

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

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.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

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) 10056 BOYSENBERRY DRIVE	Room/suite	B Telephone number (see instructions) (317) 366-4631
City or town, state or province, country, and ZIP or foreign postal code FISHERS, IN 46038		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) ▶ \$ <u>4,368,538</u>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	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)	301,871			
	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	59,168	59,168		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	308,269			
	b Gross sales price for all assets on line 6a	1,350,575			
	7 Capital gain net income (from Part IV, line 2)		308,269		
	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)					
12 Total. Add lines 1 through 11	669,308	367,437			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	7,500	0		7,500
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,884	0		2,884
	c Other professional fees (attach schedule)	20,124	20,124		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,543	0		574
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	8,628	0		0
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,223	0		2,528
	24 Total operating and administrative expenses. Add lines 13 through 23	44,902	20,124		13,486
	25 Contributions, gifts, grants paid	525,430			525,430
26 Total expenses and disbursements. Add lines 24 and 25	570,332	20,124		538,916	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	98,976				
b Net investment income (if negative, enter -0-)		347,313			
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	6,334	6,334
	2 Savings and temporary cash investments	128,947	113,023	113,023
	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)	3,466,129	3,577,645	4,249,181
	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)	3,598,026	3,697,002	4,368,538	
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	3,598,026	3,697,002	
	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)	3,598,026	3,697,002		
31 Total liabilities and net assets/fund balances (see instructions) .	3,598,026	3,697,002		

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	3,598,026
2 Enter amount from Part I, line 27a	2	98,976
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	3,697,002
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	3,697,002

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 1,270,897		1,042,306	228,591
b 79,678			79,678
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			228,591
b			79,678
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	308,269
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))
2017	416,014	4,429,317	0.093923
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

2 Total of line 1, column (d)	2	0.434446
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	0.086889
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	4,533,854
5 Multiply line 4 by line 3	5	393,942
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,473
7 Add lines 5 and 6	7	397,415
8 Enter qualifying distributions from Part XII, line 4	8	538,916

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 calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 3,552.

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 10056 BOYSENBERRY DR FISHERS IN ZIP+4 46038

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 2018, 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 the instructions for exceptions and filing requirements for FinCEN Form 114 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. Organizations relying on a current notice regarding disaster assistance check here.
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 2018?
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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 2018 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 2018).
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 2018?

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			Yes	No
(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.		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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
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 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, foundation managers and their compensation. See instructions

(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 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	(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 (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.	Expenses
1	
2	
3	
4	

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	Amount
1	
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	4,480,118
b	Average of monthly cash balances.	1b	122,779
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,602,897
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	4,602,897
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	69,043
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,533,854
6	Minimum investment return. Enter 5% of line 5.	6	226,693

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	226,693
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	3,473
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,473
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	223,220
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	223,220
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	223,220

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	538,916
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	538,916
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	3,473
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	535,443

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				223,220
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	107,097			
b From 2014.	60,165			
c From 2015.	196,239			
d From 2016.	202,149			
e From 2017.	198,426			
f Total of lines 3a through e.	764,076			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____ 538,916				
a Applied to 2017, 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 2018 distributable amount.				223,220
e Remaining amount distributed out of corpus	315,696			
5 Excess distributions carryover applied to 2018 (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	1,079,772			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions).	107,097			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	972,675			
10 Analysis of line 9				
a Excess from 2014.	60,165			
b Excess from 2015.	196,239			
c Excess from 2016.	202,149			
d Excess from 2017.	198,426			
e Excess from 2018.	315,696			

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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))

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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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
b <i>Approved for future payment</i>				
Total				▶ 3b

Part XVI-A Analysis of Income-Producing Activities

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include various income types like program service revenue, membership dues, dividends, rental income, etc. Totals are shown at the bottom.

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

Table with 2 columns: Line No., 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. Contains lines 4 and 8 with the text 'HELPS PROVIDE FOR LONGEVITY OF FOUNDATION'.

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash.		No
(2) Other assets.		No
b Other transactions:		
(1) Sales of assets to a noncharitable exempt organization.		No
(2) Purchases of assets from a noncharitable exempt organization.		No
(3) Rental of facilities, equipment, or other assets.		No
(4) Reimbursement arrangements.		No
(5) Loans or loan guarantees.		No
(6) Performance of services or membership or fundraising solicitations.		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(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) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(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.

