

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

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

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) Room/suite 10056 BOYSENBERRY DRIVE		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>6,461,142</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
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.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	617,817			
	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	76,768	76,768		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	722,461			
	b Gross sales price for all assets on line 6a	3,635,124			
	7 Capital gain net income (from Part IV, line 2)		722,461		
	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)	96	96			
12 Total. Add lines 1 through 11	1,417,142	799,325			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	15,000			15,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,442			3,442
	c Other professional fees (attach schedule)	23,762	23,762		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,352			1,148
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	4,020			
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	7,487			6,330
	24 Total operating and administrative expenses. Add lines 13 through 23	56,063	23,762		25,920
	25 Contributions, gifts, grants paid	669,490			669,490
26 Total expenses and disbursements. Add lines 24 and 25	725,553	23,762		695,410	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	691,589				
b Net investment income (if negative, enter -0-)		775,563			
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	7,443	3,993	3,993
	2 Savings and temporary cash investments	100,905	174,376	174,376
	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)	3,563,446	4,185,014	6,282,773
	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)	3,671,794	4,363,383	6,461,142	
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 FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	3,671,794	4,363,383	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	3,671,794	4,363,383		
30 Total liabilities and net assets/fund balances (see instructions) .	3,671,794	4,363,383		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	3,671,794
2 Enter amount from Part I, line 27a	2	691,589
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	4,363,383
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 29 .	6	4,363,383

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			
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 3,594,781		2,912,663	682,118
b 40,343			40,343
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			682,118
b			40,343
c			
d			
e			

2 Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	2	722,461
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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved			2
3 Reserved			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved			8

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, reserved, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and credited/refunded amounts.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political influence, spending for political purposes, Form 1120-POL filing, tax on political expenditures, reimbursement, unreported activities, incorporation changes, unrelated business income, liquidation, 508(e) requirements, assets, reporting states, and private operating foundation status.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection, and books in care.

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding foreign accounts.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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	5,784,370
b	Average of monthly cash balances.	1b	143,358
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	5,927,728
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	5,927,728
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	88,916
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,838,812
6	Minimum investment return. Enter 5% of line 5.	6	291,941

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	291,941
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	10,780
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	10,780
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	281,161
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	281,161
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	281,161

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	695,410
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	695,410
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	695,410

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				281,161
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	196,239			
b From 2016.	202,149			
c From 2017.	198,426			
d From 2018.	315,696			
e From 2019.	307,956			
f Total of lines 3a through e.	1,220,466			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 695,410				
a Applied to 2019, 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 2020 distributable amount.				281,161
e Remaining amount distributed out of corpus	414,249			
5 Excess distributions carryover applied to 2020. (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	1,634,715			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2015 not applied on line 5 or line 7 (see instructions).	196,239			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	1,438,476			
10 Analysis of line 9:				
a Excess from 2016.	202,149			
b Excess from 2017.	198,426			
c Excess from 2018.	315,696			
d Excess from 2019.	307,956			
e Excess from 2020.	414,249			

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 2020, 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)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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				669,490
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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 3840 EAST 79TH STREET INDIANAPOLIS, IN 46240	CHAIRMAN 5.00	0	0	0
GERRY GRIFFITH 3840 EAST 79TH STREET INDIANAPOLIS, IN 46240	TREASURER 5.00	0	0	0
JAMES MULHOLLAND 5055 W 15TH STREET INDIANAPOLIS, IN 46224	SECRETARY 1.00	0	0	0
KIM WALTON 8245 OLD FARM ROAD INDIANAPOLIS, IN 46256	MEMBER 1.00	0	0	0
DAVID MCDANIEL 15648 HAWKS WAY CARMEL, IN 46033	MEMBER 1.00	0	0	0
KATIE HAGERTY 8438 STARK DRIVE INDIANAPOLIS, IN 46216	MEMBER 1.00	0	0	0
KEVIN HAMPTON 6367 KENTSTONE DRIVE INDIANAPOLIS, IN 46268	MEMBER 1.00	0	0	0
LARA CHANDLER-BELSLEY 10056 BOYSENBERRY DRIVE FISHERS, IN 46038	EXECUTIVE DIRECTOR 5.00	15,000	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
ANNUNCIATION HOUSE 815 MYRTLE AVE EL PASO, TX 79901	NONE	PUBLIC	COMMUNITY ASSITANCE	2,000
ARTS FOR LEARNING 3921 N MERIDIAN ST INDIANPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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 ▶ 3a				669,490

