

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.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2019 or tax year beginning , and ending

Name of foundation HEALTHCARE INITIATIVES, INC.		A Employer identification number 35-1392974
Number and street (or P.O. box number if mail is not delivered to street address) 9465 COUNSELORS ROW	Room/suite 200	B Telephone number 317-805-4869
City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46240		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 20,804,685.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	206.	206.	206.	STATEMENT 1
	4 Dividends and interest from securities	471,381.	471,381.	471,381.	STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,595,801.			
	b Gross sales price for all assets on line 6a	18,364,013.			
	7 Capital gain net income (from Part IV, line 2)		2,595,801.		
	8 Net short-term capital gain			N/A	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	2,500.	0.	2,500.	STATEMENT 3	
12 Total. Add lines 1 through 11	3,069,888.	3,067,388.	474,087.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	186,500.	33,500.	0.	153,000.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 4	18,342.	9,725.	0.	8,617.
	b Accounting fees STMT 5	25,341.	10,382.	0.	14,959.
	c Other professional fees STMT 6	12,500.	0.	0.	12,500.
	17 Interest				
	18 Taxes STMT 7	30,936.	24,278.	0.	6,658.
	19 Depreciation and depletion				
	20 Occupancy	16,445.	1,645.	0.	14,800.
	21 Travel, conferences, and meetings	10,168.	1,030.	0.	9,138.
	22 Printing and publications				
	23 Other expenses STMT 8	148,569.	128,503.	0.	20,066.
	24 Total operating and administrative expenses. Add lines 13 through 23	448,801.	209,063.	0.	239,738.
	25 Contributions, gifts, grants paid	668,146.			668,146.
26 Total expenses and disbursements. Add lines 24 and 25	1,116,947.	209,063.	0.	907,884.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1,952,941.				
b Net investment income (if negative, enter -0-)		2,858,325.			
c Adjusted net income (if negative, enter -0-)			474,087.		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	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 ▶			
	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 loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	13,403.	2,516.	
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 10	18,657,259.	20,746,202.	20,776,312.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ OFFICE DEPOSIT)	2,052.	2,052.	0.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	18,907,739.	20,977,143.	20,804,685.	
Liabilities	17 Accounts payable and accrued expenses	24,196.	13,883.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ ASSET PLEDGED AS C)	1,999,000.	1,999,000.	
23 Total liabilities (add lines 17 through 22)	2,023,196.	2,012,883.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	16,884,543.	18,964,260.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	16,884,543.	18,964,260.		
30 Total liabilities and net assets/fund balances	18,907,739.	20,977,143.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	16,884,543.
2 Enter amount from Part I, line 27a	2	1,952,941.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	3	180,129.
4 Add lines 1, 2, and 3	4	19,017,613.
5 Decreases not included in line 2 (itemize) ▶ LOSS ON COLLATERAL PLEDGE AGREEMENT	5	53,353.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	18,964,260.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e	18,364,013.	15,768,212.	2,595,801.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			2,595,801.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	2,595,801.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	1,102,152.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018			
2017			
2016			
2015			
2014			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	57,167.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	57,167.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	57,167.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	20,000.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	20,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	1,169.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	38,336.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>IN</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
8 Is the foundation 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		186,500.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

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	
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.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	20,121,241.
b	Average of monthly cash balances	1b	132,780.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	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.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and 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	2a	57,167.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
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.

Part 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:			
a	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 qualifies for the section 4940(e) reduction of tax in those years.

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, 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				
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:				
a 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 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 be distributed in 2020				32,460.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 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. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information *(continued)*

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

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments (14, 206), 4 Dividends and interest from securities (14, 471,381), 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (14, 2,595,801), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e, including FEE INCOME with 14, 2,500), 12 Subtotal (0, 3,069,888), 13 Total (13, 3,069,888).

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. (with a downward arrow icon), Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1d regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains one entry with 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains one entry with 'N/A'.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Date Title

Paid Preparer Use Only Print/Type preparer's name ANITA W. SHERMAN, CPA Preparer's signature ANITA W. SHERMAN, Date 05/21/20 Check self-employed PTIN P01395184 Firm's name GREENWALT CPAS, INC Firm's EIN 35-1489521 Firm's address 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224 Phone no. 317-241-2999