Sign Here ***** 2019-05-10 *****

Signature of officer or trustee Date Title

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

Paid Preparer Use Only	Print/Type preparer's name DAVID A MCDANIEL CPA	Preparer's Signature	Date 2019-05-09	Check if self-employed <input type="checkbox"/>	PTIN P00271314
	Firm's name ▶ SIKICH LLP				Firm's EIN ▶ 36-3168081
	Firm's address ▶ 8555 N RIVER RD 300 INDIANAPOLIS, IN 46240				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
ARTMIX1505 N DELAWARE ST INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
ARTS FOR LEARNING 3921 N MERIDIAN ST INDIANPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total				525,430

▶ **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>				
ASCENT 121PO BOX 1143 CARMEL, IN 46082	NONE	PUBLIC	COMMUNITY ASSISTANCE	6,000
ASSISTANCE LEAGUE OF INDIANAPOLIS 1475 E 86TH ST STE E INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
ATTITUDINAL HEALING CONNECTION 3278 WEST ST OAKLAND, CA 94608	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
Total				525,430

▶ **3a**

Form 990PF Part XV Line 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 <i>Paid during the year</i>				
AUTISM SOCIETY OF INDIANA 3951 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
BACK ON MY FEET 100 SOUTH BROAD ST SUITE 2136 PHILADELPHIA, PA 19110	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
BELLFOUND FARM PO BOX 1426 C/O CICF GREENWOOD, IN 46142	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				525,430

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>				
BREAST CANCER NAVAGATOR PROGRAM 2600 NETWORK BLVD FRISCO, TX 75034	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
BRICKS ALLIANCE INC 5710 BROADWAY TERRACE INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	19,900
BROOKE'S PLACE 50 EAST 91ST STREET 103 INDIANAPOLIS, IN 46268	NONE	PUBLIC	IMPROVE EDUCATIONAL PROGRAMS	15,000
Total ▶ 3a				525,430

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	3,000
CANCER SUPPORT CENTER 5150 WEST 71ST STREET INDIANAPOLIS, IN 46268	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				525,430

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
CHILD ADVOCATES 8200 HAVERSTICK RD STE 240 INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
CHILDREN'S BUREAU INC 1575 DR MLK JR STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total				525,430

▶ **3a**

Form 990PF Part XV Line 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 <i>Paid during the year</i>				
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
COBURN PLACE604 EAST 38TH STREET INDIANAPOLIS, IN 46205	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	7,500
Total				525,430



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>				
COCODA5055 W 15TH STREET INDIANAPOLIS, IN 46224	NONE	PUBLIC	COMMUNITY ASSISTANCE	10,000
COMMUNITY HEALTH NETWORK FOUNDATION 7910 E WASHINGTON ST INDIANAPOLIS, IN 46219	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
DAYSRING CENTERPO BOX 44105 INDIANAPOLIS, IN 46244	NONE	PUBLIC	COMMUNITY ASSISTANCE	8,000
Total ▶ 3a				525,430

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>				
DEBORAHS DAUGHTER TRANSITIONAL HOUSE OUTREACH SERVICE 5435 EMERSON WAY STE 210 INDIANAPOLIS, IN 46226	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
DEBRA OF AMERICA 75 BROAD STREET STE 300 NEW YORK, NY 10004	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
DECATUR COUNTY YMCA 1301 W KATHYS WAY GREENSBURG, IN 47240	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,500
Total ▶ 3a				525,430

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>				
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 INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
DRESS FOR SUCCESS INDIANAPOLIS INC 820 N MERIDIAN STREEET INDIANAPOLIS, IN 46204	NONE	PUBLIC	ASSIST IN COMMUNITY	4,760
Total ▶ 3a				525,430

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>				
DYSLEXIA INSTITUTE OF INDIANA 8395 KEYSTONE CROSSING INDIANAPOLIS, IN 46240	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
EMALYNS ANGLES CORPORATION PO BOX 5632 EVANSVILLE, IN 47725	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,500
EPILEPSY FOUNDATION 1100 W 42ND ST 140 INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				525,430

Form 990PF Part XV Line 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 <i>Paid during the year</i>				
EVERGLADES COMMUNITY CHURCH 20871 JOHNSON ST101 PEMBROKE, FL 33029	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
EXODUS REFUGEE IMMIGRATION 1125 E BROOKSIDE AVE C9 INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	30,000
FAMILY VOICES INDIANA 12175 VISIONARY WAY STE 1360 FISHERS, IN 46038	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,300
Total ▶ 3a				525,430