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>				
BOOTH TARKINGTON CIVIC THEATRE 3 CARTER GREEN CARMEL, IN 46032	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,500
BROOKE'S PLACE 50 EAST 91ST STREET 103 INDIANAPOLIS, IN 46268	NONE	PUBLIC	IMPROVE EDUCATIONAL PROGRAMS	20,000
BULLDOG BLESSING PANTRY 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
Total ▶ 3a				669,490

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 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
CHAMPIONS OF YOUTH 1201 N LINCOLN ST SUITE D GREENSBURG, IN 47240	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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>				
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
CHRISTAMORE HOUSE 502 NORTH TREMONT STREET INDIANAPOLIS, IN 46222	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	9,000
Total ▶ 3a				669,490

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>				
COBURN PLACE604 EAST 38TH STREET INDIANAPOLIS, IN 46205	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	15,000
COCODA5055 W 15TH STREET INDIANAPOLIS, IN 46224	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
COMMUNITY HEALTH NETWORK FOUNDATION 7910 E WASHINGTON ST INDIANAPOLIS, IN 46219	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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>				
DAYSPRING CENTER PO BOX 44105 INDIANAPOLIS, IN 46244	NONE	PUBLIC	COMMUNITY ASSISTANCE	20,000
DECATUR COUNTY YMCA 1301 W KATHYS WAY GREENSBURG, IN 47240	NONE	PUBLIC	COMMUNITY ASSISTANCE	19,500
DESERT ROSE FOUNDATION PO BOX 1754 MARTINSVILLE, IN 46151	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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>				
DOMESTIC VIOLENCE NETWORK 9245 N MERIDIAN ST 235 INDIANAPOLIS, IN 46260	NONE	PUBLIC	COMMUNITY ASSISTANCE	10,000
DOVE RECOVERY HOUSE FOR WOMEN 14 N HIGHLAND AVENUE INDIANPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	12,000
DRESS FOR SUCCESS INDIANAPOLIS INC 820 N MERIDIAN STREEET INDIANAPOLIS, IN 46204	NONE	PUBLIC	ASSIST IN COMMUNITY	4,800
Total ▶ 3a				669,490

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
EPILEPSY FOUNDATION 1100 W 42ND ST 140 INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
EVERGLADES COMMUNITY CHURCH 20871 JOHNSON ST101 PEMBROKE, FL 33029	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				669,490

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>				
FAMILY VOICES INDIANA 12175 VISIONARY WAY STE 1360 FISHERS, IN 46038	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,940
FDTN FOR LUTHERERAN CHILD & FAMILY SERVICES 1525 N RITTER AVE INDIANAPOLIS, IN 46219	NONE	PUBLIC	COMMUNITY ASSISTANCE	12,000
FREEWHEELIN COMMUNITY BIKES 3355 CENTRAL AVE INDIANAPOLIS, IN 46205	NONE	PUBLIC	COMMUNITY ASSISTANCE	4,900
Total ▶ 3a				669,490

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>				
FRIENDS OF WHITE RIVER PO BOX 90171 INDIANAPOLIS, IN 46290	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
FUELED FOR SCHOOL PO BOX 373 NOBLESVILLE, IN 46061	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
GENDERNEXUS INC 1100 W 42ND ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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>				
GLEANERS FOOD BANK 1102 EAST 16TH STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	15,500
GOOD SAMARITAN NETWORK 12933 PARKSIDE DRIVE FISHERS, IN 46038	NONE	PUBLIC	ASSIST IN COMMUNITY	9,000
GOODWILL INDUSTRIES OF CENTRAL INDIANA 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222	NONE	PUBLIC	COMMUNITY ASSISTANCE	10,000
Total ▶ 3a				669,490

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>				
GRACEPOINT RESOURCE CENTER LLC 204 W WASHINGTON ST 1 RENSSELEAR, IN 47978	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,500
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	8,000
Total ▶ 3a				669,490

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
HOLY FAMILY SHELTER 907 N HOLMES AVE INDIANAPOLIS, IN 46222	NONE	PUBLIC	COMMUNITY ASSISTANCE	14,000
HOMELESS INITIATIVE PROGRAM 3908 MEADOWS DR 2ND FL INDIANAPOLIS, IN 46205	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
Total ▶ 3a				669,490

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>				
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
HOPE CRISIS RESPONSE NETW PO BOX 2123 ELKHART, IN 46515	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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 FAMILY CARE CENTER 270 W JACKSON ST CICERO, IN 46034	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
HORIZON HOUSE INC 1033 E WASHINGTON STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	16,000
HUMANE SOCIETY OF EL PASO TX 4991 FRED WILSON AVE EL PASO, TX 79906	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				669,490