HEALTHCARE INITIATIVES, INC.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a DIAMOND CAPITAL - LT NONCOVERED		02/12/09	02/15/19
b BEL AIR - 5565 ST		01/01/19	12/31/19
c BEL AIR - 4002 ST		01/01/19	12/31/19
d BEL AIR - 4002 LT		01/01/19	12/31/19
e BEL AIR - 4002 NONCOVERED		01/01/19	12/31/19
f BEL AIR - 3317 ST		01/01/19	12/31/19
g BEL AIR - 3962 ST		01/01/19	12/31/19
h BEL AIR - 3962 LT		01/01/19	12/31/19
i BEL AIR - 3962 NONCOVERED		01/01/19	12/31/19
j DIAMOND CAPITAL - ST		01/01/19	12/31/19
k DIAMOND CAPITAL - LT		01/01/19	12/31/19
l CAPITAL GAINS DIVIDENDS			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 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.	193,122.
f 1,125,027.		1,036,129.	88,898.
g 2,035,656.		1,966,686.	68,970.
h 8,742,568.		7,420,964.	1,321,604.
i 3,008,071.		2,375,483.	632,588.
j 164,544.		162,201.	2,343.
k 322,737.		317,206.	5,531.
l 89,064.			89,064.
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<8,042.>
b			** 52,227.
c			** 64,004.
d			85,492.
e			** 193,122.
f			** 88,898.
g			** 68,970.
h			1,321,604.
i			** 632,588.
j			** 2,343.
k			5,531.
l			89,064.
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	2,595,801.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	1,102,152.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INDY THUNDER BEEP BASEBALL 6527 N COLLEGE AVE, APT. #65 INDIANAPOLIS, IN 46220	N/A	PC	INDY THUNDER BEEP BASEBALL DONATION	2,500.
IU FOUNDATION 1110 W. MICHIGAN ST, LO 506 INDIANAPOLIS, IN 46202	N/A	PC	IU SCHOOL OF MEDICINE- GASTRIC CANCER RESEARCH IU SCHOOL OF MEDICINE - VONDEILEN CURTIS	20,000.
JDRF-INDIANA CHAPTER 10401 N MERIDIAN ST, SUITE 150 INDIANAPOLIS, IN 46290	N/A	PC	2019 JDRF HOPE GALA SPONSORSHIP	5,000.
JOSEPH MALEY FOUNDATION PO BOX 681010 INDIANAPOLIS, IN 46268	N/A	PC	GRANT & DONATION FOR GALA NO ONE FROM HCI ATTENDING GRANT JOSEPH MALEY FOUNDATION	46,000.
JOY'S HOUSE 2028 BROAD RIPPLE AVENUE INDIANAPOLIS, IN 46220	N/A	PC	GENERAL SUPPORT	10,000.
KIC - IT 592 IRONWOOD DRIVE FRANKLIN, IN 46131	N/A	PC	GENERAL SUPPORT	2,500.
KID'S VOICE OF INDIANA 127 E MICHIGAN ST, SUITE 500 INDIANAPOLIS, IN 46204	N/A	PC	GENERAL SUPPORT	7,500.
LIFESMART YOUTH 615 N ALABAMA STREET, SUITE 228 INDIANAPOLIS, IN 46204	N/A	PC	GENERAL SUPPORT	12,500.
LIONS CLUB OF INDIANAPOLIS 101 E MONROE STREET FRANKLIN, IN 46131	N/A	PC	GENERAL SUPPORT	7,500.
LITTLE RED DOOR CANCER AGENCY 1801 NORTH MERIDIAN ST INDIANAPOLIS, IN 46202	N/A	PC	LITTLE RED DOOR CANCER AGENCY DONATION	2,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS, IN 46222	N/A	PC	DONATION HCI ENDOWED SCHOLARSHIP	10,000.
REACH FOR YOUTH 3505 N WASHINGTON BLVD INDIANAPOLIS, IN 46205	N/A	PC	GRANT REACH FOR YOUTH	25,000.
REHABILITATION HOSPITAL 4141 SHORE DRIVE INDIANAPOLIS, IN 46254	N/A	PC	ADAPTIVE SPORTS/VETERANS	15,000.
REINS AND RAINBOWS 1132 E 250 S WABASH, IN 46992	N/A	PC	GENERAL SUPPORT	5,000.
RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN STREET, SUITE 200 INDIANAPOLIS, IN 46204	N/A	PC	RILEY CHILDREN'S FOUNDATION, CAMP ABOUT FACE DONATION GRANT - RILEY CHILDREN'S FOUNDATION	30,000.
SALVATION ARMY 6060 CASTLEWAY WEST DRIVE INDIANAPOLIS, IN 46250	N/A	PC	DISASTER RELIEF	12,500.
ST. VINCENT FOUNDATION 8402 HARCOURT ROAD, SUITE 210 INDIANAPOLIS, IN 46260	N/A	PC	ONCOLOGY GRANT - ST. VINCENT HOSPITAL FOUNDATION	52,500.
THE ARC OF INDIANA FOUNDATION 143 W MARKET ST, SUITE 200 INDIANAPOLIS, IN 46204	N/A	PC	ERSKINE GREEN TRAINING INSTITUTE	10,000.
THE TRUSTEES OF INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	N/A	PC	DONATION CANNE-III / DOG THERAPY RILEY ER	62,146.
VILLAGE OF MERICI 5707 LAWTON LOOP E. DR. OFC 22 INDIANAPOLIS, IN 46216	N/A	PC	GRANT VILLAGE OF MERICI	25,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VISION TRUST INTERNATIONAL 3710 SINTON ROAD #100 COLORADO SPRINGS, CO 80907	N/A	PC	VISION TRUST ACCOUNT GUA004 DONATION	2,500.
WOMEN IN MOTION 6215 TACOMA AVE INDIANAPOLIS, IN 46220	N/A	PC	WOMEN IN MOTION FOR SAFE HAVEN	2,500.
YOUTH SOCCER ASSOCIATION 19000 GRAND PARK BLVD, SUITE J WESTFIELD, IN 46074	N/A	PC	FOR "RACHAEL'S FIRST WEEK" ORGANIZATION	10,000.
Total from continuation sheets				

