

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
UNITED WAY OF SOUTHWESTERN INDIANA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 18

City or town, state or province, country, and ZIP or foreign postal code
EVANSVILLE, IN 477010018

F Name and address of principal officer
AMY CANTERBURY
PO BOX 18
EVANSVILLE, IN 47708

D Employer identification number
35-0868069

E Telephone number
(812) 422-4100

G Gross receipts \$ 4,521,623

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW UNITEDWAYSWI ORG

K Form of organization Corporation Trust Association Other

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

L Year of formation 1922 **M** State of legal domicile IN

Part I Summary

| | | | | | |
|--|---|---|-----------|--------------|-----------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY | | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 24 | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 | | |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 24 | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1,980 | | |
| Revenue | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | | |
| | 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | | |
| | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 4,595,233 | Current Year | 4,370,496 |
| | 9 Program service revenue (Part VIII, line 2g) | 40,201 | 36,604 | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 61,748 | 57,015 | | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 104,756 | 57,508 | | |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,801,938 | 4,521,623 | | |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,166,497 | 4,502,904 | |
| | | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 | |
| | | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 860,995 | 863,546 | |
| | | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 | |
| | | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 371,604 | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 729,320 | 681,802 | | |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,756,812 | 6,048,252 | | | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 45,126 | -1,526,629 | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | 6,343,573 | End of Year | 5,996,619 |
| | 21 Total liabilities (Part X, line 26) | 745,268 | 1,929,758 | | |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 5,598,305 | 4,066,861 | | |

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2017-07-19
AMY CANTERBURY PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: SHANNON BREWER
Preparer's signature: SHANNON BREWER
Date: _____
Check if self-employed PTIN: P00955901
Firm's name: HARDING SHYMANSKI & CO PSC
Firm's EIN: 35-1346211
Firm's address: PO BOX 3677
EVANSVILLE, IN 47735
Phone no: (812) 464-9161

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO IMPROVE LIVES BY MOBILIZING THE CARING POWERS OF COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,732,267 including grants of \$ 4,502,904) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 85,969 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 209,605 including grants of \$) (Revenue \$ 36,604)
See Additional Data

(Code) (Expenses \$ 290,679 including grants of \$) (Revenue \$)
OTHER PROGRAMS - INTERNAL INDIRECT COST OF GRANT FUNDING ACTIVITIES SUCH AS NONPROFIT RESOURCE NETWORK (NRN) JUMPSTART

4d Other program services (Describe in Schedule O)
(Expenses \$ 290,679 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,318,520

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | No |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | No |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TERI WILKERSON 501 NW 4TH STREET EVANSVILLE, IN 47708 (812) 421-7476