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 HAMILTON COUNTY 1721 PLEASANT STREET NOBLESVILLE, IN 46060	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
HUMANE SOCIETY OF INDIANAPOLIS 7929 N MICHIGAN ROAD INDIANAPOLIS, IN 46268	NONE	PUBLIC	ASSIST IN COMMUNITY	18,000
INDIANA BLIND CHILDREN'S FOUNDATION 7725 N COLLEGE AVENUE INDIANAPOLIS, IN 46240	NONE	PUBLIC	CHILD ASSISTANCE	5,000
Total ▶ 3a				669,490

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 CENTER FOR PREVENTION OF YOUTH ABUSE AND SUICIDE 4607 E 106 STREET CARMEL, IN 46033	NONE	PUBLIC	COMMUNITY ASSISTANCE	12,500
INDIANA COALITION TO END SEXUAL ASSAULT 9245 N MERIDIAN ST 227 INDIANAPOLIS, IN 46260	NONE	PUBLIC	COMMUNITY ASSISTANCE	12,500
INDIANA CRISIS ASSISTANCE RESPONSE PO BOX 44168 INDIANAPOLIS, IN 46244	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,000
Total ▶ 3a				669,490

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 OASIS INC 10800 E WASHINGTON ST INDIANAPOLIS, IN 46229	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,750
INDIANAPOLIS ZOO SOC 1200 WEST WASHINGTON ST INDIANAPOLIS, IN 46222	NONE	PUBLIC	CONSERVATION OF ENVIRONMENT	8,000
Total ▶ 3a				669,490

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>				
JACK GRIFFIN CHRISTMAS FUND 8425 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,500
JACKSON CENTER FOR CONDUCTIVE EDUCATION 802 SAMUEL MOORE PARKWAY MOORESVILLE, IN 46158	NONE	PUBLIC	EDUCATION	10,000
JAMESON CAMP INCPO BOX 31156 INDIANAPOLIS, IN 46231	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	10,000
Total ▶ 3a				669,490

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
JOUBERT SYNDROME & RELATED DISORDERS 1415 WEST AVENUE CINCINNATI, OH 45215	NONE	PUBLIC	MEDICAL RESEARCH	3,000
JULIAN CENTER 2011 N MERIDIAN STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	11,500
Total ▶ 3a				669,490

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>				
KEEP INDIANAPOLIS BEAUTIFUL 1029 FLETCHER AVENUE 100 INDIANAPOLIS, IN 46203	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	5,000
KIDS VOICE9150 HARRISON PARK CT C INDIANAPOLIS, IN 46216	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,100
LAKE MAXINKUCKEE ENVIRONMENTAL FUND INC PO BOX 187 116 N MAIN ST CULVER, IN 46511	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				669,490

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>				
LIFESMART YOUTH 615 N ALABAMA ST 228 INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
LITTLE RED DOOR 1801 N MERIDIAN STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	SUPPORT MEDICAL FIELD	5,000
LUTHERAN CHILD AND FAMILY SERVICES 1525 N RITTER AVENUE INDIANAPOLIS, IN 46219	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	2,000
Total ▶ 3a				669,490

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>				
MAMA'S CUPBOARD 206 E 2ND STREET SHERIDAN, IN 46069	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH STREET INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
MID-NORTH FOOD PANTRY 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
Total ▶ 3a				669,490

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>				
MIDWEST FOOD BANK 6450 S BELMONT AVE INDIANAPOLIS, IN 46217	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
MIGHTY HEARTS PROJECT PO BOX 335 NEWBURY PARK, CA 91319	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
NAMI INDIANA INC 2601 COLD SPRINGS ROAD INDIANAPOLIS, IN 46222	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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>				
NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE 510 KING ST 424 ALEXANDRIA, VA 22314	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
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	2,500
Total ▶ 3a				669,490

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 SUPPORT FOR CHILDREN IN NEED 229 SE 2ND AVE DELRAY BEACH, FL 33483	NONE	PUBLIC	COMMUNITY ASSISTANCE	500
OUTREACH INC 2822 E NEW YORK STREET INDIANAPOLIS, IN 46204	NONE	PUBLIC	ASSIST IN COMMUNITY	5,000
OVERDOSE LIFELINE 7331 LAKESIDE DRIVE INDIANAPOLIS, IN 46278	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,000
Total ▶ 3a				669,490

