

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

**Return of Private Foundation
 or Section 4947(a)(1) Trust Treated as Private Foundation**

OMB No 1545-0052

2017

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation THE BRAVE HEART FOUNDATION INC		A Employer identification number 27-0720856
Number and street (or P O box number if mail is not delivered to street address) 8425 WOODFIELD CROSSING BLVD NO 570	Room/suite	B Telephone number (see instructions) (317) 366-4631
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"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <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) ▶ \$ 4,842,952	J Accounting method: <input checked="" type="checkbox"/> Cash <input 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 <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(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 (attach schedule)	296,798			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	58,903	58,903		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	152,051			
	b Gross sales price for all assets on line 6a	1,049,533			
	7 Capital gain net income (from Part IV, line 2)		152,051		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	484	484			
12 Total. Add lines 1 through 11	508,236	211,438			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,760	0		3,760
	c Other professional fees (attach schedule)	17,544	17,544		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	983	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	8,539	0		0
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,498	0		3,853
	24 Total operating and administrative expenses. Add lines 13 through 23	35,324	17,544		7,613
25 Contributions, gifts, grants paid	410,340			410,340	
26 Total expenses and disbursements. Add lines 24 and 25	445,664	17,544		417,953	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	62,572				
b Net investment income (if negative, enter -0-)		193,894			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		2,950	2,950
	2 Savings and temporary cash investments	132,399	128,947	128,947
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	3,463,301	3,466,129	4,711,055
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,595,700	3,598,026	4,842,952	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	3,595,700	3,598,026	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	3,595,700	3,598,026		
31 Total liabilities and net assets/fund balances (see instructions) .	3,595,700	3,598,026		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	3,595,700
2 Enter amount from Part I, line 27a	2	62,572
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	3,658,272
5 Decreases not included in line 2 (itemize) ▶ _____	5	60,246
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,598,026

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)
1 a PUBLICLY TRADED SECURITIES	P		
b CAPITAL GAINS DIVIDENDS	P		
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 991,772		897,482	94,290
b 57,761			57,761
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
a			94,290
b			57,761
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	152,051
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) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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 does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see 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))
2016	401,067	4,017,686	0.099825
2015	392,286	4,066,598	0.096465
2014	255,000	3,973,849	0.064170
2013	273,106	3,411,149	0.080063
2012	252,942	2,865,835	0.088261

2 Total of line 1, column (d)	2	0.428784
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.085757
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	4,429,317
5 Multiply line 4 by line 3	5	379,845
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,939
7 Add lines 5 and 6	7	381,784
8 Enter qualifying distributions from Part XII, line 4	8	417,953

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)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 1,969.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

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).
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW THEBRAVEHEARTFOUNDATION COM
14 The books are in care of LARA CHANDLER BELSLEY Telephone no (317) 918-8000

Located at 2113 E 62ND STREET 107 INDIANAPOLIS IN ZIP+4 46220

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15

16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country

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.

1a 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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) 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?
(5) Transfer any income or assets to a disqualified person (or make any of either available 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).
b If 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)?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years 20, 20, 20, 20
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after 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 of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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

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)? Organizations relying on a current notice regarding disaster assistance check here. ▶		<input type="checkbox"/>	5b
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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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? <i>If "Yes" to 6b, file Form 8870</i>			6b
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?			7b

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) 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 Additional Data Table				

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) 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**

3 Five highest-paid independent contractors for professional services (see instructions). 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

1	Expenses

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1	Amount
All other program-related investments See instructions	

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	4,364,082
b	Average of monthly cash balances.	1b	132,687
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,496,769
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	4,496,769
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	67,452
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,429,317
6	Minimum investment return. Enter 5% of line 5.	6	221,466

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	221,466
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	1,939
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,939
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	219,527
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	219,527
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	219,527

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	417,953
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	417,953
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 (see instructions).	5	1,939
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	416,014