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JENNIFER BARCHET BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (2) CURT BEGLE EX-OFFICIO | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (3) BRAD ELLSWORTH BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (4) ERIC GIRTEN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (5) JON GOLDMAN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (6) DWIGHT HAMILTON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (7) TRICIA HENNING VICE-CHAIRMAN | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (8) ELLA JOHNSON-WATSON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (9) LYNN LINGAFELTER BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) LARRY MAY CHAIRMAN | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (11) STEPHANIE MOORE BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (12) GRETCHEN MUCHNIK BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (13) ANGIE RICHARDS-COOLEY BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (14) LINDSAY SCHMITT TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (15) SHERRY SHEN BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (16) DR DAVID SMITH BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (17) DARREN SPAINHOWARD BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) DIXIE SPRINGER BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (19) ED STRATTON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (20) MIKE SUTTON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (21) MATT THEBY SECRETARY | 2 00 | X | | X | | | | 0 | 0 | 0 |
| (22) PHIL WAHL BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (23) JONATHAN WEINZAPFEL BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (24) BRENT WILSON BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (25) AMY CANTERBURY PRESIDENT | 50 00 | | | X | | | | 142,965 | 0 | 0 |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|---------|---|--|---|
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 142,965 | 0 | | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | 59,884 | | | | |
| | b Membership dues . . . | 1b | | | | | |
| | c Fundraising events . . . | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 4,310,612 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h Total. Add lines 1a-1f | | | 4,370,496 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a 211 INCOME | | 900099 | 36,604 | 36,604 | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 36,604 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 57,015 | | 57,015 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b Less direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a MISC REVENUE | | 900099 | 57,508 | | 57,508 | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 57,508 | | | | |
| 12 Total revenue. See Instructions | | | 4,521,623 | 36,604 | 0 | 114,523 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 4,502,904 | 4,502,904 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 142,965 | 20,016 | 105,795 | 17,154 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 548,915 | 275,866 | 109,250 | 163,799 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 114,673 | 53,839 | 34,275 | 26,559 |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 56,993 | 25,160 | 21,920 | 9,913 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 34,821 | 15,121 | 19,700 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 6,516 | | 6,516 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | 72,599 | 33,848 | | 38,751 |
| 13 Office expenses | 25,655 | 11,031 | 7,697 | 6,927 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 102,802 | 48,655 | 27,832 | 26,315 |
| 17 Travel | 1,820 | 528 | 509 | 783 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 41,758 | 28,614 | 6,123 | 7,021 |
| 20 Interest | | | | |
| 21 Payments to affiliates | 48,485 | | | 48,485 |
| 22 Depreciation, depletion, and amortization | 5,410 | 2,954 | 1,228 | 1,228 |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a NRN EXPENSES | 123,492 | 123,492 | | |
| b ECD EXPENSES | 85,969 | 85,969 | | |
| c MISCELLANEOUS | 37,388 | 27,421 | 2,288 | 7,679 |
| d IA UW EXPENSES | 33,748 | 33,748 | | |
| e All other expenses | 61,339 | 29,354 | 14,995 | 16,990 |
| 25 Total functional expenses. Add lines 1 through 24e | 6,048,252 | 5,318,520 | 358,128 | 371,604 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 95 | 1 | 95 |
| | 2 Savings and temporary cash investments | 3,026,457 | 2 | 2,722,230 |
| | 3 Pledges and grants receivable, net | 2,787,416 | 3 | 2,726,228 |
| | 4 Accounts receivable, net | | 4 | 5,021 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 14,863 | 9 | 11,571 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 138,858 | | |
| | b Less accumulated depreciation | 111,519 | | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | 486,629 | 12 | 504,135 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 21 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 6,343,573 | 16 | 5,996,619 | |
| Liabilities | 17 Accounts payable and accrued expenses | 218,915 | 17 | 150,263 |
| | 18 Grants payable | 22,500 | 18 | 1,327,804 |
| | 19 Deferred revenue | 53,305 | 19 | 47,732 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 450,548 | 25 | 403,959 |
| | 26 Total liabilities. Add lines 17 through 25 | 745,268 | 26 | 1,929,758 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 2,666,532 | 27 | 1,314,291 |
| | 28 Temporarily restricted net assets | 2,931,773 | 28 | 2,752,570 |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 5,598,305 | 33 | 4,066,861 |
| | 34 Total liabilities and net assets/fund balances | 6,343,573 | 34 | 5,996,619 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,521,623 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,048,252 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,526,629 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,598,305 |
| 5 | Net unrealized gains (losses) on investments | 5 | 156,866 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -161,681 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 4,066,861 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes | |
| <p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p> | 3a | | No |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p> | 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 35-0868069

Name: UNITED WAY OF SOUTHWESTERN INDIANA INC

Form 990 (2016)

Form 990, Part III, Line 4a:

FUND DISTRIBUTION - ALLOCATES RESOURCES RAISED IN ANNUAL CAMPAIGN TO PROGRAMS WITH OUTCOMES ALIGNED WITH THE UNITED WAY OF SOUTHWESTERN INDIANA COMMUNITY AGENDA

Form 990, Part III, Line 4b:

EARLY CHILD DEVELOPMENT- THE EARLY CHILDHOOD DEVELOPMENT (ECD) WORKS WITH COMMUNITY PARTNERS TO ENSURE CHILDREN BIRTH THROUGH FIVE ARE PREPARED FOR SUCCESS IN SCHOOL USING EVIDENCE-BASED STRATEGIES AND INITIATIVES

Form 990, Part III, Line 4c:

211- INFORMATION AND REFERRAL CENTER CONNECTS INDIVIDUALS IN NEED OF SOCIAL SERVICES WITH APPROPRIATE SERVICE PROVIDERS IN THE COMMUNITY THIS SERVICE IS PROVIDED TO TEN COUNTIES VANDERBURGH, WARRICK, SPENCER, POSEY, GIBSON, DUBOIS, PERRY, CRAWFORD, KNOX AND PIKE COUNTIES

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHWESTERN INDIANA INC

Employer identification number

35-0868069

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 4,101,942 | 3,740,952 | 5,046,584 | 4,595,233 | 4,370,496 | 21,855,207 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4,101,942 | 3,740,952 | 5,046,584 | 4,595,233 | 4,370,496 | 21,855,207 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 4,532,823 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 17,322,384 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 4,101,942 | 3,740,952 | 5,046,584 | 4,595,233 | 4,370,496 | 21,855,207 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,764 | 52,211 | 59,547 | 61,748 | 57,015 | 232,285 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 138,058 | 74,780 | 63,780 | 104,756 | 57,508 | 438,882 |
| 11 Total support. Add lines 7 through 10 | | | | | | 22,526,374 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 13 |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 76.900 % |
| 15 Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | 80.940 % |