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	3,000
POORHOUSE 350 COMMERCIAL RD STE B-108 SAN BERNARDINO, CA 92408	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				669,490

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>				
PREVAIL INC1100 S 9TH STREET 100 NOBLESVILLE, IN 46060	NONE	PUBLIC	COMMUNITY ASSISTANCE	2,500
RACING FOR ORPHANS WITH DOWNS SYNDROME 3125 N MAIN ST STE 102 NORTH LOGAN, UT 84341	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
REFUGE PLACE INDY 918 E MICHIGAN ST INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				669,490

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>				
REYNOLDS HOUSE8023 SAN JOSE RD EL PASO, TX 79915	NONE	PUBLIC	COMMUNITY ASSISTANCE	7,000
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				669,490

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>				
SALVATION ARMY 3100 NORTH MERIDIAN ST INDIANAPOLIS, IN 46208	NONE	PUBLIC	OFFER COMMUNITY ASSISTANCE	21,000
SCHOOL ON WHEELS CORP 2605 E 62ND STREET STE 2005 INDIANAPOLIS, IN 46220	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
SECOND HELPINGS INC 1121 SOUTHEASTERN INDIANAPOLIS, IN 46202	NONE	PUBLIC	ASSIST IN COMMUNITY	17,000
Total ▶ 3a				669,490

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 PRESBYTERIAN CHURCH 7700 N MERIDIAN ST INDIANAPOLIS, IN 46260	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
SHELTERING WINGSP BOX 92 DANVILLE, IN 46122	NONE	PUBLIC	COMMUNITY ASSISTANCE	10,000
SOCIETY OF ST ANDREW 3383 SWEET HOLLOW RD BIG ISLAND, VA 24526	NONE	PUBLIC	COMMUNITY ASSISTANCE	3,500
Total ▶ 3a				669,490

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>				
SOCIETY OF ST VINCENT DE PAUL 3001 E 30TH ST INDIANAPOLIS, IN 46218	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
ST MARY'S CHILD CENTER 901 DR MLK JR STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
ST VINCENT DEPAUL SOCIETY OF ST JOSEPH COUNTY 520 CRESCENT AVE SOUTH BEND, IN 46617	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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
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
Total ▶ 3a				669,490

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>				
THE SHEPHERD'S CENTER FOR HAMILTON COUNTY 1250 CONNER ST NOBLESVILLE, IN 46060	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,500
TROOPER BARTUM MEMORIAL FUND PO BOX 24123 SPEEDWAY, IN 46224	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
UNITED METHODIST COMMITTEE ON RELIEF 475 RIVERSIDE DRIVE NEW YORK, NY 10015	NONE	PUBLIC	COMMUNITY ASSISTANCE	5,000
Total ▶ 3a				669,490

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>				
WHEELER MISSION 205 E NEW YORK ST INDIANAPOLIS, IN 46204	NONE	PUBLIC	COMMUNITY ASSISTANCE	9,000
ZERO-THE END OF PROSTATE CANCER 515 KING ST SUITE 420 ALEXANDRIA, VA 22314	NONE	PUBLIC	COMMUNITY ASSISTANCE	1,000
Total ▶ 3a				669,490

TY 2020 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	3,442	0		3,442

TY 2020 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	4,185,014	6,282,773

TY 2020 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	1,157	0		0
ADMINISTRATION EXPENSES	912	0		912
PAYROLL FEES	1,150	0		1,150
OFFICE EXPENSE	4,268	0		4,268

TY 2020 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
NATIONAL BANK OF INDIANAPOLIS	96	96	96

TY 2020 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	23,762	23,762		0

TY 2020 Taxes Schedule**Name:** THE BRAVE HEART FOUNDATION INC**EIN:** 27-0720856**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX	1,204	0		0
PAYROLL TAX	1,148	0		1,148

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
2020

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	\$ 300,853	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	RP GRIFFITH TRUST FBO GERD GRIFFITH 320 N MERIDIAN ST STE 700 INDIANAPOLIS, IN 46204	\$ 155,009	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	WC GRIFFITH TRUST FBO GERD GRIFFITH 320 N MERIDIAN ST STE 700 INDIANAPOLIS, IN 46204	\$ 161,955	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE BRAVE HEART FOUNDATION INC	Employer identification number 27-0720856
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1392 SHARES OF MICROSOFT CORP	\$ 300,853	2020-11-16
(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	
_____ _____		_____ _____	