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>				
FLETCHER PLACE COMMUNITY CENTER 1637 PROSPECT ST INDIANAPOLIS, IN 46203	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
FLIGHT 1PO BOX 33515 INDIANAPOLIS, IN 46203	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
FORTUNE ACADEMY 5626 LAWTON LOOP E DRIVE INDIANAPOLIS, IN 46216	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
Total				525,430

▶ 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>				
FREEWHEELIN COMMUNITY BIKES 3355 CENTRAL AVE INDIANAPOLIS, IN 46205	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
FRIENDS DAY SERVICE 111 DAHILIA CT PONTE VEDRA, FL 32082	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
FRIENDS OF WHITE RIVER PO BOX 90171 INDIANAPOLIS, IN 46290	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
Total				525,430



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>				
GIRLS INCORPORATED OF INDIANAPOLIS 3935 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
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
Total ▶ 3a				525,430

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>				
GOOD SAMARITAN NETWORK 12933 PARKSIDE DRIVE FISHERS, IN 46038	NONE	PUBLIC	ASSIST IN COMMUNITY	5,000
GREEN CROSS ACADEMY OF TRAUMATOLOGY 2001 JEFFERSON DAVIS HIGHWAY STE 102 ARLINGTON, VA 22202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
HAMILTON COUNTY SHERIFF'S CHAPLIANCY 18100 CUMBERLAND RD NOBLESVILLE, IN 46060	NONE	PUBLIC	SUPPORT RELIGIOUS PROGRAMS	7,000
Total ▶ 3a				525,430

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>				
HANCOCK COUNTY CHILDREN'S CHOIR 2271 S MOELLER CIRCLE NEW PALESTINE, IN 46163	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,500
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	2,500
Total ▶ 3a				525,430

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 ACADEMY 8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
HOPE COUNSELING CENTER 8320 E 10TH STREET INDIANAPOLIS, IN 46219	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
HOPE FAMILY CARE CENTER 270 W JACKSON ST CICERO, IN 46034	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,400
Total				525,430

▶ 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>				
HOPE HEALTHCARE SERVICE 107 PARK PLACE BLVD AVON, IN 46123	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,200
HORIZON HOUSE INC 1033 E WASHINGTON STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
HUMANE SOCIETY OF HAMILTON COUNTY 1721 PLEASANT STREET NOBLESVILLE, IN 46060	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				525,430

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
INDIANA BALLET CONSERVATORY 849 W CARMEL DR CARMEL, IN 46032	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
INDIANA BLIND CHILDREN'S FOUNDATION 7725 N COLLEGE AVENUE INDIANAPOLIS, IN 46240	NONE	PUBLIC	CHILD ASSISTANCE	5,000
Total ▶ 3a				525,430

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 COALITION AGAINST DOMESTIC VIOLENCE 1915 W 18TH ST B INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
INDIANA COALITION TO END SEXUAL ASSAULT 9245 N MERIDIAN ST 227 INDIANAPOLIS, IN 46260	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
INDIANA CRISIS ASSISTANCE RESPONSE PO BOX 44168 INDIANAPOLIS, IN 46244	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				525,430

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
INDIANA DISASTER RECOVERY FUND AT THE UNITED METHODIST CHURCHES OF INDIANA 3808 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
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
Total ▶ 3a				525,430

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 NEIGHBORHOOD HOUSING PARTNERSHIP 3550 WASHINGTON BLVD INDIANAPOLIS, IN 46205	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
INDIANAPOLIS PARK FOUNDATION INC 615 N ALABAMA ST 119 INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
INDIANAPOLIS PHILANTHROPY ALLIANCE 32 E WASHINGTON ST STE 1100 INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	550
Total ▶ 3a				525,430

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	8,000
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				525,430

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
JOE & WILL LAWRENCE LEGACY ART FUND 8425 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
Total ▶ 3a				525,430

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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>				
JOHN P CRAINE HOUSE INC 6130 N MICHIGAN ROAD INDIANAPOLIS, IN 46228	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
JOUBERT SYNDROME & RELATED DISORDERS 1415 WEST AVENUE CINCINNATI, OH 45215	NONE	PUBLIC	MEDICAL RESEARCH	2,000
JULIAN CENTER 2011 N MERIDIAN STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	2,500
Total ▶ 3a				525,430