Part XV | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - COMMUNITY HEALTH NETWORK FOUNDATION

COMMUNITY HEALTH NETWORK FOUNDATION, HAVE HOPE - SUICIDE

PREVENT/AWARENESS DONATION

GRANT COMMUNITY HEALTH NETWORK FOUNDATION

NAME OF RECIPIENT - IU FOUNDATION

IU SCHOOL OF MEDICINE- GASTRIC CANCER RESEARCH

IU SCHOOL OF MEDICINE - VONDEILEN CURTIS FELLOWSHIP DONATION

IU FOUNDATION, IUSM - PANCREATIC CYST & CANCER EARLY DETECTION DONATION

Name **HEALTHCARE INITIATIVES, INC.** Employer identification number **35-1392974**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	57,167.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	57,167.
4	Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	57,167.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/19	06/15/19	09/15/19	12/15/19
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	14,292.	14,292.	14,291.	14,292.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	20,000.			
Complete lines 12 through 18 of one column before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12		5,708.		
13	Add lines 11 and 12	13		5,708.		
14	Add amounts on lines 16 and 17 of the preceding column	14			8,584.	22,875.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	20,000.	5,708.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	8,584.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		8,584.	14,291.	14,292.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	5,708.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2019 and before 7/1/2019	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2019 and before 10/1/2019	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2019 and before 1/1/2020	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2019 and before 4/1/2020	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2020 and before 7/1/2020	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2020 and before 10/1/2020	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2020 and before 1/1/2021	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2020 and before 3/16/2021	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			1,169.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) HEALTHCARE INITIATIVES, INC.				Identifying Number 35-1392974	
--	--	--	--	---	--

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/19	14,292.	14,292.			
05/15/19	<20,000.>	<5,708.>			
06/15/19	14,292.	8,584.	15	.000164384	21.
06/30/19	0.	8,584.	77	.000136986	91.
09/15/19	14,291.	22,875.	91	.000136986	285.
12/15/19	14,292.	37,167.	16	.000136986	81.
12/31/19	0.	37,167.	136	.000136612	691.

Penalty Due (Sum of Column F). 1,169.

* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NATIONAL BANK OF INDIANAPOLIS	206.	206.	206.
TOTAL TO PART I, LINE 3	206.	206.	206.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BELAIR	449,034.	88,795.	360,239.	360,239.	360,239.
DIAMOND CAPITAL	96,887.	269.	96,618.	96,618.	96,618.
WOODLEY	14,524.	0.	14,524.	14,524.	14,524.
TO PART I, LINE 4	560,445.	89,064.	471,381.	471,381.	471,381.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FEE INCOME	2,500.	0.	2,500.
TOTAL TO FORM 990-PF, PART I, LINE 11	2,500.	0.	2,500.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(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

ACCOUNTING 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

OTHER PROFESSIONAL FEES

STATEMENT 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

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	20,000.	20,000.	0.	0.
PAYROLL TAXES	7,397.	739.	0.	6,658.
FOREIGN TAXES	3,539.	3,539.	0.	0.
TO FORM 990-PF, PG 1, LN 18	30,936.	24,278.	0.	6,658.

FORM 990-PF

OTHER EXPENSES

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.	291.	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 SYSTEM 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. SUBSEQUENTLY, 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	3,190,616.	3,215,599.
BEL AIR	17,555,586.	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 - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH L SONNER 9465 COUNSELORS ROW, SUITE 200 INDIANAPOLIS, IN 46240	VICE CHAIRMAN/TREASURER 10.00	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/EXECUTIVE DIRECTOR 30.00	87,500.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		186,500.	0.	0.