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|---------|---------|---------|---------|---------|----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|------------|--|-----------|--|
| 17 | Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | |
| 19a | 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| b | 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

| | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SOUTHWESTERN INDIANA INC

Employer identification number 35-0868069

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for lines 2a-2d: Held at the End of the Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 486,629 | 542,782 | 502,292 | 435,169 | |
| b Contributions | | | | | 435,169 |
| c Net investment earnings, gains, and losses | 44,075 | -11,480 | 62,676 | 71,121 | |
| d Grants or scholarships | 22,500 | 40,000 | 17,500 | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 4,069 | 4,673 | 4,686 | 3,998 | |
| g End of year balance | 504,135 | 486,629 | 542,782 | 502,292 | 435,169 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 60,751 | 54,160 | 6,591 |
| d Equipment | | 78,107 | 57,359 | 20,748 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 27,339 |

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) BOARD-DESIGNATED ENDOWMENT | 504,135 | F |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 504,135 | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | |

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| DESIGNATIONS PAYABLE | 403,959 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 403,959 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|----------|--------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 3,972,309 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | 156,866 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | -161,681 | |
| e | Add lines 2a through 2d | | | 2e -4,815 |
| 3 | Subtract line 2e from line 1 | | | 3 3,977,124 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | 544,499 | |
| c | Add lines 4a and 4b | | | 4c 544,499 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | | 5 4,521,623 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|----------|--------------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 5,503,753 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | | 2e 0 |
| 3 | Subtract line 2e from line 1 | | | 3 5,503,753 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | 544,499 | |
| c | Add lines 4a and 4b | | | 4c 544,499 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | | 5 6,048,252 |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 35-0868069

Name: UNITED WAY OF SOUTHWESTERN INDIANA INC

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | THE INTERNAL REVENUE SERVICE HAS RULED THAT THE CORPORATION IS (EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAX EXCEPT ON UNRELATED BUSINESS INCOME) UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954 THERE WERE NO TAXES DUE FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, AS THERE WAS NO UNRELATED BUSINESS INCOME FOR THESE YEARS MANAGEMENT EVALUATED THE CORPORATIONS UNCERTAIN TAX POSITIONS AND CONCLUDED THAT THE CORPORATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | LOSSES FROM UNCOLLECTIBLE PLEDGES -161,681 |

Supplemental Information

| Return Reference | Explanation |
|---|----------------------------|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | DONOR DESIGNATIONS 544,499 |

Supplemental Information

| Return Reference | Explanation |
|--|----------------------------|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | DONOR DESIGNATIONS 544,499 |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART XII, LINE 4B/PART XIII, LINE 4B | PART XII, LINE 4B AND PART XIII, LINE 4B ARE DONOR DESIGNATIONS THAT ARE NETTED WITH THE C AMPAIGN REVENUE FOR FINANCIAL STATEMENT PURPOSES, BUT NOT FOR TAX RETURN PURPOSES |

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SOUTHWESTERN INDIANA INC

Employer identification number

35-0868069

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Table with 8 columns and 12 rows for data entry, corresponding to the columns in the header above.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | <p>ALL AGENCIES MUST SUBMIT AUDITED FINANCIAL STATEMENTS, AN INDEPENDENT FINANCIAL REVIEW OR BANK STATEMENT IN ACCORDANCE WITH UNITED WAY GUIDELINES UNITED WAY DISTRIBUTES DONOR DOLLARS TO LOCAL PROGRAMS THAT FOCUS ON EDUCATION, INCOME AND HEALTH UNITED WAY DEPENDS ON THREE TEAMS OF VOLUNTEERS WHO WORK TOGETHER TO MAKE FUNDING DECISIONS THIS GROUP OF MORE THAN 60 VOLUNTEERS TAKES ON THE CHALLENGING, REWARDING TASK OF INVESTING CONTRIBUTIONS INTO LOCAL PROGRAMS OF UNITED WAY PARTNER AGENCIES THE COMMUNITY IMPACT CABINET SUPPORTS UNITED WAY BY EFFECTIVELY OVERSEEING AND IMPLEMENTING THE FUND DISTRIBUTION PROCESS, ENSURING THAT UNITED WAY, ITS PARTNER AGENCIES AND COMMUNITY IMPACT PARTNERS ARE ACCOUNTABLE TO ONE ANOTHER FOR THE RESOURCES AND THE PARTNERSHIP THEY SHARE TEN FUND DISTRIBUTION PROGRAM PANELS SUPPORT UNITED WAY BY REVIEWING FUNDING REQUESTS FROM THE PARTNER AGENCIES, ASSESSING INDIVIDUAL PROGRAM RESULTS AND MAKING FUNDING RECOMMENDATIONS FOR EACH PROGRAM FUND DISTRIBUTION AUDIT COMMITTEE VOLUNTEERS SUPPORT UNITED WAY BY ENSURING PARTNER AGENCIES MEET FINANCIAL STABILITY STANDARDS OF UNITED WAY FUNDING CRITERIA THE VOLUNTEERS BEGIN MEETING TO REVIEW PROGRAM RESULTS AND FINANCIAL STATEMENTS WITH PARTNER AGENCY EACH OCTOBER ONCE THE UNITED WAY CAMPAIGN CLOSES, THE VOLUNTEERS WEIGH THE AVAILABLE RESOURCES WITH THE NEEDS OF THE COMMUNITY AND THE MERIT OF EACH PROGRAM BEFORE MAKING FINAL FUNDING RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS PARTNER AGENCIES RECEIVE DONOR DESIGNATIONS AS WELL AS DONATIONS DISTRIBUTED FROM THE GENERAL FUND</p> |