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
KEEP INDIANAPOLIS BEAUTIFUL 1029 FLETCHER AVENUE 100 INDIANAPOLIS, IN 46203	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
LAKE MAXINKUCKEE ENVIRONMENTAL FUND INC PO BOX 187 116 N MAIN ST CULVER, IN 46511	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
LITTLE RED DOOR 1801 N MERIDIAN STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	SUPPORT MEDICAL FIELD	5,000
Total ▶ 3a				525,430

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>				
MARION COUNTY COMMISON ON YOUTH 1375 W 16TH STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	4,400
NAMI INDIANA INC 2601 COLD SPRINGS ROAD INDIANAPOLIS, IN 46222	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE 510 KING ST 424 ALEXANDRIA, VA 22314	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				525,430

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
NOBLE7701 E 21ST ST INDIANAPOLIS, IN 46219	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
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
Total				525,430

▶ **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>				
PAWS AND THINK 320 N MERIDIAN ST 825 INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
PLANNED PARENTHOOD 200 S MERIDIAN ST 400 INDIANAPOLIS, IN 46225	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
PREVAIL INC1100 S 9TH STREET 100 NOBLESVILLE, IN 46060	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,500
Total ▶ 3a				525,430

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
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN STREET STE 200 INDIANAPOLIS, IN 46204	NONE	PUBLIC	MEDICAL RESEARCH	5,000
RONALD MCDONALD HOUSE OF INDIANA 435 LIMESTONE STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	FAMILY ASSISTANCE	1,000
Total ▶ 3a				525,430

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>				
SCHOOL ON WHEELS CORP 2605 E 62ND STREET STE 2005 INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	30,000
SOUTH INDY QUALITY OF LIFE PLAN 1125 CRUFT ST INDIANAPOLIS, IN 46203	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
SOUTHEAST COMMUNITY SERVICES 901 SHELBY STREET INDIANAPOLIS, IN 46203	NONE	PUBLIC	ASSIST IN COMMUNITY	2,500
Total ▶ 3a				525,430

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 JUDE RESEARCH HOSPITAL 755 W CARMEL DRIVE STE 201 CARMEL, IN 46032	NONE	PUBLIC	MEDICAL RESEARCH	1,000
ST MARY'S CHILD CENTER 901 DR MLK JR STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	30,000
STARFISH INITIATIVE 6958 HILLSDALE COURT INDIANAPOLIS, IN 46250	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				525,430

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>				
STATE POLICE ALLIANCE 1415 SHELBY ST INDIANAPOLIS, IN 46203	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
SUSTAINABLE CONNEXIONS INTERNATIONAL 5672 N ATTLEBURG DR MCCORDSVILLE, IN 46055	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
TEACHERS TREASURES 1800 E 10TH STREET INDIANAPOLIS, IN 46201	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				525,430

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>				
TEENWORKS 2820 N MERIDIAN ST STE 103 INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
THE HOLE IN THE WALL GANG CAMP 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	NONE	PUBLIC	SUPPORT MEDICAL FIELD	5,000
THE MILK BANK 5060 E 62ND ST 128 INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total				525,430

▶ 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>				
TROOPER BARTUM MEMORIAL FUND PO BOX 24123 SPEEDWAY, IN 46224	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
UNITED CHRISTMAS SERVICE 3901 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
WHEELER MISSION 205 E NEW YORK ST INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,400
Total ▶ 3a				525,430

TY 2018 Accounting Fees Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,884	0		2,884

TY 2018 Investments Corporate Stock Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	3,577,645	4,249,181

TY 2018 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
INSURANCE	695	0		0
ADMINISTRATION EXPENSES	2,199	0		2,199
PAYROLL FEES	329	0		329

TY 2018 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	20,124	20,124		0

TY 2018 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	1,969	0		0
PAYROLL TAX	574	0		574

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

OMB No 1545-0047
2018

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
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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	\$ 301,871	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization THE BRAVE HEART FOUNDATION INC	Employer identification number 27-0720856
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Part II Noncash Property			
<small>(See instructions) Use duplicate copies of Part II if additional space is needed</small>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
1	2630 SHARES OF LILLY ELI & CO STOCK	\$ 301 871	2018-12-11
		\$	
		\$	
		\$	
		\$	
		\$	

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