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				219,527
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	111,266			
b From 2013.	107,097			
c From 2014.	60,165			
d From 2015.	196,239			
e From 2016.	202,149			
f Total of lines 3a through e.	676,916			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>417,953</u>				
a Applied to 2016, 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 2017 distributable amount.				219,527
e Remaining amount distributed out of corpus	198,426			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	875,342			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
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 2012 not applied on line 5 or line 7 (see instructions).	111,266			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	764,076			
10 Analysis of line 9				
a Excess from 2013.	107,097			
b Excess from 2014.	60,165			
c Excess from 2015.	196,239			
d Excess from 2016.	202,149			
e Excess from 2017.	198,426			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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 organization 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))

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

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 (see instructions) 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	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	410,340
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

Table with 3 columns: Question, Yes, No. Contains questions 1, a, b, c, and d regarding transfers, transactions, and sharing arrangements 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.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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: 2018-09-07 Title: *****

May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [] No

Table for Paid Preparer Use Only with 5 columns: Print/Type preparer's name (DAVID A MCDANIEL CPA), Preparer's Signature, Date (2018-08-21), Check if self-employed, PTIN (P00271314). Includes firm information: SIKICH LLP, 8555 N RIVER RD 300, INDIANAPOLIS, IN 46240. Firm's EIN: 36-3168081. Phone no: (317) 842-4466.

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WILLIAM GRIFFITH 3922 EAST 79TH STREET INDIANAPOLIS, IN 46240	CHAIRMAN 5 00	0	0	0
GERRY GRIFFITH 3922 EAST 79TH STREET INDIANAPOLIS, IN 46240	TREASURER 5 00	0	0	0
JAMES MULHOLLAND 1248 WRIGHT STREET INDIANAPOLIS, IN 46203	SECRETARY 1 00	0	0	0
KIM WALTON 8245 OLD FARM ROAD INDIANAPOLIS, IN 46256	MEMBER 1 00	0	0	0
DAVID MCDANIEL 8555 N RIVER ROAD SUITE 300 INDIANAPOLIS, IN 46240	MEMBER 1 00	0	0	0