Additional Data

Software ID:
Software Version:
EIN: 35-0868069
Name: UNITED WAY OF SOUTHWESTERN INDIANA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALBION FELLOWS BACON CENTER PO BOX 3164 EVANSVILLE, IN 477313164 | 31-1029051 | 501C (3) | 138,731 | | | | MISSION TO ELIMINATE DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS FUNDED BY UNITED WAY CHILDREN'S PROGRAM, DOMESTIC VIOLENCE & SHELTER PROGRAM |
| AMERICAN RED CROSS - SW INDIANA 29 S STOCKWELL RD EVANSVILLE, IN 47714 | 35-0867941 | 501C (3) | 354,558 | | | | MISSION THE AMERICAN RED CROSS IS A HUMANITARIAN ORGANIZATION, LED BY VOLUNTEERS, THAT PROVIDES RELIEF TO VICTIMS OF DISASTER AND HELPS PEOPLE PREVENT, PREPARE FOR AND RESPOND TO EMERGENCIES IT DOES THIS THROUGH SERVICES THAT ARE CONSISTENT WITH ITS CONGRESSIONAL CHARTER AND THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS MOVEMENT PROGRAMS FUNDED BY UNITED WAY CRISIS ADMINISTRATION, BIOMEDICAL SERVICES, DISASTER PREPAREDNESS, RESPONSE & RECOVERY PROGRAM, PUBLIC HEALTH EDUCATION & SAFETY PROGRAM, SERVICES TO ARMED FORCES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARK CRISIS NURSERY 415 LINCOLN AVE EVANSVILLE, IN 47713 | 35-1553918 | 501C (3) | 77,184 | | | | MISSION TO PREVENT AND END HOMELESSNESS IN OUR COMMUNITY PROGRAM FUNDED BY UNITED WAY HOMELESS OUTREACH TEAM |
| AURORA INC 1100 LINCOLN AVE EVANSVILLE, IN 47714 | 35-1759576 | 501C (3) | 107,745 | | | | MISSION TO KEEP CHILDREN SAFE AND STRENGTHEN FAMILIES IN STRESS PROGRAM FUNDED BY UNITED WAY CHILD PROTECTION PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIG BROTHERSBIG SISTERS PO BOX 3071 EVANSVILLE, IN 47730 | 35-1305578 | 501C (3) | 187,350 | | | | MISSION TO PROVIDE POSITIVE ADULT ROLE MODELS FOR AT-RISK CHILDREN TO SUPPORT THEM IN BECOMING CARING, COMPETENT AND SELF-CONFIDENT PERSONS PROGRAM FUNDED BY UNITED WAY ONE-TO-ONE YOUTH MENTORING |
| BOY SCOUTS OF AMERICA - BUFFALO TRACE PO BOX 3245 EVANSVILLE, IN 47731 | 35-0867971 | 501C (3) | 165,137 | | | | MISSION TO SERVE OTHERS BY HELPING TO INSTILL VALUES IN YOUNG PEOPLE AND IN OTHER WAYS PREPARE THEM TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME IN ACHIEVING THEIR FULL POTENTIAL PROGRAMS FUNDED BY UNITED WAY HIGH RISK TROOPS PROGRAM, SCOUT REACH |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BOYS & GIRLS CLUB OF EVANSVILLE PO BOX 6311 EVANSVILLE, IN 47719 | 35-1007558 | 501C (3) | 303,083 | | | | MISSION THE BOYS & GIRLS CLUB OF EVANSVILLE IS A YOUTH GUIDANCE AGENCY UTILIZING POSITIVE PRINCIPLES OF YOUTH DEVELOPMENT IN WORKING WITH YOUTH, SIX THROUGH 17 YEARS OF AGE FROM ALL BACKGROUNDS, BUT WITH SPECIAL CONCERN FOR THOSE FROM DISADVANTAGED CIRCUMSTANCES TO DEVELOP THOSE QUALITIES NEEDED TO BECOME RESPONSIBLE AND CARING CITIZENS PROGRAMS FUNDED BY UNITED WAY SPRINGLEAF SERVICE UNIT AND FULTON AVENUE SERVICE UNIT |
| CARVER COMMUNITY ORGANIZATION 400 SE 8TH ST EVANSVILLE, IN 47713 | 35-0869030 | 501C (3) | 289,344 | | | | MISSION TO PROMOTE COMMUNITY RECREATIONAL, CULTURAL, EDUCATIONAL AND SOCIAL ACTIVITIES TO SERVE ALL AGES AND BOTH SEXES AND THE DEVELOPMENT OF INTEREST AND PARTICIPATION IN CHARACTER BUILDING PROGRAMS AND COMMUNITY BETTERMENT, AND PARTICULARLY INCLUDING THOSE SERVICES TO THE BLACK COMMUNITY OF EVANSVILLE PROGRAMS FUNDED BY UNITED WAY EARLY CHILDHOOD DEVELOPMENT, CARVER YOUTH PROGRAMS AND AARP EXPERIENCE CORPS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CATHOLIC CHARITIES BUREAU 123 NW 4TH ST SUITE 603 EVANSVILLE, IN 47708 | 35-0890893 | 501C (3) | 253,124 | | | | MISSION WE, THE PEOPLE OF CATHOLIC CHARITIES, DIOCESE OF EVANSVILLE, WORK AS A COMMUNITY OF CHRISTIANS GUIDED BY THE SCRIPTURES AND SOCIAL TEACHINGS OF THE CHURCH WE STRENGTHEN INDIVIDUALS, FAMILIES AND COMMUNITIES BY ASSISTING THEM IN DISCOVERING AND UTILIZING THEIR GIFTS TO ACHIEVE THEIR GOALS AND TO SERVE THE COMMON GOOD PROGRAMS FUNDED BY UNITED WAY COMMUNITY OUTREACH PROGRAM, COUNSELING PROGRAM, SCHOOL COUNSELING PROGRAM, NEIGHBOR TO NEIGHBOR |
