317-241-2999 Form **990-PF** (2019)

Use Only

IN 46224

Firm's address ▶ 5342 W. VERMONT STREET

INDIANAPOLIS,

FORM 990-PF INTERE	ST ON SAVIN	GS AND TE	MPORARY	CASH	INVESTMENTS	STATEMENT 1	
SOURCE			(A) REVENUE NE PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
NATIONAL BANK OF IN	DIANAPOLIS	206.			206.	206.	
TOTAL TO PART I, LI	NE 3		206.		206.	206.	
FORM 990-PF	DIVIDENDS	AND INTE	REST FRO	OM SECT	URITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	RI	(A) EVENUE R BOOKS	(B) NET INVEST MENT INCOM		
BELAIR DIAMOND CAPITAL WOODLEY	449,034. 96,887. 14,524.	88,7 2	95. 69. 0.	360,239 96,618 14,524	96,618	96,618.	
TO PART I, LINE 4	560,445.	89,0	64.	171,381	471,381	471,381.	
FORM 990-PF		OTHER	INCOME			STATEMENT 3	
DESCRIPTION			(A) REVENT PER BOO		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
FEE INCOME		_		2,500.	0.	2,500.	
TOTAL TO FORM 990-P	F, PART I, I	LINE 11 =		2,500.	0.	2,500.	
FORM 990-PF		LEGA	L FEES			STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES		18,342	•	9,725.	. 0	8,617.	
TO FM 990-PF, PG 1,	LN 16A	18,342	·	9,725.	0	8,617.	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	25,341.	10,382.	0.	14,959.	
TO FORM 990-PF, PG 1, LN 16B	25,341.	10,382.	0.	14,959.	
FORM 990-PF 0	THER PROFES	SIONAL FEES	S'	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MEDICAL ADVISORY PANEL FEES	12,500.	0.	0.	12,500.	
TO FORM 990-PF, PG 1, LN 16C	12,500.	0.	0.	12,500.	
FORM 990-PF	TAX	ES	Si	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAXES PAYROLL TAXES FOREIGN TAXES	20,000. 7,397. 3,539.	739.	0. 0. 0.	0. 6,658. 0.	
TO FORM 990-PF, PG 1, LN 18	30,936.	24,278.	0.	6,658.	
-					

FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES	126,477.	126,477.	0.	0.	
COMPUTER AND SOFTWARE	2,908.		0.	2,617.	
OFFICE SUPPLIES	1,639.	164.	0.	1,475.	
INSURANCE	13,287.	1,329.	0.	11,958.	
PROFESSIONAL DEVELOPMENT	1,845.	0.	0.	1,845.	
BANK CHARGES	521.	52.	0.	469.	
MISCELLANEOUS EXPENSES	592.	60.	0.	532.	
PAYROLL FEES	1,300.	130.	0.	1,170.	
TO FORM 990-PF, PG 1, LN 23	148,569.	128,503.	0.	20,066.	

FOOTNOTES

STATEMENT 9

THIS IS INITIAL FILING OF FORM 990-PF FOR THE ORGANIZATION. 2019 WAS THE SECOND CONSECUTIVE YEAR FAILING THE PUBLIC SUPPORT TEST AND THE ORGANIZATION DOES NOT ANTICIPATE BEING ABLE TO PASS THE TEST IN SUBSEQUENT YEARS, THEREFORE THE ORGANIZATION AS AUTOMATICALLY CONVERTED TO A PRIVATE FOUNDATION BEGINNING ON 1/1/2019 EFFECTIVE BY THIS TAX FORM FILING.

THE ORGANIZATION ASKS THAT THE IRS UPDATE ITS SYSTEM TO SHOW HEALTHCARE INITIATIVES, INC. IS A FILER OF FORM 990-PF.

WE HAVE TRIED ON 2 PRIOR OCCASIONS TO SUBMIT PAYMENT OF THE EXCISE TAX ON NET INVESTMENT INCOME REQUIRED OF A PRIVATE FOUNDATION ONLY TO BE NOT ALLOWED BY THE EFTPS SYSTEM DUE TO FORM 990-PF NOT BEING A TAX FORM ASSIGNED TO THE ORGANIZATION BY IRS. WE RESPECTFULLY REQUEST THIS BE UPDATED IN TIME TO PAY OUR 2019 EXCISE TAX LIABILITY BY THE DUE DATE OF JULY 15, 2020. IF WE CANNOT PAY VIA THE EFTPS SYSYEM BY THE DUE DATE, WE WILL SEND THE IRS PAYMENT VIA CHECK SO WE ARE FULLY PAID BY THE DUE DATE.

IN MID 2019 THE ORGANIZATION DID SUBMIT VIA EFTPS AN EXCISE TAX PAYMENT OF \$20,000. SUBSQUENTLY, WE RECEIVED A TAX NOTICE SAYING THAT THIS PAYMENT WAS CREDITED TO OUR PAYROLL TAX ACCOUNT INSTEAD OF EXCISE TAX. IN A PHONE CALL WITH THE IRS WE WERE INFORMED THAT THE PAYMENT WAS MOVED TO OUR EXCISE TAX. BASED ON THIS DISCUSSION, WE HAVE PREPARED ON THIS FORM 990-PF WITH A PAYMENT CREDIT OF \$20,000.

FORM 990-PF CORPORATE STOCK		STATEMENT 10
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
DIAMOND CAPITAL BEL AIR	3,190,616. 17,555,586.	3,215,599. 17,560,713.
TOTAL TO FORM 990-PF, PART II, LINE 10B	20,746,202.	20,776,312.

FORM 990-PF OTHER LIABILITIES		STATEMENT 11
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ASSET PLEDGED AS COLLATERAL	1,999,000.	1,999,000.
TOTAL TO FORM 990-PF, PART II, LINE 22	1,999,000.	1,999,000.

FORM 990-PF PART VIII - L. TRUSTEES A	IST OF OFFICERS, I ND FOUNDATION MANA	DIRECTORS AGERS	STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
KENNETH L SONNER 9465 COUNSELORS ROW, SUITE 200 INDIANAPOLIS, IN 46240	VICE CHAIRMAN/ 10.00	TREASURER 21,000.	0.	0.
TIMOTHY HARDEN 9465 COUNSELORS ROW, SUITE 200 INDIANAPOLIS, IN 46240	SECRETARY 2.00	18,000.	0.	0.
EDWARD R SCHMIDT 9465 COUNSELORS ROW, SUITE 200 INDIANAPOLIS, IN 46240	CHAIRMAN 4.00	24,000.	0.	0.
ROBERT FISHER 9465 COUNSELORS ROW, SUITE 200 INDIANAPOLIS, IN 46240	DIRECTOR 2.00	18,000.	0.	0.
PATRICIA ROE 9465 COUNSELORS ROW, SUITE 200 INDIANAPOLIS, IN 46240	DIRECTOR 2.00	18,000.	0.	0.
HALEY GILROY 9465 COUNSELORS ROW, SUITE 200 INDIANAPOLIS, IN 46240	PRESIDENT/EXEC	CUTIVE DIRECT 87,500.	COR 0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	186,500.	0.	0.