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
100 BLACK MEN OF INDIANAPOLIS 3901 N MERIDIAN ST 10 INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
ALLISONVILLE YOUTH BASEBALLSOFTBALL 3575 E 79TH ST INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
ALL-OPTIONS PREGNANCY RESOURCE CENTER 1014 S WALNUT STREET BLOOMINGTON, IN 47401	NONE	PUBLIC	COMMUNITY ASSISTANCE	4,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
ARTS FOR LEARNING 3921 N MERIDIAN ST INDIANPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
ASCENT 121PO BOX 1143 CARMEL, IN 46082	NONE	PUBLIC	COMMUNITY ASSISTANCE	6,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ATTITUDINAL HEALING CONNECTION 3278 WEST ST OAKLAND, CA 94608	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
AUTISM SOCIETY OF INDIANA 3951 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
BREAST CANCER NAVAGATOR PROGRAM 2600 NETWORK BLVD FRISCO, TX 75034	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
Total 				410,340
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
BREBEUF JESUIT PREPARATORY SCHOOL 2801 W 86TH ST INDIANAPOLIS, IN 46268	NONE	PUBLIC	EDUCATION	5,000
BRICKS ALLIANCE INC 5710 BROADWAY TERRACE INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
BROOKE'S PLACE 50 EAST 91ST STREET 103 INDIANAPOLIS, IN 46268	NONE	PUBLIC	IMPROVE EDUCATIONAL PROGRAMS	10,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP ERIN 2426 32ND AVE W SUITE 200 SEATTLE, WA 98199	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
CAMP HEALING TREE 50 EAST 91ST STREET INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	8,000
CENTER FOR VICTIM AND HUMAN RIGHTS 9245 N MERIDIAN ST 235 INDIANAPOLIS, IN 46260	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,500
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CHAUCIE'S PLACE 4607 E 106 STREET CARMEL, IN 46033	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	7,500
CHILDREN'S MUSEUM OF INDIANAPOLIS INC 3000 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
CHRISTAMORE HOUSE 502 NORTH TREMONT STREET INDIANAPOLIS, IN 46222	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
CLAUDE MCNEAL PRODUCTIONS 320 N MERIDIAN ST 818 INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
COBURN PLACE604 EAST 38TH STREET INDIANAPOLIS, IN 46205	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	7,500
COCODA5055 W 15TH STREET INDIANAPOLIS, IN 46224	NONE	PUBLIC	COMMUNITY ASSISTANCE	10,000
Total ▶				410,340
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY HOSPITAL FOUNDATION 1500 N RITTER AVE INDIANAPOLIS, IN 46219	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
DAYSRING CENTERPO BOX 44105 INDIANAPOLIS, IN 46244	NONE	PUBLIC	COMMUNITY ASSISTANCE	8,000
DEBRA OF AMERICA 75 BROAD STREET STE 300 NEW YORK, NY 10004	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
DECATUR COUNTY YMCA 1301 W KATHYS WAY GREENSBURG, IN 47240	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,500
DESERT ROSE FOUNDATION PO BOX 1754 MARTINSVILLE, IN 46151	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
DOVE RECOVERY HOUSE FOR WOMEN 14 N HIGHLAND AVENUE INDIANPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
EARLY LEARNING INDIANA 1776 N MERIDIAN ST INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
EPILEPSY FOUNDATION 1100 W 42ND ST 140 INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
EXODUS REFUGEE IMMIGRATION 1125 E BROOKSIDE AVE C9 INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
FORTUNE ACADEMY 5626 LAWTON LOOP E DRIVE INDIANAPOLIS, IN 46216	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
FREEWHEELIN COMMUNITY BIKES 3355 CENTRAL AVE INDIANAPOLIS, IN 46205	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
FRIENDS OF WHITE RIVER PO BOX 90171 INDIANAPOLIS, IN 46290	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
GIVE HOPE FIGHT POVERTY INC 2436 N ALABAMA STREET INDIANAPOLIS, IN 46205	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
GLEANERS FOOD BANK 1102 EAST 16TH STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
GOOD SAMARITAN NETWORK 12933 PARKSIDE DRIVE FISHERS, IN 46038	NONE	PUBLIC	ASSIST IN COMMUNITY	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENSBURG COMMUNITY BREAD OF LIFE 700 RANDALL ST GREENSBURG, IN 47240	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,500
HAMILTON COUNTY SHERIFF'S CHAPLIANCY 18100 CUMBERLAND RD NOBLESVILLE, IN 46060	NONE	PUBLIC	SUPPORT RELIGIOUS PROGRAMS	4,000
HANCOCK COUNTY CHILDREN'S CHOIR 2271 S MOELLER CIRCLE NEW PALESTINE, IN 46163	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,500
Total ▶				410,340
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
HAPPY HOLLOW CHILD CAMP 615 N ALABAMA STREET INDIANAPOLIS, IN 46204	NONE	PUBLIC	IMPROVE EDUCATIONAL PROGRAMS	5,000
HEALING HEART YOUTH BEREAVEMENT PROG 7240 SHADELAND STATION STE 125 INDIANAPOLIS, IN 46256	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
HERRON HIGH SCHOOL 110 E 16TH STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	EDUCATION	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
HOLE IN THE WALL GANG CAMP 565 ASHFORD CENTER RD ASHFORD, CT 06278	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
HOOSIERS FEEDING THE HUNGRY 4490A IN-327 CARUNNA, IN 46730	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
HOPE ACADEMY8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
HOPE COUNSELING CENTER 8320 E 10TH STREET INDIANAPOLIS, IN 46219	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
HORIZON HOUSE INC 1033 E WASHINGTON STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	30,000
HUMANE SOCIETY OF HAMILTON COUNTY 1721 PLEASANT STREET NOBLESVILLE, IN 46060	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMANE SOCIETY OF INDIANAPOLIS 7929 N MICHIGAN ROAD INDIANAPOLIS, IN 46268	NONE	PUBLIC	ASSIST IN COMMUNITY	3,000
IMMIGRANT WELCOME CENTER 901 SHELBY ST B300 INDIANAPOLIS, IN 46203	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
INDIANA BLACK EXPO 3145 N MERIDIAN ST 100 INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
INDIANA BLIND CHILDREN'S FOUNDATION 7725 N COLLEGE AVENUE INDIANAPOLIS, IN 46240	NONE	PUBLIC	CHILD ASSISTANCE	5,000
INDIANA COALITION AGAINST DOMESTIC VIOLENCE 1915 W 18TH ST B INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
INDIANA COALITION TO END SEXUAL ASSAULT 9245 N MERIDIAN ST 227 INDIANAPOLIS, IN 46260	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total 3a 				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
INDIANA MASONIC HOME INC 690 STATE ST FRANKLIN, IN 46131	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
INDIANAPOLIS ART CENTER 820 E 67TH STREET INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
INDIANAPOLIS PARK FOUNDATION INC 615 N ALABAMA ST 119 INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,500
Total 				410,340
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
INDIANAPOLIS ZOO SOC 1200 WEST WASHINGTON ST INDIANAPOLIS, IN 46222	NONE	PUBLIC	CONSERVATION OF ENVIRONMENT	7,000
IVY TECH STATE COLLEGE 50 W FALL CREEK PARKWAY INDIANAPOLIS, IN 46208	NONE	PUBLIC	EDUCATIONAL ASSISTANCE	5,000
JACK GRIFFIN CHRISTMAS FUND 8425 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total 3a			▶	410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
JACKSON CENTER FOR CONDUCTIVE EDUCATION 802 SAMUEL MOORE PARKWAY MOORESVILLE, IN 46158	NONE	PUBLIC	EDUCATION	2,500
JAMESON CAMP INCPO BOX 31156 INDIANAPOLIS, IN 46231	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	10,000
JANUS DEVELOPMENTAL SERVICES 1555 WESTFIELD RD NOBLESVILLE, IN 46062	NONE	PUBLIC	COMMUNITY ASSISTANCE	4,800
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
JOE & WILL LAWRENCE LEGACY ART FUND 8425 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
JOSEPH MALEY FOUNDATION PO BOX 681010 INDIANAPOLIS, IN 46268	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,500
JOUBERT SYNDROME & RELATED DISORDERS 1415 WEST AVENUE CINCINNATI, OH 45215	NONE	PUBLIC	MEDICAL RESEARCH	2,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
JOY'S HOUSE 2028 E BROAD RIPPLE AVE INDIANAPOLIS, IN 46220	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	2,500
JULIAN CENTER 2011 N MERIDIAN STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	6,000
KIDS DANCE OUTREACH INC 465 N MERIDIAN ST 44801 INDIANAPOLIS, IN 46244	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS VOICE9150 HARRISON PARK CT C INDIANAPOLIS, IN 46216	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
LA PLAZA INC8902 E 38TH STREET INDIANAPOLIS, IN 46226	NONE	PUBLIC	OFFER COMMUNITIY ASSISTANCE	10,000
LITTLE RED DOOR 1801 N MERIDIAN STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	SUPPORT MEDICAL FIELD	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
MUSCULAR DYSTROPHY ASSOCIATION 9100 PURDUE ROAD INDIANAPOLIS, IN 46268	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE 510 KING ST 424 ALEXANDRIA, VA 22314	NONE	PUBLIC	COMMUNITY ASSISTANCE	6,000
NOBLE7701 E 21ST ST INDIANAPOLIS, IN 46219	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,500
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
OUR LIL' BIT OF HEAVEN 4259 MANGUS RD POLAND, IN 47868	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
OVERDOSE LIFELINE 7331 LAKESIDE DRIVE INDIANAPOLIS, IN 46278	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
PAWS AND THINK 320 N MERIDIAN ST 825 INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PLANNED PARENTHOOD 200 S MERIDIAN ST 400 INDIANAPOLIS, IN 46225	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
PREVAIL INC1100 S 9TH STREET 100 NOBLESVILLE, IN 46060	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
PROVIDENCE CRISTO REY HIGH SCHOOL 75 N BELLEVIEW PL INDIANAPOLIS, IN 46222	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
REACH FOR YOUTH INC 3505 WASHINGTON BLVD INDIANAPOLIS, IN 46205	NONE	PUBLIC	COMMUNITY ASSISTANCE	4,020
REDEMPTION OUTREACH SERVICES 120 E MARKET ST INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN STREET STE 200 INDIANAPOLIS, IN 46204	NONE	PUBLIC	MEDICAL RESEARCH	5,000
Total ▶ 3a				410,340


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
RONALD MCDONALD HOUSE OF INDIANA 435 LIMESTONE STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	FAMILY ASSISTANCE	1,000
SALVATION ARMY 3100 NORTH MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	4,000
SCHOOL ON WHEELS CORP 2605 E 62ND STREET STE 2005 INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SECOND HELPINGS INC 1121 SOUTHEASTERN INDIANAPOLIS, IN 46202	NONE	PUBLIC	ASSIST IN COMMUNITY	5,000
SHALOM COMMUNITY CENTER 620 S WALNUT ST BLOOMINGTON, IN 47401	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
SHERIDAN POLICE DEPARTMENT 506 S MAIN ST SHERIDAN, IN 46069	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHEAST COMMUNITY SERVICES 901 SHELBY STREET INDIANAPOLIS, IN 46203	NONE	PUBLIC	ASSIST IN COMMUNITY	2,500
ST JOSEPH INSTITUTE FOR THE DEAF 9192 WALDEMAR RD INDIANAPOLIS, IN 46268	NONE	PUBLIC	COMMUNITY ASSISTANCE	4,020
ST JUDE RESEARCH HOSPITAL 755 W CARMEL DRIVE STE 201 CARMEL, IN 46032	NONE	PUBLIC	MEDICAL RESEARCH	500
Total 				410,340
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARY'S CHILD CENTER 901 DR MLK JR STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
STARFISH INITIATIVE 6958 HILLSDALE COURT INDIANAPOLIS, IN 46250	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
STATE POLICE ALLIANCE 1415 SHELBY ST INDIANAPOLIS, IN 46203	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
Total 3a			▶	410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
TEACHERS TREASURES 1800 E 10TH STREET INDIANAPOLIS, IN 46201	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
TEENWORKS 2820 N MERIDIAN ST STE 103 INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
THE MILK BANK 5060 E 62ND ST 128 INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
TINDLEY ACCELERATED SCHOOLS 3960 MEADOWS DRIVE INDIANAPOLIS, IN 46205	NONE	PUBLIC	EDUCATION	2,500
TROOPER BARTUM MEMORIAL FUND PO BOX 24123 SPEEDWAY, IN 46224	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
UNITED CHRISTMAS SERVICE 3901 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
Total ▶ 3a				410,340

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<i>a Paid during the year</i>				
UNITED METHODIST COMMITTEE ON RELIEF 475 RIVERSIDE DRIVE NEW YORK, NY 10015	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				410,340

TY 2017 Accounting Fees Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,760	0		3,760

TY 2017 Investments Corporate Stock Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	3,466,129	4,711,055

TY 2017 Other Decreases Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856

Description	Amount
BASIS ADJUSTMENT	60,246

TY 2017 Other Expenses Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATION FEES	2,358	0		2,358
DUES & MEMBERSHIPS	1,495	0		1,495
INSURANCE	645	0		0

TY 2017 Other Income Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RETURN OF CAPITAL	484	484	484

TY 2017 Other Professional Fees Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	17,544	17,544		0

TY 2017 Taxes Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX	983	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

OMB No 1545-0047
2017

Name of the organization
THE BRAVE HEART FOUNDATION INC

Employer identification number
27-0720856

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization THE BRAVE HEART FOUNDATION INC	Employer identification number 27-0720856
---------------------------------------------------------------	-----------------------------------------------------

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM AND GERRY GRIFFITH 3922 EAST 79TH STREET INDIANAPOLIS, IN 46240	\$ 296,798	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE BRAVE HEART FOUNDATION INC	Employer identification number 27-0720856
---------------------------------------------------------------	-----------------------------------------------------

Part II	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed
----------------	----------------------------------------------------------------------------------------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1308 SHARES OF ANTHEM INC COM STOCK	\$ 296,798	2017-12-21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization THE BRAVE HEART FOUNDATION INC	Employer identification number 27-0720856
---------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____