| CHRISTIAN RESOURCE CENTER INC 410 MAIN ST ROCKPORT, IN 47635 | 35-0975325 | 501C (3) | 62,957 | | | | MISSION TO PROVIDE HUMAN AND MATERIAL RESOURCES TO HELP THOSE WHO ARE IN NEED PROGRAMS FUNDED BY UNITED WAY COMPREHENSIVE EMERGENCY ASSISTANCE PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CRISIS CONNECTION PO BOX 903 JASPER, IN 47547 | 35-1719802 | 501C (3) | 48,170 | | | | MISSION TO WORK IN PARTNERSHIP WITH COMMUNITIES TO EMPOWER VICTIMS, SURVIVORS AND PERSONS AFFECTED BY DOMESTIC AND SEXUAL VIOLENCE THROUGH CONFIDENTIAL CRISIS INTERVENTION, EDUCATION AND ADVOCACY IN CRAWFORD, DUBOIS, ORANGE, PERRY AND SPENCER COUNTIES PROGRAMS FUNDED BY UNITED WAY DOMESTIC VIOLENCE ASSISTANCE PROGRAM, DOMESTIC AND SEXUAL VIOLENCE EDUCATION PROGRAM |
| DEACONESS VNA PLUS PO BOX 3487 EVANSVILLE, IN 47734 | 35-0868076 | 501C (3) | 122,244 | | | | MISSION TO PROVIDE AFFORDABLE, ACCESSIBLE AND APPROPRIATE PRIMARY HEALTH CARE TO ALL INDIVIDUALS, INCLUDING THE UNINSURED, UNDER INSURED AND HOMELESS PROGRAMS FUNDED BY UNITED WAY PRENATAL AND PEDIATRIC PROGRAM, ELDERLY & DISABLED PRIMARY HEALTH CARE PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ECHO COMMUNITY HEALTH CARE INC 501 JOHN ST SUITE 12 EVANSVILLE, IN 47713 | 35-1791786 | 501C (3) | 206,492 | | | | MISSION TO ADVANCE THE VALUE OF AND RESPECT FOR INDIVIDUALS WITH DISABILITIES BY PROVIDING OPPORTUNITIES FOR DEVELOPMENT AND INDEPENDENCE IN THE COMMUNITY PROGRAM FUNDED BY UNITED WAY PROGRAM FUNDED BY UNITED WAY PERSONAL, ADULT SERVICES PROGRAM FOR ADULTS, CHILD LIFE CENTER |
| GIRL SCOUTS OF THE RAIN TREE COUNCIL PO BOX 1350 EVANSVILLE, IN 47706 | 35-0876380 | 501C (3) | 33,955 | | | | MISSION TO BUILD GIRLS OF CONFIDENCE, COURAGE AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GOODWILL FAMILY CENTER 500 S GREEN RIVER RD EVANSVILLE, IN 47715 | 35-0868075 | 501C (3) | 15,855 | | | | MISSION TO PROVIDE QUALITY TRANSITIONAL HOUSING OPPORTUNITIES AND SUPPORTIVE SERVICES TO MEET THE IDENTIFIED NEEDS OF HOMELESS INDIVIDUALS AND FAMILIES, PARTICULARLY THOSE WITH CHILDREN, WITH A FAIR, RESPECTFUL, COMPASSIONATE AND PROFESSIONAL ENVIRONMENT, LEADING TO ECONOMIC SELF-SUFFICIENCY AND AN INDEPENDENT LIFESTYLE PROGRAM FUNDED BY UNITED WAY FAMILY CENTER TRANSITIONAL HOUSING PROGRAM |
| IMPACT CHRISTIAN HEALTH CENTER 265 BELLEMEADE AVE EVANSVILLE, IN 477131775 | 35-1854707 | 501C (3) | 20,550 | | | | MISSION OUR MISSION IS TO MINISTER TO THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF PATIENTS IN A LOVING CHRISTIAN ENVIRONMENT OUR PRIMARY PURPOSE IS TO SHARE CHRIST THROUGH A HEALING MINISTRY WE ARE ALSO COMMITTED TO LOCAL COMMUNITY DEVELOPMENT, RACIAL RECONCILIATION AND COLLABORATION WITH OTHERS PROGRAMS FUNDED BY UNITED WAY MEDICAL & DENTAL SERVICES PROGRAM, SAMPLE PROCUREMENT/PATIENT ASSISTANCE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAMPION CENTER 655 S HEBRON AVE EVANSVILLE, IN 47714 | 35-0868077 | 501C (3) | 383,794 | | | | MISSION TO STRENGTHEN AND IMPROVE THE QUALITY OF INDIVIDUAL, FAMILY AND COMMUNITY LIFE PROGRAMS FUNDED BY UNITED WAY ADVOCACY FOR CHILDREN AND FAMILY SERVICES, COMMUNITY SERVICE PROJECT, COUNSELING PROGRAM |
| LEGAL AID SOCIETY 1 NW MARTIN LUTHER KING BLVD ROOM 105 EVANSVILLE, IN 47708 | 35-1035547 | 501C (3) | 84,609 | | | | MISSION TO PROVIDE QUALITY LEGAL SERVICES TO ELIGIBLE RESIDENTS OF VANDERBURGH COUNTY PROGRAM FUNDED BY UNITED WAY CIVIL LEGAL AID PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MENTAL HEALTH AMERICA OF SPENCER COUNTY 13435 N STATE RD 245 LAMAR, IN 47550 | 23-7038692 | 501C (3) | 6,521 | | | | MISSION TO IMPROVE THE QUALITY OF LIFE FOR THE CITIZENS OF SPENCER COUNTY THROUGH EDUCATION, VOLUNTEERISM, SUPPORT SERVICES AND ADVOCACY PROGRAMS FUNDED BY UNITED WAY GIFT LIST PROGRAM, PSYCHOTHERAPY PROGRAM, PSYCHOTHERAPY MEDICATION PROGRAM, YOUTH ADVOCACY PROGRAM |
| MENTAL HEALTH AMERICA OF VANDERBURGH COUNTY 420 MULBERRY ST SUITE 305 EVANSVILLE, IN 47713 | 35-1016901 | 501C (3) | 28,050 | | | | MISSION THE MENTAL HEALTH ASSOCIATION OF VANDERBURGH COUNTY IS A NON-PROFIT ORGANIZATION COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR THE CITIZENS OF VANDERBURGH & WARRICK COUNTIES WITHOUT PREJUDICE OR COST THROUGH EDUCATION, VOLUNTEERISM, SUPPORT SERVICES AND ADVOCACY PROGRAMS FUNDED BY UNITED WAY SUPPLEMENTAL MEDICATION PROGRAM, SUPPORT GROUPS AND COMMUNITY EDUCATION PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| OTHER UNITED WAY VARIOUS EVANSVILLE, IN 47712 | 99-9999999 | 501C (3) | 34,089 | | | | MISSION TO PREVENT HUNGER, PREVENT HOMELESSNESS AND TO STRENGTHEN THE FAMILY BY PROVIDING EMERGENCY ASSISTANCE FOR LOW-INCOME INDIVIDUALS FACING A FINANCIAL CRISIS, AND TO EDUCATE AND ADVOCATE FOR SOCIAL CHANGE PROGRAMS FUNDED BY UNITED WAY CRISIS INTERVENTION CASE MANAGEMENT PROGRAM, EMERGENCY ASSISTANCE PROGRAM |
| OUTREACH MINISTRIES 734 W DELAWARE ST SUITE 216 EVANSVILLE, IN 47710 | 35-6035311 | 501C (3) | 114,158 | | | | MISSION TO PROVIDE QUALITY CHILD CARE FOR CHILDREN IN FAMILIES MOST IN NEED, OFFERING MULTIPLE SERVICES, WHICH HELP THEIR CHILDREN DEVELOP TO THEIR FULL POTENTIAL WHILE SUPPORTING EACH CHILD AND FAMILY STRUCTURE IN ITS DIVERSITY PROGRAMS FUNDED BY UNITED WAY EARLY CHILDHOOD EDUCATION AND CHILD CARE PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SPENCER COUNTY COUNCIL ON AGING 2792 N US HWY 231 SUITE 200 ROCKPORT, IN 47635 | 31-0900819 | 501C (3) | 36,239 | | | | MISSION SPENCER COUNTY COUNCIL ON AGING HAS COORDINATED ITS EFFORTS WITH THE FOLLOWING ORGANIZATIONS IN SPENCER COUNTY FAMILY AND SOCIAL SERVICES, SOUTHERN INDIANA RESOURCE SOLUTIONS, ALL SENIOR HOUSING, MILLER'S MERRY MANOR, COMMUNITY CARE CENTER, PROFESSIONAL CARE REHABILITATION CENTER, VETERANS, HANDICAPPED INDIVIDUALS, AND ALL OTHER CITIZENS OF SPENCER COUNTY THAT QUALIFY FOR OUR TRANSPORTATION AND HOMEMAKER SERVICES OUR GOAL IS TO HELP SENIOR CITIZENS AND HANDICAPPED INDIVIDUALS IN SPENCER COUNTY MAINTAIN THEIR INDEPENDENCE PROGRAMS FUNDED BY UNITED WAY HOMEMAKER PROGRAM, TRANSPORTATION SERVICE PROGRAM |
| SPENCER COUNTY HOSPICE 225 MAIN ST ROCKPORT, IN 47635 | 35-1830590 | 501C (3) | 14,169 | | | | MISSION TO PROVIDE HIGH-QUALITY PHYSICAL, SOCIAL, SPIRITUAL AND EMOTIONAL CARE FOR TERMINALLY ILL PEOPLE AND THEIR FAMILIES THAT PROMOTES COMFORT, ENHANCES QUALITY OF LIFE AND MEETS THE UNIQUE NEEDS OF EACH CLIENT/FAMILY THROUGH THE PROCESS OF ILLNESS, DEATH AND BEREAVEMENT PROGRAMS FUNDED BY UNITED WAY HOSPICE PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST VINCENT'S DAY CARE CENTER 730 W DELAWARE ST EVANSVILLE, IN 47710 | 35-0869067 | 501C (3) | 270,366 | | | | MISSION TO HELP INDIVIDUALS WITH DISABILITIES ACHIEVE MAXIMUM INDEPENDENCE PROGRAMS FUNDED BY UNITED WAY MEDICAL REHABILITATION |
| THE ARC OF EVANSVILLE PO BOX 4089 EVANSVILLE, IN 47724 | 35-0992718 | 501C (3) | 150,210 | | | | MISSION THE SALVATION ARMY, AN INTERNATIONAL MOVEMENT, IS AN EVANGELICAL PART OF THE UNIVERSAL CHRISTIAN CHURCH ITS MESSAGE IS BASED ON THE BIBLE ITS MINISTRY IS MOTIVATED BY THE LOVE OF GOD ITS MISSION IS TO PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET HUMAN NEEDS IN HIS NAME WITHOUT DISCRIMINATION PROGRAMS FUNDED BY UNITED WAY EMERGENCY FINANCIAL ASSISTANCE, DAILY FEEDING PROGRAM, K A S H 4 CHANGE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE REHABILITATION CENTER 3701 BELLEMEADE AVE EVANSVILLE, IN 47714 | 35-1087526 | 501C (3) | 197,374 | | | | MISSION TO REPRESENT THE BEST INTEREST OF CHILDREN INVOLVED IN COURT PROCEEDINGS THROUGH THE COURT-APPOINTED SPECIAL ADVOCATE PROGRAM PROGRAMS FUNDED BY UNITED WAY VOLUNTEER BASED CHILD ADVOCATE PROGRAM |
| THE SALVATION ARMY PO BOX 4055 EVANSVILLE, IN 47724 | 36-2167910 | 501C (3) | 85,466 | | | | MISSION VNA PROVIDES PROFESSIONAL AND COMPASSIONATE HEALTHCARE IN YOUR HOME AND COMMUNITY VNA BRINGS CARE AND SUPPORT TO PEOPLE OF ALL AGES WHO ARE CONFRONTING DISEASE, DISABILITY, OR DEATH BY IMPROVING THE QUALITY OF LIFE FOR INDIVIDUALS, VNA STRENGTHENS THE HEALTH OF OUR COMMUNITIES PROGRAMS FUNDED BY UNITED WAY HOME HEALTH CARE FOR INDIGENT PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VANDERBURGH COUNTY CASA 312 NW MARTIN LUTHER KING BLVD SUITE 110 EVANSVILLE, IN 47708 | 35-1601081 | 501C (3) | 121,461 | | | | MISSION TO PROTECT THE RIGHTS OF RECOVERY NURSING HOME RESIDENTS TO BE TREATED WITH DIGNITY AND RESPECT AND TO RECEIVE SERVICES AND TREATMENTS NECESSARY TO ENSURE THE HIGHEST QUALITY OF LIFE AND CARE TO INCREASE COMMUNITY AWARENESS OF ISSUES RELATED TO THE AGING POPULATION AND ADVOCATE FOR DEVELOPMENT OF VIABLE OPTIONS IN ADDITION TO NURSING HOME PLACEMENT PROGRAMS FUNDED BY UNITED WAY NURSING HOME OMBUDSMAN PROGRAM |
| VOICES 2425 HWY 41 NORTH SUITE 405 EVANSVILLE, IN 47711 | 35-1544787 | 501C (3) | 41,858 | | | | MISSION THE YMCA OF SOUTHWESTERN INDIANA, INC , FOLLOWING THE EXAMPLES OF JESUS CHRIST, RESPONDS TO COMMUNITY NEEDS BY SERVING ALL PEOPLE, ESPECIALLY YOUTH, THROUGH PROGRAMS THAT PROMOTE HEALTHY SPIRIT, MIND AND BODY PROGRAMS FUNDED BY UNITED WAY Y-CAP PROGRAM, CALDWELL COMMUNITY OUTREACH PROGRAM, AFTER SCHOOL PROGRAM, INTEGRATING RECREATION WITH EDUCATION, WARRICK COUNTY Y-READ |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| YMCA 222 NW 6TH ST EVANSVILLE, IN 47711 | 35-0869074 | 501C (3) | 137,403 | | | | MISSION THE EMPOWERMENT OF WOMEN AND THE ELIMINATION OF RACISM PROGRAMS FUNDED BY UNITED WAY DOMESTIC VIOLENCE SHELTER PROGRAM, DOMESTIC VIOLENCE COUNSELING FOR CHILDREN PROGRAM, TRANSITIONAL HOUSING PROGRAM, LIVE YERS PROGRAM |
| YWCA 118 VINE ST EVANSVILLE, IN 47708 | 35-0869074 | 501C (3) | 307,130 | | | | PROGRAM SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| EVANSVILLE CHRISTIAN LIFE CENTER 509 S KENTUCKY ST EVANSVILLE, IN 47714 | 31-1191608 | 501C (3) | 22,574 | | | | MISSION THE EVANSVILLE CHRISTIAN LIFE CENTER IS DEDICATED TO THE RESTORATION OF PEOPLE OUR MISSION IS TO MAKE A LIFE CHANGING SPIRITUAL IMPACT THAT WILL RESTORE PEOPLE TO PRODUCTIVE AND INDEPENDENT LIVING THROUGH JESUS CHRIST BY NETWORKING HUMAN AND FINANCIAL RESOURCES, OUR GOAL IS TO EFFECTIVELY MEET THE EMOTIONAL, PHYSICAL AND SPIRITUAL NEEDS OF FAMILIES AND INDIVIDUALS |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SOUTHWESTERN INDIANA INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

35-0868069

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | A COPY OF THE 990 IS PROVIDED TO EACH FINANCE COMMITTEE MEMBER BEFORE IT IS FILED A FINAL COPY IS PROVIDED TO ALL BOARD MEMBERS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | UPON JOINING THE ORGANIZATION AS A BOARD MEMBER OR A STAFF MEMBER, EMPLOYEES ARE PROVIDED WITH THE CONFLICT OF INTEREST POLICY ANNUALLY, BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY THE COMPLETED FORMS ARE REVIEWED TO DETERMINE IF ANY FURTHER ACTION IS REQUIRED |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE GOES THROUGH A SALARY COMPARABILITY AND APPROVAL PROCESS FOR THE EXECUTIVE DIRECTOR. ALL OTHER EMPLOYEE COMPENSATION IS APPROVED IN AGGREGATE ON AN ANNUAL BASIS BY THE BOARD IN CONJUNCTION WITH THE BUDGET APPROVAL. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | ALL POLICIES, AUDITS, AND 990S ARE LOCATED AT THE OFFICES OF THE UNITED WAY OF SOUTHWESTERN INDIANA, INC AND ARE AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | LOSSES FROM UNCOLLECTIBLE PLEDGES -161,681 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| PART XII, LINE 2C | THE PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR |