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DLN: 93493319051756

OMB No 1545-0047

Open to Public

Department of the Treasury Internal R

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

	ai Keveiid		ı		24 22 224				
			lendar year, or tax year be C Name of organization	eginning 07-01-2015 , and ending	06-30-2010	5	D Empl	over i	dentification number
_	eck if app ddress cha		United Way of Central India	na Inc				-	
<u> </u>	ame chan	-	Doing business as					0075	,90
☐ Ir	ntıal returi	n	Doing business as						
F return	inal /terminate	ed	Number and street (or P O	box if mail is not delivered to street address	s) Room/suit	e	E Teleph	none n	umber
_	nended re		PO Box 88409				(317	923	3-1466
☐Ap	plication p	pending	City or town, state or provin Indianapolis, IN 46208	ce, country, and ZIP or foreign postal code					
			, ,				G Gross	receip	ots \$ 114,112,977
			F Name and address of Ann Murtlow	principal officer			s this a grou		
			PO Box 88409				ubordinates? No	,	Yes 🗸
—— та	x-exempt	t status	Indianapolis, IN 46208				re all subord ncluded?	linate	Yes No
			▼ 501(c)(3) 501(c)	() ◀ (insert no) 4947(a)(1) or	527			h a lis	st (see instructions)
J W	ebsite:	► wwv	w uwcı org			H(c) (Group exemp	tion i	number >
K For	m of orga	nızatıon	✓ Corporation Trust	Association		L Year	of formation 1	921	M State of legal domicile IN
D-	rt I	Sum.	m2 2 KV						1
Fe			mary scribe the organization's m	nission or most significant activities	s				
	1			financial stability, health and basic		everyone	ın our comm	unity	
ıce									
nar									
Activities & Governance	2 Ch	eck th	ıs box ▶ ┌ ıf the organıza	tion discontinued its operations or	dısposed o	f more th	an 25% of it	s net	assets
3	3 Nu	ımhara	of voting mombors of the g	overning body (Part VI, line 1a) .				3	79
× 5			-	nbers of the governing body (Part V.				4	78
М			•	ed in calendar year 2015 (Part V , I	•		-		227
\cti			nber of volunteers (estima			6	13,301		
•	7a To	tal unr	elated business revenue f	rom Part VIII, column (C), line 12				7a	0
	b Net	unrela	ated business taxable inco	ome from Form 990-T, line 34 .		<u></u>		7b	C
							Prior Year		Current Year
Qı							61,365		57,286,142
Ravenue		_	·	VIII, line 2g)			928,660		601,543 3,235,119
Roy				nn (A), lines 5, 6d, 8c, 9c, 10c, and			· · · · · · · · · · · · · · · · · · ·	,764	108,130
			•	ugh 11 (must equal Part VIII, colun	•		68,857		61,230,934
		12)							
			•	d (Part IX, column (A), lines 1-3)			43,825	,460	40,346,629
			•	(Part IX, column (A), line 4) mployee benefits (Part IX, column (0
8		5-10)		imployee beliefits (Fart 1x, Column (A), iiiles		8,987	,282	9,133,271
Expenses	16a	Profes	ssional fundraising fees (P	art IX, column (A), line 11e)					0
Ä	b	Total fu	ndraising expenses (Part IX, col	lumn (D), line 25) ▶4,938,293					
				n (A), lines 11a-11d, 11f-24e) .			6,605		7,711,975
			•	.7 (must equal Part IX, column (A), ct line 18 from line 12	-		59,418 9,438		57,191,875 4,039,059
× 0	119	Keven	ue less expelises Subtrat	ct fille 18 ffolii fille 12		+	·		·
Net Assets or Fund Balances						Beginni	ng of Current	Year	End of Year
Asse Bal							168,084	,429	165,365,580
E PG						•	11,006		9,248,455
	22		ature Block	btract line 21 from line 20			157,078	,399	156,117,125
				ave examined this return, including a	accompany	ıng sche	dules and st	atem	ents, and to the best of
•	_		belief, it is true, correct, a nowledge	nd complete Declaration of prepare	er (other th	an officer) is based or	n all II	nformation of which
—	1101 1103	ully Ki	Towneage						
		****	* * ature of officer				2016-11-14 Date		
Sign Her							Date		
	`		A MILLER VP OPERATIONS & C or print name and title	FU					
			rint/Type preparer's name	Preparer's signature	Da	ite	Check I if	PTI	
Pai	d	_	ACHEL SPURLOCK	RACHEL SPURLOCK			self-employed		520729
Pre	parer	` ⊢	irm's name ► CROWE HORW irm's address ► 10 West Marke				Firm's EIN ► :		
Use	Only	, [ˈ	Suite 2000	L 46204207E			Phone no (31	/) 032	1100

Indianapolis, IN 462042975

Par	t 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)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Yes	
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 $98-19$? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		No
С	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? If "Yes," complete Schedule D, Part VIII	11 c		No
	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>	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

30

LOIL	1990 (2015)			Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes."	23	Yes	

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? If "Yes," answer lines 24b through 24d

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Νo

Nο

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

31

32

33

34

35a

35b

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37

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Yes

Yes

Yes

Yes

Form 990 (2015)

Pai	rt 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		• •	 Vaa	· L
1 >	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	114		Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0			
		the organization comply with backup withholding rules for reportable payments to vendo				
C		ig (gambling) winnings to prize winners?		1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered s return	227			
b		east one is reported on line 2a, did the organization file all required federal employmen		2b	Yes	
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in				
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during the ye	ear?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Sc</i>	hedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature				
		a financial account in a foreign country (such as a bank account, securities account, c int)?	or other imancial	4a		No
b	If "Ye:	s," enter the name of the foreign country 🕨				
	Seein	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	inancial Accounts			
	(FBAR		_	_		
		he organization a party to a prohibited tax shelter transaction at any time during the t	,	5a		No_
		ny taxable party notify the organization that it was or is a party to a prohibited tax she	iter transaction?	5b		No ——
С	If "Ye	s," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000	, and did the	6a		No
	_	ization solicit any contributions that were not tax deductible as charitable contribution				
b		s," did the organization include with every solicitation an express statement that sucl not tax deductible?	h contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods and	7a	Yes	
L		tes provided to the payor?		76	V	
		s," did the organization notify the donor of the value of the goods or services provided ie organization sell, exchange, or otherwise dispose of tangible personal property for w	•	7b	Yes	
		rm 8282?	· · · · ·	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year				
۵	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a persona	I henefit contract?			
·	Dia tii	te organization receive any lands, affectly of mattecety, to pay premiums on a persona	r benene contract	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal bei	nefit contract?	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the organiza	ition file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did th	ne organization file a			
		1098-C?		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business	holdings at any time			
		the year?		8		No
9a	Dıd th	e sponsoring organization make any taxable distributions under section 4966?		9a		No
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related pe	rson ⁷	9b		No
10	Sectio	on 501(c)(7) organizations. Enter				
		tion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les				
11		on 501(c)(12) organizations. Enter			١	
а	Gross	income from members or shareholders				
b		income from other sources (Do not net amounts due or paid to other sources				
	agains	st amounts due or received from them)				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12 a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the 12b				
13		on 501(c)(29) qualified nonprofit health insurance issuers.				
	_					
а		organization licensed to issue qualified health plans in more than one state? Note. Se onal information the organization must report on Schedule O	e the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states		-		
		ch the organization is licensed to issue qualified health plans				
		the amount of reserves on hand			ļ	
		e organization receive any payments for indoor tanning services during the tax year?	-	14a		No
D	TI. Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	ociteaute U	14b		

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					🗸
Se	ection A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	79			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	78			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?		orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	alby)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following					
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	even	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10 a		No
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organizati		•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	_	- · · · · · · · · · · · · · · · · · · ·	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this $\mathfrak f$	orm 9	990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12 c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	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 taxable entity during the year?		_	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16 b		
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available.					

interest policy, and financial statements available to the public during the tax year

►Gina A Miller 3901 N MERIDIAN STREET Indianapolis, IN 46208 (317) 921-1245

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

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) A verage hours per week (list any hours	more to	than o	one I both ector	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										

art VII	Section A. Officers	, Directors, Trus	stees, Key Employees	s, and Highest Compen	sated Employees	(continued)
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(A) Name and Title	(B) Average hours per week (list any hours	more t	than o	one l both	box, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-		(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										
1b Sub-Total c Total from continuation s										
d Total (add lines 1b and 1d	•					▶		1,402,923	0	200,202

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
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? If "Yes," complete Schedule I for such individual	4	V. a. a	
	marriada	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors		
Complete this table for your five highest compensated independent contrac compensation from the organization. Report compensation for the calendar.		
(A) Name and business address	(B) Description of services	(C) Compensation
HAGERMAN INC	CAPITAL PROJECTS-CHILDCARE MINISTRIES	741,224
510 WEST WASHINGTON BLVD FT WAYNE, IN 46861		
CALDWELL VANRIPER INC	ADVERTISING	394,411
111 MONUMENT CIRCLE SUITE 4150		
INDIANAPOLIS, IN 46204		
STRATUS LIVE LLC	Software/Consulting	378,371
6465 College Park Square 400		
Virginia Beach, VA 23464		
PERFECT IMPRESSIONS	PRINTING/OFFICE SERVICES	215,859
3901 N MERIDIAN ST STE 15 INDIANAPOLIS, IN 46202		
COMMUNITY SOLUTIONS INC	CONSULTING SERVICES	171,812
1433 N MERIDIAN ST STE 206 INDIANAPOLIS, IN 46202		
2 Total number of independent contractors (including but not limited to those li	sted above) who received more than	

orm 990 (Page S
art VIII		Statement of Revenue Check if Schedule O contains	a resnor	ase or note to any lir	ne in this Part VIII			
		eneck if senedate of contains	<u>а гезрог</u>	ise of noce to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	La	Federated campaigns	1a	0				
	b	Membership dues	. 1b	0				
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c	Fundraising events	. 1 c	82,215				
Ts. □ A	d	Related organizations	. 1d	0				
5	e	Government grants (contributions)	1e	8,051,791				
Sir.								
	f	All other contributions, gifts, grants, similar amounts not included above	and 1f	49,152,136				
<u> </u>	g	Noncash contributions included in line 1a-1f \$	es	1,112,606				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			57,286,142			
ا ۾ د				Business Code				
휠 :	2a	Donor Designation Fees		900099	532,217	532,217		
r K	b	Nonprofit Training		900099	60,258	60,258		
م ا	c	Grant Administration		900099	9,068	9,068		
ž	d				,			
<u>چ</u>	e							
Program Service Revenue	f	All other program service reve	enue		0	0	0	(
ê	g	Total. Add lines 2a-2f		•	601,543			
	3	Investment income (including						
		and other similar amounts) .		F	2,884,298			2,884,298
	4	Income from investment of tax-exer		· · · ·				
1	5	Royalties		(II) Personal				
(6a	, , ,	6,724	0				
	L	Less rental 31	7,426	0				
	ь	expenses		0				
	С	or (loss)	0,702	U				
	d	Net rental income or (loss) .			-60,702			-60,70
7	7a	Gross amount from sales of assets other than inventory	51,292	(II) O ther				
	b	Less cost or other basis and sales expenses 51,50	7,861	992,610				
	c		3,431	-992,610				
	d	Net gain or (loss)		· · · ·•	350,821			350,82
Other Kevenue	ва	Gross income from fundraising events (not including \$ 82,215 of contributions reported on II See Part IV, line 18	ne 1c)					
<u> </u>	L.	Land discrete	a	47,484				
5		Less direct expenses Net income or (loss) from fund		64,146 events ►	-16,662			-16,66
		Gross income from gaming ac See Part IV, line 19	tivities	svenus I I p	,			,
	b	Less direct expenses	a . b	0				
	c	Net income or (loss) from gan	ning activ	vities				
10	0a	Gross sales of inventory, less returns and allowances .		>				
			а	0				
		Less cost of goods sold .		0				
<u> </u>	С	Net income or (loss) from sale Miscellaneous Revenue	es of inve	Business Code				
11	1a	Sales at Auction		900099	26,682	26,682		
	b	Meeting Ticket Sales		900099	118,735	118,735		
	_	- I - I - I - I - I - I - I - I - I - I		900099	21.638	21.638		

18,439

185,494

61,230,934

All other revenue

12

Total. Add lines 11a-11d

Total revenue. See Instructions

18,439

787,037

Part IX Statement of Functional Expenses

		(B)	(C)	(D)	
Check if Schedule O contains a response or note to any line in th	nis Part IX				
ection 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organız	ations must com	plete column (A)	ł	

	Γ				
	ot include amounts reported on lines 6b, o, 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	39,728,806	39,728,806		
2	Grants and other assistance to domestic individuals See Part IV, line 22	617,823	617,823		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	725,478	177,916	358,569	188,993
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	6,799,311	3,007,129	1,335,993	2,456,189
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,299	31,018	34,157	32,124
9	Other employee benefits	964,199	386,046	223,200	354,953
10	Payroll taxes				
		546,984	227,502	130,637	188,845
11	Fees for services (non-employees)				
а	Management				
b	Legal	17,667	388	15,383	1,896
С	Accounting	88,720		88,720	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	374,822		374,822	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,570,519	1,841,061	614,094	115,364
12	Advertising and promotion	937,139	448,785	60,293	428,061
13	Office expenses	250,141	34,739	78,942	136,460
14	Information technology	946,178	302,144	218,768	425,266
15	Royalties				
16	Occupancy	773,149	280,106	158,759	334,284
17	Travel	120,268	57,026	31,681	31,561
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	484,349	206,541	169,377	108,431
20	Interest				
21	Payments to affiliates	244,345	77,799	51,131	115,415
22	Depreciation, depletion, and amortization	47,600	46,359		1,241
23	Insurance	30,184	10,861	6,167	13,156
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)				
а	CLASSROOM SUPPLIES, PLAYGROUND EQUIPMENT, BOOKS, & OTHER SUPPLIES	740,566	740,566		
b					
c					
d					
e	All other expenses	86,328	34,547	45,727	6,054
25	Total functional expenses. Add lines 1 through 24e	57,191,875	48,257,162	3,996,420	4,938,293
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

orm	990 (2	2015)					Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any line	e in t	hıs Part X			· · · · · · <u>· · · · · · · · · · · · · </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,000	1	1,000
	2	Savings and temporary cash investments			33,549,608	2	26,513,260
	3	Pledges and grants receivable, net			15,920,281	3	16,055,900
	4	Accounts receivable, net			4,010,467	4	6,838,537
	5	Loans and other receivables from current and former office trustees, key employees, and highest compensated emplois of Schedule L					
						5	0
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instrupent II of Schedule L	(3) (3)(ectio	(B), and n 501(c)(9)			
\ss	_					6	0
~	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			_	8	
	9	Prepaid expenses and deferred charges	•		1,223,815	9	285,177
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,029,899			
	b	Less accumulated depreciation	10b	1,869,398	1,386,157	10 c	160,501
	11	Investments—publicly traded securities	٠		111,993,101	11	115,511,205
	12	Investments—other securities See Part IV, line 11 .			0	12	
	13	Investments—program-related See Part IV, line 11 .			0	13	
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11	•		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			168,084,429	16	165,365,580
	17	Accounts payable and accrued expenses			2,133,567	17	3,440,704
	18	Grants payable			8,605,469	18	5,420,962
	19	Deferred revenue				19	37,940
	20	Tax-exempt bond liabilities				20	0
۰.	21	Escrow or custodial account liability Complete Part IV of	Sch	edule D	266,994	21	348,849
lities	22	Loans and other payables to current and former officers, d key employees, highest compensated employees, and dis					
<u>.</u>		persons Complete Part II of Schedule L				22	
Liabilit	23	Secured mortgages and notes payable to unrelated third p	artie	s		23	0
	24	Unsecured notes and loans payable to unrelated third part	ties			24	0
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	rela	ted third parties,			
					0	25	0
	26	Total liabilities. Add lines 17 through 25			11,006,030	26	9,248,455
	1	Organizations that follow SEAS 117 (ASC 958) check here	e b	and complete			

						5	0
Assets	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	(c)(3)(l section	3), and n 501(c)(9)			
\$\$1					_	6	0
٧	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,223,815	9	285,177
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,029,899			
	b	Less accumulated depreciation	10b	1,869,398	1,386,157	10 c	160,501
	11	Investments—publicly traded securities			111,993,101	11	115,511,205
	12	Investments—other securities See Part IV, line 11 .			0	12	
	13	Investments—program-related See Part IV, line 11 .			0	13	
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)		168,084,429	16	165,365,580
	17	Accounts payable and accrued expenses			2,133,567	17	3,440,704
	18	Grants payable			8,605,469	18	5,420,962
	19	Deferred revenue				19	37,940
	20	Tax-exempt bond liabilities				20	0
(Λ	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D	266,994	21	348,849
_iabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and c					
iqе		persons Complete Part II of Schedule L				22	
Li	23	Secured mortgages and notes payable to unrelated third	parties	s		23	0
	24	Unsecured notes and loans payable to unrelated third p	arties			24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,			
					0	25	0
	26	Total liabilities. Add lines 17 through 25			11,006,030	26	9,248,455
alances		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ►	 and complete			
ılar	27	Unrestricted net assets			28,380,167	27	26,952,534
8	28	Temporarily restricted net assets			46,845,289	28	46,062,105
<u>n</u>	29	Permanently restricted net assets			81,852,943	29	83,102,486
Assets or Fund		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check he	ere 🕨 🦵 and			
ets.	30	Capital stock or trust principal, or current funds				30	0
\$\$6	31	Paid-in or capital surplus, or land, building or equipmen	t fund			31	0
t A	32	Retained earnings, endowment, accumulated income, or	other fo	unds		32	0
Net	33	Total net assets or fund balances			157,078,399	33	156,117,125
	34	Total liabilities and net assets/fund balances	<u> </u>	<u></u> .	168,084,429	34	165,365,580
							Form 990 (2015)

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Net unrealized gains (losses) on investments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Donated services and use of facilities .

Total revenue (must equal Part VIII, column (A), line 12)	
Total expenses (must equal Part IX, column (A), line 25)	
Revenue less expenses Subtract line 2 from line 1	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash 🗸 Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

Page 12

61,230,934

57,191,875

4,039,059

157,078,399

-2,683,463

-2,316,870

156,117,125

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

Additional Data

Software ID: 15000238

Software Version: 2015v2.1 **EIN:** 35-1007590

Name: United Way of Central Indiana Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 617,823 including grants of \$ 617,823) (Revenue \$ 16,116)

THE UNITED WAY OF CENTRAL INDIANA, INC ADDRESSES TODAY'S MOST CRITICAL NEEDS THROUGH DISTRIBUTION OF
FUNDS ON BEHALF OF SPECIFIC INDIVIDUALS THE ORGANIZATION ASSISTED 19,102 INDIVIDUALS WITH HOLIDAY
ASSISTANCE, AND 587 HOUSEHOLDS WITH UTILITY ASSISTANCE DURING THE WINTER MONTHS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles d	ore ti ss pe	than ersor icer a tor/t	not one n is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the			
	organizations below dotted line)	Individual trustee or director	In stitutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations			
STEVEN WALKER DIRECTOR & CHAIRMAN	1 0	х		х				0	0				
CONNIE STUART DIRECTOR & CHAIR ELECT	1 0	x		х				0	0	0			
DEBORAH DANIELS DIRECTOR & SECRETARY	1 0	х		х				0	0				
MATTHEW COHOAT DIRECTOR & TREASURER	1 0	x		х				0	0	Q			
STEVE ALONSO DIRECTOR	1 0	×						0	0				
CHARLES BANTZ DIRECTOR (PARTIAL YEAR)	1 0	×						0	0	(
MICHAEL BECHER DIRECTOR	1 0	x						0	0				
BILL BENNER DIRECTOR	1 0	x						0	0				
MARY BOELKE		х						0	0	0			
JAMES BOYCE DIRECTOR	1 0	×						0	0				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, amount of compensation compensation week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) organizations MISC) organization Officer Š Former Highest compensated employee Individual trustee below and related Institutional Trustee director. dotted line) organizations employee VINCENT 10 CAPONI Χ 0 DIRECTOR MOLLY 10 CHAVERS Х DIRECTOR RODNEY 10 COTTON Х DIRECTOR RYAN DAILEY 10 DIRECTOR Х 0 (PARTIAL YEAR) 10 DENISE DANK Х 0 DIRECTOR 10 LARRY DELIA 0 0 Х DIRECTOR MICHAEL 10 DILTS Х 0 DIRECTOR SHERMIKA 10 DUERSON Х 0 DIRECTOR CLAUDETTE 10 **EINHORN** Х 0 0 DIRECTOR MURVIN 10 **ENDERS** Х

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Ť Former emplovee Highest compensated Individual trustee below Institutional Trustee and related director dotted line) organizations employee DANTEL 10 **EVANS** Χ 0 DIRECTOR MARTHA **FARLEY** Х Ω DIRECTOR CLAIRE 10 FIDDIAN-**GREEN** Х 0 DIRECTOR ANDIE 10 FRIEDMAN Χ 0 DIRECTOR STEPHANIE 10 **FUHRMANN** 0 Х DIRECTOR GEOFFREY 10 **GAILEY** Х 0 0 DIRECTOR KAREN 10 GENTLEMAN Х DIRECTOR 10 GARY GIBSON 0 0 Х DIRECTOR JOE GILBERT Х DIRECTOR MARIANNE 10 GLICK Х

Form 99 Compen	0, Part VII - sated Emplo	Con	iper s, ai	ısa ıd	tio Ind	n of lepe	Off nd(ficers, Direct ent Contracto	:ors,Trustees prs	, Key Emplo	
(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	mo unles	ore tl ss pe	han ersor cer a	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
JUAN GONZALEZ DIRECTOR	1 0	х						0	0		
JIM HALLETT DIRECTOR	1 0	×						0	0		
KATIE HAMMER DIRECTOR (PARTIAL YEAR)	10	х						0	0		
BILL HANSEN DIRECTOR	1 0	×						0	0		
MIKE HARRINGTON DIRECTOR	1 0	×						0	0		
LISA HARRIS DIRECTOR	1 0	×						0	0		
JEFF HARRISON DIRECTOR	1 0	×						0	0		
GINA HAYS DIRECTOR (PARTIAL YEAR)	1 0	х						0	0		
RICHARD HESTER DIRECTOR	1 0	x						0	0		
BRUCE HETRICK	1 0	х					П	0	0	1	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) organizations MISC) organization Officer key employee Former or director emplovee Highest compensated Individual trustee below Institutional Trustee and related dotted line) organizations ABBE 10 HOHMANN Х DIRECTOR MARTIOU 10 IDLAND Х DIRECTOR 10 KALEN IRSAY Х 0 0 DIRECTOR DONALD 10 KNEBEL Х 0 0 DIRECTOR JONATHON 10 **KROEHLER** Χ DIRECTOR MICHAEL 10 LANGELLIER Х DIRECTOR 10 DAVID LEWIS Х DIRECTOR 10 SCOTT LUC Х DIRECTOR 10 JOHN MASON Χ 0 0 DIRECTOR 10 ANN MATHEIS Х

Form 99 Compen	0, Part VII - sated Emplo	Con	iper s, ai	ısa nd	tio Inc	n of lepe	Of nd	ficers, Direct ent Contracto	tors,Trustee: ors	s, Key Emplo
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	unles	ore tl ss pe offic direct	han ersor cer a	not one on is and trust	tee)		(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
	dotted line)	Individual trustee or director	Institutional Trustee	ତଳା	employee	Highest compensated employee	net			organizations
TODD MAURER DIRECTOR	1 0	х						0	0	
BOB MCELWAIN DIRECTOR	1 0	×						0	0	d
JAMIE MERISOTIS DIRECTOR	1 0	×						0	0	
MARK MILES DIRECTOR	1 0	х						0	0	
BRYAN MILLS DIRECTOR	1 0	×						0	0	
ANDREW MOHR DIRECTOR	1 0	×						0	0	
GREG MORRIS DIRECTOR (PARTIAL YEAR)	1 0	x						0	0	(
JONATHAN NALLI DIRECTOR	1 0	×	 					0	0	
JOHN NEIGHBOURS DIRECTOR	1 0	×						0	0	(
STEVEN NELICK DIRECTOR (PARTIAL YEAR)	1 0	х						0	0	(

								fficers, Direc	tors,Trustee	s, Key Empl	
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han rso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
BETH NICHOLAS DIRECTOR	1 0	x						0	0		
MICHAEL O'CONNOR DIRECTOR	1 0	х						0	0		
SAMUEL ODLE DIRECTOR	1 0	х						0	0		
GREGORY PEMBERTON DIRECTOR	1 0	×						0	0		
MAMON POWERS DIRECTOR	1 0	x						0	0		
MARK RATEKIN DIRECTOR	1 0	x						0	0		
DAVID RESNICK DIRECTOR	1 0	x						0	0		
DAVE RICKS DIRECTOR	1 0	х						0	0		
KELLY RITCHIE DIRECTOR	1 0	Х						0	0		
LOU RIVIECCIO DIRECTOR	1 0	х						0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (C) (A) (B) (D) (E) (F) Name Position (do not check Reportable Estimated Average Reportable and Title hours per more than one box, amount of compensation compensation week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Key employee Highest compensat ndividual trustee below Institutional Trustee and related discor dotted line) organizations employee CLAY 10 ROBBINS Х 0 0 DIRECTOR RAFAFI 10 SANCHEZ Х 0 0 DIRECTOR DENNIS 10 SASSO Х 0 0 0 DIRECTOR ZACHARY 10 SCOTT Х 0 0 DIRECTOR DENNY 10 SPONSEL 0 0 Х 0 DIRECTOR COLLEEN 10 **SPRINGATE** 0 Х 0 0 DIRECTOR 10 CATHY STOLL Х 0 0 0 DIRECTOR MARY ANN 10 SULLIVAN Х 0 0 0 DIRECTOR JESSICA 10 THOMAS 0 0 0 X DIRECTOR PONCE TIDWELL 10 Х 0 0 DIRECTOR (PARTIAL YEAR)

Form 990, Pa Compensated	rt VII - Com	pens , and	sati d In	on de	of o	Offic iden	er: t C	s, Directors, ontractors	Γrustees, Ke	y Employee:
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(C (do han erso cer) not one n is and	chec box, both a	k	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
SHELLY TOWNS DIRECTOR	1 0	×						0	0	
PATZETTA TRICE DIRECTOR	1 0	х						0	0	
DONALDSON TWYMAN DIRECTOR	1 0	х						0	0	
JEAN WOJTOWICZ DIRECTOR	1 0	×						0	0	
TERENCE YEN DIRECTOR	1 0	×						0	0	
ANN MURTLOW CEO & PRESIDENT	40 0			x				286,711	0	44,48
GINA MILLER SENIOR VP OF OPERATIONS, CFO & ASST TREASURER	40 0			х				173,883	0	21,36
JAY GESHAY SENIOR VP OF COMMUNITY IMPACT & FUNDRAISING	40 0				х			176,832	0	31,21
JULIANNE BURNS SENIOR VP OPERATIONS, JUMP IN	40 0					х		161,417	0	5,28
ANGELA DABNEY VP GLOBAL INITIATIVES & TRANSFORMATIONAL GIFTS	40 0					x		145,419	0	33,10

GIFTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer 3 Former Individual trustee emplovee Institutional below and related dotted line) organizations employee compensat Trustee Ě RONALD. 40 0 GIFFORD Х 200,555 39,054 DIRECTOR JUMP IN CHRISTIE **GILLESPIE** 40 O VICE Х 120,406 13,37 PRESIDENT OF COMMUNITY IMPACT CHRISTOPHER **HERNDON** 40.0 137,700

Х

12,314

SENIOR VICE

PRESIDENT OF COMMUNITY **ENGAGEMENT**

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

United Way of Central Indiana Inc

990EZ)

Part I

1

2

Treasury

Department of the

DLN: 93493319051756

35-1007590

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.

Open to Public

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-0047 Inspection **Employer identification number Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

6		A federal, state, or loc	al government	t or governmental unit	: described in s e	ection 170 (b)(1)(A)(v).	
7	√	An organization that n described in section 1	•	•		om a governm	ental unit or from the g	eneral public
8		A community trust des				tII)		
9		An organization that r	normally receives related to it it income and i	ves (1) more than 33 is exempt functions—s unrelated business ta:	1/3% of its sup subject to certa xable income (I	port from cont in exceptions, ess section 5:	ributions, membership and (2) no more than 1 11 tax) from businesse	331/3% of its support
10		An organization organ					on 509(a)(4).	
11 a	Г	one or more publicly s the box in lines 11a th Type I. A supporting o	upported orga nrough 11d tha organization op n(s) the power	nizations described in at describes the type o erated, supervised, of to regularly appoint o	section 509(a of supporting or r controlled by i r elect a majori)(1) or sectior ganization and its supported (nctions of, or to carry o i 509(a)(2) See sectio d complete lines 11e, 1 organization(s), typical tors or trustees of the	n 509(a)(3). Check 1f, and 11g ly by giving the
b	Γ	Type II. A supporting	organization s pporting orgar	upervised or controlle	d in connection		orted organization(s), t manage the supported	
С	_				n operated in c	onnection with	n, and functionally inted	rated with, its
_	l	supported organization						, racea meny res
d	Γ		ated The orga	ınızatıon generally mu	st satisfy a dist	trıbutıon requi	with its supported org rement and an attentiv	
e	_						ıs a Type I, Type II, T	vne III functionally
_	l	integrated, or Type III					a ., pe 1, ., pe 11, .	, po III ramonoman,
f	Ente	r the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5			
g		Provide the following i						
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota	I							

paid to or expended on its behalf

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

3 The value of services or facilities furnished by a governmental unit to the organization without charge

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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, or 8 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 57,678,818 50,198,558 52,749,561 60,973,135 57,776,123 279,376,195 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either

50,198,558

52,749,561

60,973,135

57,776,123

279,376,195

4,906,111

▶□

57,678,818

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						64,232,253
6	Public support. Subtract line 5 from line 4						215,143,942
S	ection B. Total Support						
(01	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	57,678,818	50,198,558	52,749,561	60,973,135	57,776,123	279,376,195
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,406,766	1,928,716	2,244,515	2,542,420	3,141,022	12,263,439
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	61,751	47,358	60,275	163,624	240,368	573,376
11	Total support. Add lines 7 through 10						292,213,010

Section C. Computation of Public Support Percentage

Gross receipts from related activities, etc (see instructions)

	cetion c. computation of rubile support referringe		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	73 63 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	73 01 %

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,

16a 33 1/3% support test-2015. 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-2014. 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 - 2015. 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 ▶□ b 10%-facts-and-circumstances test - 2014. 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 gualifies as a publicly supported organization

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 9 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
_	Add lines 7a and 7b						
	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
	A mounts from line 6						
	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 Add lines 10a and 10b						
	Net income from unrelated						
11	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,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
	Investment income percentage for				nn (f))	14-1	
3 Gromer performs the purpose of the bus or garden for the tot tot the the the the the the the the the th	· · · · · ·	•		•	···· (1 <i>))</i>	17	
	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
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	Yes	No
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		
3а	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	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 II of Schedule L (Form 990)	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 9(a)) 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 9(a)) 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		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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? 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	1		
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? 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	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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? 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	2a	
	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? 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	2b	
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 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
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	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functional	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)					
Section D - Distributions			Current Year					
A mounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furth		ported organizations un						
excess of income from activity	ers exempt purposes or supp	orted organizations, in						
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons						
4 Amounts paid to acquire exempt-use assets	A mounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re	Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI) See instri								
7 Total annual distributions. Add lines 1 through 6								
Total ailiteal distributions. Add lines 1 timough o								
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
	T	····	I					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a								
b								
<u>C</u>								
d From 2013								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7 \$								
a Applied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract								
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 3j and 4c								
8 Breakdown of line 7								
a								
b								
c Excess from 2013								
d From 2014								
e From 2015								
		Schodulo A	(Form 990 or 990-F7) (2015					

and 6. Also complete this part for any additional information, (See instructions).

Facts And Circumstances Test

Schedule A (Form 990 or 990-EZ) 2015

Return Reference	Explanation
	DESCRIPTION - OTHER INCOME, COLUMN A - 61751 0, COLUMN B - 47358 0, COLUMN C - 21025 0, COLUMN D - 119972 0, COLUMN E - 192884 0, COLUMN F - 442990 0,

COLUMN D - 43652 0, COLUMN E - 47484 0, COLUMN F - 130386 0,

DLN: 93493319051756

Employer identification number

35-1007590

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

2

United Way of Central Indiana Inc

Political expenditures

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

3	Volunteer hours						
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).			
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	5 ▶	\$		
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 >	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	0 for this year?			┌ Yes	☐ No
4 a	Was a correction made?					┌ Yes	☐ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1 (c)((3).	
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem	pt function activities 🕨	\$		
2	Enter the amount of the filing of exempt function activities	\$					
3	Total exempt function expendi	\$					
4	Did the filing organization file F	orm 1120-POL for this year?			,	Yes	□ No
	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's f I to a separate political orga	funds inizatio	Also ent on, such	er the
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	cont a dire	tributions ind promp ectly deliv eparate p	vered to a political n If none,
2							
3							
4							
5							
6							
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	-EZ.	Cat No 50084S Schedule C (Form 9	90 or 990	D-EZ) 2015

Other exempt purpose expenditures

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying ceiling amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots nontaxable amount

Not over \$500,000

Over \$17,000,000

g

2a

If the amount on line 1e, column (a) or (b) is:

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

6,000,000

75,008

1,000,000

1,500,000

15,917

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check ightharpoonup If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

	expenses, and share of excess lobbying expenditures)	3,	,
В	Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,598	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,033	
	Total lobbying expenditures (add lines 1a and 1b)	13,631	

Total exempt purpose expenditures (add lines 1c and 1d)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

\$1,000,000

Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is:

\$225,000 plus 5% of the excess over \$1,500,000

20% of the amount on line 1e

\$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000

57,178,245

57,191,876 1,000,000

250.000

☐ No

46.052

250,000

4,288

13,631

250,000

5,598

Schedule C (Form 990 or 990-EZ) 2015

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.)								
Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Tota		

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) T

1,064

250,000

473

14,261

250,000

5,558

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Tot

beginning in)					
					_
Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
					(b)	
	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ctivity		No		A moun	ıt
_	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5),	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information	<u> </u>	I			
	• • •	m 1+\	D = T	T A '		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ip iist),	, rail I	1-A,I	mes I	anu

Explanation

SCHEDULE D

(Form 990)

Treasury

Department of the

Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

DLN: 93493319051756

Open to Public Inspection

Name of the organization United Way of Central Indiana Inc				Employer identification number				
Uni	ted way or Central Indiana Inc		35-1	.007590				
Pa		Advised Funds or Other Similar Funds or Other Similar Funds on Form 990, Part IV, line 6.	ınds (or Accounts.				
		(a) Donor advised funds	(b)	Funds and other accounts				
1	Total number at end of year	2						
2	Aggregate value of contributions to (during year)	193,000						
3	Aggregate value of grants from (during year)	210,374						
4	Aggregate value at end of year	0						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to be		or advi:	sed √ Yes N				
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?							
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	n Forn	n 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)						
	Preservation of land for public use (e g , recreducation)		n histor	rically important land area				
	Protection of natural habitat	Preservation of a	certifie	d historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in the	he form	of a conservation				
				Held at the End of the Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easeme		2b					
C	Number of conservation easements on a certified	` '	2c					
d	Number of conservation easements included in (o historic structure listed in the National Register		2d					
3	Number of conservation easements modified, train	nsferred, released, extinguished, or terminate	d by th	e organization during the				
	tax year ▶							
4	Number of states where property subject to cons	ervation easement is located ▶						
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	- · · · · · · · · · · · · · · · · · · ·	lling of	☐ Yes ☐ No				
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng cons	servation easements during the				
	>							
7	A mount of expenses incurred in monitoring, insper-	ecting, handling of violations, and enforcing co	onserva	ition easements during the year				
В	Does each conservation easement reported on lii (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4)				
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							
a i		ctions of Art, Historical Treasures,	or Oth	ner Similar Assets.				
1	If the organization elected, as permitted under SI	ed "Yes" on Form 990, Part IV, line 8.	nie stat	tement and halance sheet				
1a	1. a.e organization elected, as permitted under of	113 (1.36 330), not to report in its reven	ac scar	and parallee dilect				

- 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
- 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 **▶** \$ __ 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
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCIIE	dule D	(FOIIII 990) 2013							Page Z
Par	t III	Organizations Maintaining (continued)	g Collections of	Art, Historical	Trea	sures, or	Other Similar	Asse	ets
3		the organization's acquisition, accition items (check all that apply)	cession, and other re	ecords, check any	of the f	ollowing that	are a significant	use of	ts
а		Public exhibition		d L	oan or e	exchange pro	grams		
b		Scholarly research		e	ther				
c		Preservation for future generations	;						
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								□No
Par	t IV	Escrow and Custodial Arr. Complete if the organization Part X, line 21.		ın Form 990, Paı	rt IV, l	line 9, or re	· ·		
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other inte	ermediary for contr	ribution	s or other as		⁄es	√ No
b	If"	'Yes," explain the arrangement in F	Part VIII and comple	ete the following ta	hle		Α	moun	 t
c		ginning balance	are XIII and compre	te the following to	Die	10			<u>-</u>
d		ditions during the year				10			
e		stributions during the year				16	2		
f		ding balance				11			
2 a	Did th	ne organization include an amount	on Form 990, Part X	, lıne 21, for escro	worcu	stodial acco	unt liability? 🔽 Y	'es	∏ No
b		es," explain the arrangement in Par							· · · · ·
Pa	rt V	Endowment Funds. Compl				o Form 990 wo years back	, Part IV, line 1 (d)Three years back		Year waam baak
1a	Begin	ining of year balance	(a)Current year 81,458,954	(b) Prior year 80,121,500	B (C)	70,793,827	64,319,83		Four years back 67,748,821
b	_	ributions	40,878	775,469		148,866	1,950,86	_	51,532
С	Net ır Iosse	nvestment earnings, gains, and s	125,686	2,007,974		10,681,934	6,422,94	.4	-1,428,118
d	Grant	s or scholarships							
e		· · · · · · · · · · · · · · · · · · ·	183,982	1,445,989		1,503,127	1,899,820		2,052,401
f	• A dmi	nistrative expenses						-	
g		f year balance	81,441,536	81,458,954		80,121,500	70,793,827		64,319,834
2	Provi	de the estimated percentage of the	current year end ba	ılance (lıne 1g, col	umn (a)) held as			
а	Board	I designated or quasi-endowment 🕽	0 92 %						
b	Perm	anent endowment ▶ 98 62 %							
c		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	0 46 %	n					
За	A re th	nere endowment funds not in the polization by	•		neld an	d admınıstere	ed for the		Yes No
	(i) un	related organizations				•		3a(i)	No
b	If"Ye	elated organizations	zations listed as req				<u>.</u>	3a(ii) 3b	No.
4 Det	Desci rt VI	ribe in Part XIII the intended uses Land, Buildings, and Equi		s endowment funds	-				
I de la	C AT	Complete if the organization		Form 990, Part	: IV, lır	ne 11a.See	Form 990, Part	: X, lı	ne 10.
		Description of property		(a) Cost or other (investme		(b) Cost or other b (other)	Accumulat asıs (c) depreciati		(d)Book value
1a	Land				0				0
b	Buildin	gs				47,	.785 40	0,108	7,677
c	Lease	nold improvements							
d	Fauinn	nent		.	T	1,982.	114 1 829	9.290	152,824

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

160,501

Part VII Investments—Othe See Form 990, Part X				
(a) Description of s	security or category		(b)Book value	(c)Method of valuation
(including nar (1) Financial derivatives	me of security)			Cost or end-of-year market val
2) Closely-held equity interests				
3) O ther				
				+
				+
				+
otal. (Column (b) must equal Form 990, Pa Part VIIII Investments—Prog		•		
Complete if the organ	nization answered '	Yes' on Form 990	, Part IV, line 11c. _S	See Form 990, Part X, line 13.
	on of investment		(b) Book value	(c) Method of valuation
		-		Cost or end-of-year market value
		>		
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
		answered 'Yes' on F	orm 990, Part IV, line	e 11d See Form 990, Part X, line 15 (b) Book value
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
	lete if the organization	answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Compl	lete if the organization (a) Descrip	answered 'Yes' on F		(b) Book value
Part IX Other Assets. Comple	lete if the organization (a) Descrip	answered 'Yes' on Fotion		(b) Book value
Fotal. (Column (b) must equal Form 990 Part X Other Assets. Completion Other Assets. Oth	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co. See Form 990, Part X	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion		(b) Book value
Fotal. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Part IX Other Assets. Comple Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Fotal. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Part IX Other Assets. Comple Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Part IX Other Assets. Comple Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Part IX Other Assets. Comple Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Fotal. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Fotal. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X 1. (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Fotal. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X 1. (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
See Form 990, Part X	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X 1. (a) Description of	no, Part X, col (B) line 15 omplete if the organication	answered 'Yes' on Fotion The street of the		(b) Book value
Total. (Column (b) must equal Form 990 Part X Other Liabilities. Co See Form 990, Part X 1. (a) Description of	lete if the organization (a) Descrip 10, Part X, col (B) line 15 omplete if the organ (5, line 25.) of liability	answered 'Yes' on Fotion The street of the		(b) Book value

Schedule D (Form 990) 2015

1

2

1

2

d

а

50,837,298

49,896,422

64.146

49,832,276

		2d				64,146			
e	Add lines 2a through 2d		٠				2e	-2,619	317,
3	Subtract line 2e from line 1						3	53,456	,615
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1								
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				374,822			
b	Other (Describe in Part XIII)	4b				7,399,497			
c	Add lines 4a and 4b						4c	7,774	319,
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	e 12)					5	61,230	,934
Part	XII Reconciliation of Expenses per Audited Financial St	atem	ents	Wi	ith	Expense	s pe	r Return.	

2a

2b

2c

2a 2b

2c 2d -2,683,463

0

1

64,146

Add lines 2a through 2d . 2e 3 Subtract line 2e from line 1 . 3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

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

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities .

Donated services and use of facilities .

Prior year adjustments .

Other (Describe in Part XIII)

Other losses

Recoveries of prior year grants . .

Other (Describe in Part XIII.)

Investment expenses not included on Form 990, Part VIII, line 7b. 374,822 Other (Describe in Part XIII) 6,984,777 b Add lines 4a and 4b . . 7,359,599 c 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 57,191,875

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,

information

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 Return Reference Explanation

Schedule D. Part IV. Line 2b The United Way of Central Indiana acts as a fiscal agent as well as an employee agent for the Explanation of escrow agreement Coalition for Homeless Intervention and Prevention Incorporated, a 501(c)(3) organization Schedule D (Form 990) 2015 Schedule D (Form 990) 2015

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	United Way is a nonprofit organization exempt from income tax under Section 501(c)(3) of the U S Internal Revenue Code (IRC) UWCI, LLC is a single member LLC whose single member is exempt from federal income taxes under Section 501(c)(3) of the IRC GAAP requires United Way and UWCI, LLC to recognize a tax liability only if it is more likely than not the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of uncertain tax position that is greater than 50% likely of being realized on examination. For tax positions not meeting the more-likely-than-not test, no tax liability is recorded. United Way and UWCI, LLC have examined this issue and have determined there are no material uncertain tax positions. United Way and UWCI, LLC are no longer subject to examination by taxing authorities for years before 2013. United Way and UWCI, LLC do not expect the total amount of uncertain tax positions to significantly change in the next 12 months. United Way and UWCI, LLC recognize interest and/or penalties related to income tax matters in income tax expense. United Way and UWCI, LLC did not have any amounts accrued for interest and penalties at June 30, 2016 or 2015.
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	FUNDRAISING DIRECT EXPENSES - 64146
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	NET DONOR DESIGNATED PLEDGES - 6984777 PROVISION FOR UNCOLLECTIBLE PLEDGES - 1407330 LOSS ON DISPOSAL OF LAND, BUILDING AND EQUIPMENT992610
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	FUNDRAISING DIRECT EXPENSE - 64146
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	NET DONOR DESIGNATED PLEDGES - 6984777

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319051756

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization nited Way of Central Indiana I	Inc					Employer ide	ntification number
mited way of Central Indiana.	THC					35-1007590)
Part I Fundraising Ac Form 990-EZ file	•		_	ation answered "Yes' his part.	on Form	990, Part I\	/, line 17.
Indicate whether the orga	inization raised fun	ds througl	n any of th	ne following activities C	heck all th	nat apply	
a Mail solicitations				e Solicitation of r	on-govern	ment grants	
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g	ing event	S	
d In-person solicitation	าร						
Did the organization have or key employees listed in services?	a written or oral ag n Form 990, Part V	greement II) or ent	with any ii ity in coni	ndıvıdual (ıncludıng offic nection with professiona	cers, direc		es No
b If "Yes," list the ten high to be compensated at lea				isers) pursuant to agre	ements un	der which the f	undrais er is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
otal			•				
List all states in which the or registration or licensing	organization is regi	stered or	licensed t	to solicit contributions (r has beer	n notified it is o	I exempt from

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

2 2 2 2 2 2 3 3 3 3		receipts greater than \$5,000.	. (a)Event #1	(b) Event #2	(c)O ther events	(d)
2 Less Contributions				(event type)	(total number)	Total events (add col (a) through
2 Less Contributions	evernie	1 Gross receipts	129,699			129,699
3 Grass income (line 1 minus	~	2 Less Contributions	82.215			82.215
5 Noncash prizes		3 Gross income (line 1 minus		0	C	
The state of the state of the organization is gaming income summary Add lines 2 through 5 in column (d). The state of the direct expenses. The state of the organization conducts gaming activities. The state of the organization is gaming income summary Add lines 2 through 5 in column (d). The state of the state of the organization conducts gaming activities. The state of the organization is gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization's gaming incomes revoked, suspended or terminated during the tax year? The state of the organization is gaming incomes revoked, suspended or terminated during the tax year? The state of the organization is gaming incomes revoked, suspended or terminated during the tax year? The state of the organization is gaming incomes revoked, suspended or terminated during the tax year? The state of the organization is gaming incomes revoked, suspended or terminated during the tax year?		4 Cash prizes	0			0
7 Food and beverages 38,172 33,172 8 Entertainment 3,390 3,390 9 Other direct expenses		5 Noncash prizes	0			0
9 Other direct expenses	w	6 Rent/facility costs	10,835			10,835
9 Other direct expenses	nse	7 Food and beverages	38,172			38,172
9 Other direct expenses	å X	8 Entertainment	3,390			3,390
11 Net income summary Subtract line 10 from line 3, column (d)		9 Other direct expenses	11,749			11,749
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (add col (a) through col (c)) 1 Gross revenue	ă	10 Direct expense summary Add lines 4	through 9 ın column (d)		64,146
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a)Bingo (b)Pull tabs/Instant bingo/progressive bingo (c)Other gaming (add col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses		11 Net income summary Subtract line 1	0 from line 3, column (d)		-16,662
(a)Bingo (b)Pull tabs/Instant bingo/progressive bingo (c)O ther gaming (add col (a) through col (c)) 1 Gross revenue	Par	Complete if the organization	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
2 Cash prizes	verne		(a)Bıngo	1	(c)O ther gaming	Total gaming (add col
4 Rent/facility costs	<u>~</u>	1 Gross revenue				
4 Rent/facility costs	uses	2 Cash prizes				
5 Other direct expenses		3 Noncash prizes				
Yes	Direct					
6 Volunteer labor		5 Other direct expenses				
8 Net gaming income summary Subtract line 7 from line 1, column (d)		6 Volunteerlabor	_			
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain		7 Direct expense summary Add lines 2	through 5 in column (d)		
a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain		8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)		
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No		• • • • • • • • • • • • • • • • • • • •		•		Yes No
Test No	b					
b If "Yes," explain	L0a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
	b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS DLN: 93493319051756 As Filed Data -OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number United Way of Central Indiana Inc. 35-1007590 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 260

receive funds more than once

Schedule I (Form 990) 2015

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) UNITED CHRISTMAS SERVICE	19102	469,729			
(2) WINTER ASSISTANCE FUND	587	148,094			
	1	1			
	!	1			
· · · · · · · · · · · · · · · · · · · 	†				
	1	1			
		1			
	<u> </u>	 			
	!	1			
	!	1			
	1	1			
	!	1			
Part IV Supplemental Informat	tion Provide the info	rmation required in P	art I line 2 Part III	column (h) and any other	additional information

Part IV Supplemental :	Informati	on. Provide the infor	mation required in P	art I, line 2, Part III,	column (b), and any other	additional information.		
Return Reference	Explanatio	n						
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	(c)(3) orgai agency's pi leadership	The United Way helps those who need help most through unrestricted operating grants and donor designations to a network of approved (affiliated) 501 (c)(3) organizations. The agencies are selected based upon geographic location, population services and programs offered. United Way monitors each agency's program outcomes, governance, financial operations and other operational criteria. Volunteers and staff formally review criteria with agency leadership on a schedule that varies based on performance in past evaluations. For direct programmatic grants, UWCI requires regular grant reporting and supporting documentation be submitted to our accounting and grant administration staff. All grants are supported by contractual agreements that						

outline the expectations in terms of grant management and outcomes. The United Way also provides assistance to individuals in need. Individuals seeking assistance complete an application and submit it to multi-service entities working with the United Way Case workers review the applications and assistance is provided based on certain qualifications. The United Way monitors the assistance provided to ensure that the applicants do not

Schedule I (Form 990) 2015

Additional Data

Cicero, IN 460340207

Software ID: 15000238 **Software Version:** 2015v2.1

EIN: 35-1007590

Name: United Way of Central Indiana Inc

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 Black Men of Indianapolis Inc 3901 N Meridian St Ste 10 Indianapolis,IN 462084026	35-1813852	501(c)3	8,333				General Support
A Child's Place Preschool A Childs Place Preschool 2027 Schwier Ct INDIANAPOLIS,IN 46229	30-9822968	501(c)3	6,800				General Support
Agape Therapeutic Riding Center PO Box 207	31-1193132	501(c)3	5,262				General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) ALS Association - IN Chapter 35-2029321 501(c)3 8,226 General Support 7202 F 87th St Ste 102 Support

Indianapolis, IN 46256					
Alternatives Incorporated PO Box 1302 Anderson,IN 460151302	31-0986769	501(c)3	131,722		General Support
Alzheimer's Association -	35-1747836	501(c)3	23,727		General Support

Greater Indianapolis 50 E 91st Street Ste 100 Indianapolis, IN 46240

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) American Cancer Society -38-1387120 501(c)3 278.336 General Support Central IN 5635 W 96th St Ste 100 Support

Indianapolis,1N 462/86025					
American Diabetes Assn - IN Affiliate 8604 Allisonville Rd Indianapolis,IN 462505541		501(c)3	8,304		General Support
American Red Cross - New	53-0196605	501(c)3	5,792		General Support

Mexico Chapter 142 Monroe NE Albuquerque, NM 87108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) American Red Cross Chapter 35-0869023 501(c)3 1,156,158 General Support #14164 PO Box 73857 Chicago, IL 606737857 Assistance League of 35-1635410 501(c)3 26,977 General Support Indianapolis Operation School Bell

General Support

236,841

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

501(c)3

1475 W 86th St

Auntie Mame's Child

Development Ctr Inc 3120 N Emerson Ave Indianapolis, IN 46218

Indianapolis, IN 462602185

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AYS Inc 31-0989270 501(c)3 162.088 General Support 4755 Kingsway Dr 300 To do a constant INC 46 20 F Support

Support

Indianapolis, IN 46205					
Barbara B Jordan YMCA 2039 E Morgan St Martinsville, IN 46151	35-2019312	501(c)3	23,628		General S
Beginnings Preschool Child	35-1065808	501(c)3	104,969		General S

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

Care

8600 N College Avenue Indianapolis, IN 46240

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Bethany Early Learning 35-1409373 501(c)3 109,898 General Support Ministry 4702 C Foot Ct

Indianapolis, IN 46227					
Big Brothers Big Sisters of Central Indiana 2960 N Mendian St Ste 150	35-1323831	501(c)3	530,112		General

Lebanon, IN 46052

al Cupport

Central Indiana	33-1323631	301(0)3	530,112		General Support
2960 N Meridian St Ste 150 Indianapolis,IN 462084715					
Boone County Cancer Society	35-6044450	501(c)3	17.032		General Support

Thuranapons, IN 402004713					
Boone County Cancer Society 117 W Elm St	35-6044450	501(c)3	17,032		General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 35-1445498 501(c)3 78,289 Boone County Senior Services General Support Inc 515 Crownpointe Dr Lebanon, IN 46052 501(c)3 15,496 General Support

64,826

General Support

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

501(c)3

Booth Tarkington Civic	35-0230360	
Theatre		
3 Center Green Ste 300		
Carmel, IN 460323809		

Bosma Enterprises

8020 Zionsville Rd Indianapolis, IN 46268

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 35-0867962 501(c)3 554,838 Boy Scouts of America-General Support Crossroads Council 7125 Fall Creek Rd Indianapolis, IN 462563167 35-1054426 501(c)3 238,983 General Support

81,546

General Support

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

501(c)3

Boys & Girls Club of
Noblesville
1448 Conner St
Noblesville, IN 46060

1575 Mulberry St Zionsville, IN 46077

Boys & Girls Club of Zionsville

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Boys & Girls Clubs of 35-0979327 501(c)3 92,335 General Support Hancock County PO Box 115 al Support

Greenfield, IN 461400346					
Buddhist Tzu Chi Foundation 1100 S Valley Center Ave San Dimas,CA 91773	94-2952782	501(c)3	6,050		General Support
Business Ownership Initiative	35-2028160	501(c)3	35,000		General Support

of IN 111 Monument Circle Ste

Indianapolis, IN 46204

1950

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 35-0867977 501(c)3 35,202 General Support Butler IPYW 3330 N Pennsylvania St Support

Indianapolis,IN 46205					
CAFE 8902 E 38th St Indianapolis,IN 46226	35-2018453	501(c)3	295,963		General Support
Cancer Support Community-	35-1902427	501(c)3	9,613		General Support

Central Indiana 5150 W 71st St Indianapolis, IN 46268

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Cardinal Ritter High School 35-1096103 501(c)3 13,355 General Support 3360 W 30th St TN 463333430

Indianapolis, IN 462222139					
Catholic Charities Indianapolis PO Box 1410 Indianapolis,IN 46206	47-3062508	501(c)3	693,725		General Support
Catholic Relief Services	13-5563422	501(c)3	107,093		General Support

Catholic Relief Services (USCC)

Baltimore, MD 212988180

PO Box 17526

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Catholic Youth Organization 90-0657156 501(c)3 168,449 General Support Rancho Framaso 580 E Stevens St Indianapolis, IN 462031781 Center for Leadership 35-1389882 501(c)3 36,426 General Support Development 2425 Dr Martin Luther King Jr

40,800

General Support

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

501(c)3

Development
2425 Dr Martin Luther King Jr
St
Indianapolis,IN 462085546

1498 N Post Road Indianapolis, IN 46219

LLC

Champion Kidz Clubhouse

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 501(c)3 131.087 General Support Chapel Hill Christian School 35-1484040 1055 N Girls School Rd Support

General Support

_Indianapolis,IN 46214					
Charity Child Care PO Box 22657 Indianapolis,IN 46222	35-1927248	501(c)3	203,320		General S

268,862

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

501(c)3

Child Advocates Inc.

8200 Haverstick Rd Ste 240 Indianapolis.IN 46240

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 27-1626162 501(c)3 17,000 General Support Children of America Indianapolis LLC 10830 Pendleton Pike Indianapolis, IN 46236 35-1061264 501(c)3 883,532 General Support

77,124

General Support

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

501(c)3

_	
_	Children's Bureau Inc
	1575 Dr Martın Luther Kıng Jr
	St
	Indianapolis, IN 46202

Children's Cottage The

Indianapolis, IN 46227

5935 Shelby

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Children's TherAplay 35-2121568 501(c)3 65,185 General Support Foundation Inc The

9919 Towne Rd Carmel,IN 46032					
Chinsuh Childcare 6470 Shelby Street Indianapolis, IN 46227	46-4743693	501(c)3	6,800		General S

Indianapolis, IN 46208

Carrier, TN 40032					
Chinsuh Childcare 6470 Shelby Street Indianapolis,IN 46227	46-4743693	501(c)3	6,800		General Support
Christ Temple Christian Academy 430 W Fall Creek Parkway	35-0953428	501(c)3	87,992		General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 35-0885588 501(c)3 212,895 General Support Christamore House 502 N Tremont St

General Support

Indianapolis, IN 46222					
Christel House 10 W Market St 1990 Indianapolis, IN 46204	35-2051932	501(c)3	11,759		General Support

77,000

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

501(c)3

CICOA Foundation

4755 Kingsway Dr Ste 200 Indianapolis.IN 462051560

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 31-1254018 501(c)3 242,909 General Support Coalition for Homelessness InterventionPrevention 1100 W 42nd St Ste 350 Support

Indianapolis,IN 46208					
Coburn Place Safehaven II Inc 604 E 38th St Indianapolis,IN 462052747	37-1421922	501(c)3	9,033		General Support
Community Health Network	51-0181688	501(c)3	8,470		General Support

Foundation 1500 N Ritter St Indianapolis, IN 46219

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)3 63.745 General Support Community Solutions Inc 35-2131142 1433 N Meridian St Ste 206 Indianapolis, IN 46202 General Support

General Support

724,422

Concord Neighborhood Center 35-0817149 501(c)3 215,744 1310 S Meridian St. Indianapolis.IN 46225

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

501(c)3

Connect2Help

3901 N Meridian St Ste 300 Indianapolis.IN 462084026

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Consultants Consortium Inc 35-1990942 501(c)3 80.262 General Support The 1022 F 52nd St Indianapolis, IN 46205 Crohn's & Colitis Foundation 13-6193105 501(c)3 6,114 General Support

of America 386 Park Ave New York, NY 100168804

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

1450 S Reisner St Indianapolis, IN 46221

35-6002486 30,112 General Support Daniel Webster Elementary School #46

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)3 119,549 General Support DavStar Childcare 35-0953434 57 N Rural St Indianapolis. IN 46201 Dena's Day Care Center Inc 35-1462686 501(c)3 133.960 General Support 5707 Chelsea Rd

8,263

General Support

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

501(c)3

Indianapolis,IN 46241

Down Syndrome Indiana

708 E Michigan Street Indianapolis. IN 46202

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Early Learning Centers Inc 35-1955574 501(c)3 47,652 General Support 1315 S Sherman Drive Indianapolis IN 46203 Support

Support

Thaidhapons, The Tozos					
Early Learning Indiana 615 N Alabama St Ste 300 Indianapolis, IN 46204	35-0888763	501(c)3	1,304,133		General S
East Tenth Street UM	35-1976975	501(c)3	9,384		General S

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

Children & Youth Center Inc.

2327 E 10th St Indianapolis, IN 46201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Easter Seals Crossroads 35-0869058 501(c)3 893,342 General Support 4740 Kingsway Dr al Support

_Indianapolis,IN 46205					
Edna Martin Christian Center PO Box 18388 Indianapolis,IN 46218	35-1072577	501(c)3	420,090		General Support
Emmanuel Preparatory	35-1710868	501(c)3	28,503		General Support

Lillinginger Freparatory Academy

4901 E 31st Street Indianapolis, IN 46218

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) Fairbanks 35-0811197 501(c)3 308,996 General Support 8102 Clearvista Pkwy Indianapolis.IN 462564698 35-0877572 501(c)3 1.052.397 General Support Families First 615 N Alabama St 320

General Support

129,085

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

501(c)3

Indianapolis, IN 462041481

Fathers and Families Center

Indianapolis.IN 462084705

2835 N Illinois St

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 35-1000001 501(c)3 202,521 General Support Fay Biccard Glick Neighborhood Center 2990 W 71st St

General Support

Indianapolis, IN 462682239					
FERVENT CARE CHILD CARE 10512 E 38TH ST	35-1953339	501(c)3	5,800		General Support

154,360

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

501(c)3

Indianapolis, IN 46235

8950 Promontory Rd Indianapolis, IN 46236 35-1268862

Finding Me Now

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) First Presbyterian Church 35-6005896 501(c)3 12,000 General Support 128 E Main St Lebanon, IN 46052 I Support

Flanner House of Indianapolis Inc	35-0942628	501(c)3	483,634		General Support
2424 Dr Martin Luther King Jr					
St Indianapolis,IN 46208					
Fletcher Place Community	35-1966882	501(c)3	13,645		General Support

Indianapolis, IN 46206

Center PO Box 825

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Fondos Unidos De Puerto Ricol 66-0269222 501(c)3 10,020 General Support PO Box 191914 Support

San Juan, PR 009191914					
Food for the Poor Inc 6401 Lyons Rd Coconut Creek,FL 33073	59-1274510	501(c)3	13,090		General Support
Forest Manor Multi-Service	35-1420208	501(c)3	339,467		General Support

Center 5603 E 38th St Indianapolis, IN 46218

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Fortune Academy (formerly 35-2148108 501(c)3 9,739 General Support Hutson School Inc) 5626 Lawton Loop East Drive

Indianapolis,IN 462161013					
Friends of Indianapolis Animal Care & Control Foundation	32-0099654	501(c)3	6,782		General Support
7399 N Shadeland Ave					

6.470

General Support

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

501(c)3

Indianapolis, IN 46250 Gennesaret Free Clinic

Indianapolis, IN 462041414

615 N Alabama St

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Gifted and Talented Academy 46-0480925 501(c)3 17,136 General Support Inc 5023 North Shadeland Ave Indianapolis, IN 46226 al Support

Gırl Scouts of Central Indiana	35-1014954	501(c)3	209,969		General
Inc					
2611 Waterfront Pkwy E Dr					
Ste 100					
Indianapolis,IN 462142028					

Indianapolis 3935 N Meridian St. Indianapolis, IN 46208

Girls Incorporated of Greater 35-1337205 501(c)3 276,453 General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Gleaners Food Bank of 35-1483868 501(c)3 56,897 General Support Indiana 3737 Waldemere Ave

General Support

Indianapolis, IN 46241					
Goddard School The 10925 Cork Place Indianapolis IN 46236	20-0551385	501(c)3	39,168		General Support

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

501(c)3

Good News Ministries

2716 E Washington St Indianapolis, IN 46201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Goodwill Industries of Central 35-0893506 501(c)3 497,658 General Support Indiana Inc 1635 W Michigan St 94-3311628 501(c)3 36,201 General Support

13,950

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

Indianapolis, IN 462223899	
GreatSchools Inc	
1999 Harrison St Ste 1100	
Oakland, CA 94612	

35-1100181

Greenfield-Central CSC

110 W North St Greenfield, IN 46140

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 35-1715910 501(c)3 17,877 General Support Habitat for Humanity of Greater Indianapolis 3135 N Meridian St Indianapolis IN 462084717 Support

Indianapons/In Tozoo (717)					
Hancock County Food Pantry Inc 1810 E Main Greenfield, IN 46140	35-1923567	501(c)3	7,345		General S
Hancock County Senior	31-0036007	501/c\3	91 209		General Si

1870 Fields Blvd

Greenfield, IN 461403029

General Support Hancock County Senior 31-0936007 501(C)3| 91,209 Services Inc.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Happy Hollow Children's 35-0942648 501(c)3 147,155 General Support Camp Inc

Nashville,IN 47448					
Hawthorne Community Center 2440 W Ohio St	35-0874274	501(c)3	1,521,178		General Support
Indianapolis,IN 46222				1	1

448,607

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

501(c)3

HealthNet Inc

3401 E Raymond St Indianapolis, IN 46203

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Heavenly Angels Childcare 38-3710570 501(c)3 9,384 General Support 7034 N Pershing Ave Indianapolis.IN 46268 General Support

Hendricks County Senior	35-1445497	501(c)3	160,473		i
Services Inc					ĺ
PO Box 448					i
Danville,IN 46122					
Heritage Place of Indianapolis	35-1436580	501(c)3	57,689		

Inc

4550 N Illinois St Indianapolis, IN 46208

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

General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Holy Name School 35-0874514 501(c)3 6,518 General Support 89 N 17th Avenue al Support

Beech Grove, IN 46107					
Holy Spirit Catholic Church 7243 E 10th St Indianapolis,IN 46219	35-0988729	501(c)3	9,500		General Support
Hoosier Trails Council Boy	35-1290776	501(c)3	42,669		General Support

Scouts of America 5625 E SR 46

Bloomington, IN 474019233

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 35-1759503 501(c)3 276,409 General Support Horizon House Inc 1033 E Washington St ral Support

Indianapolis,IN 46202					
Humane Society of Indianapolis 7929 N Michigan Rd NW	35-0876385	501(c)3	8,345		Genera

1,516,161

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

501(c)3

Indianapolis, IN 46268

35-1890547

HVAF of Indiana Inc.

964 N Pennsylvania St Indianapolis, IN 46204

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) TACCER 35-1821777 501(c)3 42,974 General Support 3901 N Meridian St. Suite 200 Indianapolis, IN 462084026 IAEYC 31-1000350 501(c)3 5,300 General Support

General Support

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

501(c)3

4755 Kingsway Dr Ste 107 Indianapolis,IN 46205 Ice Skating Club of

Indianapolis 1040 3rd Ave SW Carmel, IN 46032

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)3 18,116 General Support Indiana Canine Assistant 35-2144155 Network Network Inc (ICAN)

5610 Crawfordsville Rd Suite 2101 Indianapolis,IN 462243787					
Indiana Connected by 25 2625 N Meridian St Ste 48	45-5056874	501(c)3	69,619		General Support

113,517

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

501(c)3

Indianapolis, IN 462087701

Indiana Legal Services Inc 151 N Delaware St Ste 1850 Indianapolis, IN 462042534

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Indiana University Foundation 35-6018940 501(c)3 10,458 General Support

PO BOX 500					
Bloomington, IN 47402					
Indiana University Research Administration PO Box 78000	35-6001673	501(c)3	72,177		General Support

126,915

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

501(c)3

Detroit, MI 48278

PO Box 20716 Indianapolis, IN 46220

Indiana Youth Group (IYG)

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Indianapolis Junior Academy 35-0976759 501(c)3 44,945 General Support 2910 F 62nd St al Support

General Support

_ Indianapolis,IN 46220							
Indianapolis Neighborhood	35-1909230	501(c)3	134,534				General:
Resource Center							
708 E Michigan St							
Indiananalia IN 40202	I	1	1	l	I	1	1

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

501(c)3

Indianapolis, IN 46202

Indianapolis Parks Foundation

615 N Alabama St Ste 119 Indianapolis, IN 46204

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Indianapolis Ten Point 35-2071975 501(c)3 5,000 General Support Coalition 3549 Boulevard PI 22 Indianapolis, IN 462084403 Support

Indianapolis Urban League Inc 777 Indiana Ave Indianapolis,IN 46202	35-6060655	501(c)3	309,400		General S
Indpls Affiliate of the Susan G	75-2941627	501(c)3	5,820		General S

3500 DePauw Blvd Indianapolis, IN 46268

Support Komen Breast Cancer Foundation

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Intelligent Minds Child 26-2393272 501(c)3 23,800 General Support Development 2432 Copper Hill Drive

Indianapolis,IN 46239					
Indianapolis Public Schools 120 E Walnut St Indianapolis,IN 46204	31-1103966		229,819		General Support
Ivy Tech Foundation Inc	23-7073977	501(c)3	6,638		General Support

50 W Fall Creek Parkway

Indianapolis, IN 462085752

North Dr

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Jameson Camp 35-1156756 501(c)3 82,486 General Support 2001 Bridgeport Rd Indianapolis, IN 462310156 I Support

Jewish Community Center of Indianapolis 6701 Hoover Rd Indianapolis,IN 46260	23-7099138	501(c)3	118,454		General Support
Jewish Council for Public	13-1624104	501(c)3	5,000		General Support

Affairs 116 F 27th St

New York, NY 10016

10th FI

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 35-0888017 501(c)3 948,769 lewish Federation of Greater General Support Indianapolis 6705 Hoover Rd Indiananalis IN 463604130 General Support

General Support

Indianapons, IN 462604120					
John H Boner Community Center 2236 E 10th St Indianapolis, IN 46201	23-7204495	501(c)3	1,157,314		

501(c)3

35-2083290

Jov's House

2028 E Broad Ripple Ave Indianapolis, IN 46220

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

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Julian Center Inc The 35-1346514 501(c)3 687,800 General Support 2011 N Meridian St. ral Support

General Support

_Indianapolis,IN 46202					
Juvenile Diabetes Research Foundation - IN Chapter	23-1907729	501(c)3	7,411		General
10401 N Meridian St					
Indianapolis,IN 462900901					

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

501(c)3

Kids Voice of Indiana Inc.

9150 Harrison Park Ct Ste C Indianapolis, IN 46216

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)3 6.800 General Support Kıdz Luve LLC 26-4195365 4118 N Sheridan Ave ral Support

54,400

Indianapolis,IN 46226					
KinderCare 070738 650 NE Holladay St Ste 1400	06-1097006	501(c)3	74,800		General

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

501(c)3

Portiana, OR 9/232

63-0941966

KinderCare 300133

650 NE Holladay St Ste 1400 Portland, OR 97232

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 72-1525162 501(c)3 153,060 General Support Koala-T Preschool Inc 5701 Elmwood Ave Suite E

Indianapolis,IN 46203						
LaPlaza Inc 8902 E 38th St Indianapolis,IN 462266073	35-1743525	501(c)3	187,210			General
		5044 \0		·		

403 W Main St Lebanon, IN 46052

al Support General Support Lebanon Area Boys & Girls 35-6041946 501(c)3 60,180 Club

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Lebanon Community School 35-1085670 5.000 General Support Corporation

1810 N Grant St Lebanon,IN 46052					
Legal Aid Society Inc Indianapolis 615 N Alabama St 122	35-1045153	501(c)3	251,313		General Support

Indianapolis, IN 46204

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

3601 Eisenhower Ave Alexandria, VA 22304

Leukemia & Lymphoma 13-5644916 501(c)3 11,015 General Support

Society Inc Indiana Chapter

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Life Centers Inc. 31-1059740 501(c)3 12,109 General Support 3901 W 86TH ST STE 111 al Support

_Indianapolis,IN 46268					
Lifekids Childcare & Preschool 9101 W 10th Street	57-1228962	501(c)3	63,104		General

Indianapolis, IN 46234

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

Indianapolis, IN 46260

Little Friends of God 74-3071260 501(c)3 5,331 General Support

8350 Ditch Rd

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Little Red Door Cancer 35-0914096 501(c)3 328,834 General Support Agency 1801 N Meridian St Indianapolis, IN 462021411

Little Scholars Childcare & Preschool Academy 3507 Beeler Ave Indianapolis,IN 46224	27-1122413	501(c)3	36,584		General Support
Little Sisters of the Poor	35-1007734	501(c)3	10,254		General Support

c/o St Augustines Home for the Aged

Indianapolis, IN 46260

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Love Your Child's Care 27-1522513 501(c)3 13,600 General Support 2220 Sloan Ave

General Support

Indianapolis,IN 46203					
Lutheran Child and Family	35-0868123	501(c)3	346,154		General Support
Services of IN Inc 1525 N Ritter Ave					
Indiananolis IN 46219					

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

501(c)3

Illulanapons, IN 40219

Lutheran World Relief

Baltimore, MD 212303850

700 Light St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Lynhurst Baptist Church 35-2256878 501(c)3 99.056 General Support Preschool Ministry 1250 S Lynhurst Dr Indianapolis, IN 46241 35-2132723 501(c)3 9.000 General Support

General Support

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

501(c)3

M2M Childcare	
3741 Forest Manor Ave	
Indianapolis,IN 46218	
Make A Wish Foundation of	

Indiana Inc 2545 Farmers Dr Columbus, OH 43235

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Marian University 35-0868175 501(c)3 5,000 General Support 3200 Cold Spring Road ral Support

Indianapolis, IN 46222					
Marion County Commission on Youth Inc 1375 W 16th St	35-1900516	501(c)3	81,465		Genera

151,320

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

501(c)3

Indianapolis, IN 462022111

23-7058960

Martin Center Inc.

3549 N College Ave Indianapolis, IN 46205

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 23-7415846 501(c)3 161,195 General Support Martin Luther King Community Center 40 W 40th St Indiananolis IN 46208 (c)3 462,659 General Support

106,293

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

501(c)3

Thaianapons, IN 40200		
Mary Rigg Neighborhood	35-0868954	501(
Center		
1920 W Morris St		
Indianapolis,IN 46221		

35-1182075

Meals on Wheels of Central

Indianapolis, IN 462400469

Indiana PO Box 40969

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) Mental Health America of 35-6071251 501(c)3 18,878 General Support Hancock County 98 F North St Ste 204 Greenfield, IN 461402199 23-7038692 501(c)3 76,246 General Support

General Support

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

501(c)3

Mental Health America o								
Hendricks County								
75 Queensway Dr								
Avon, IN 46123								

1715 Stringtown Pike Cicero, IN 46034

Mephibosheth Ministries Inc

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 35-0928128 501(c)3 222,628 General Support MHA of Greater Indianapolis 301 F 38th St

Indianapolis,IN 46205					
Midwest Food Bank 6450 S Belmont Ave Indianapolis IN 46217	41-2120170	501(c)3	5,541		Gene

neral Support

Miller Transportation 61-1196769 5.124 General Support

501(c)3

111 Outer Loop Louisville, KY 40214

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 35-2269815 501(c)3 88,036 General Support Montessori Garden Academy 4141 S East St Indianapolis.IN 46227 35-1132342 501(c)3 34.000 General Support idemv

23,800

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

501(c)3

Moore's Montessori Academ
7206 East 38th Street
Indianapolis,IN 46226
Mother Theodore Catholic Academy
Archdiocese of Indianapolis

1400 N Meridian St Indianapolis, IN 46202

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Mount Carmel Community 30-0555664 501(c)3 27.200 General Support

Academy 9610 E 42nd St Indianapolis,IN 46235		.,	·		
MSD of Decatur Township 5275 Kentucky Ave	46-3387727		87,684		General Support

260,223

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

Indianapolis, IN 46241

MSD of Lawrence Township

6501 Sunnyside Rd Indianapolis, IN 46236

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) MSD of Perry Township 28,375 General Support 35-6006777 6548 Orinoco Ave Support

Indianapolis, IN 46227				
MSD of Pike Township	35-6006872	103,157		General Si
6901 Zionsville Rd				
Indianapolis, IN 46268				

178,824

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

MSD of Warren Township 35-6006000

975 N Post Rd Indianpaolis, IN 46219

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MSD of Wayne Township 35-1072270 121,362 General Support 1220 S High School Rd

and Preschool 8050 Nuckols Ln Indianapolis, IN 46237

Indianapolis,IN 46241					
Mt Zion's Loving Daycare 4900 E 38th St _Indianapolis,IN 46218	23-7438282	501(c)3	100,042		General Support
My Second Home Child Care	26-0584073	501(c)3	13,600		General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 35-0984011 501(c)3 9,268 General Support National Multiple Sclerosis Society - Indiana State Support

Chapter 3500 Depauw Blvd Indianapolis,IN 462681170					
Neighborhood Christian Legal	35-1916572	501(c)3	87,315		General S

General Support

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

501(c)3

Clinic 3333 N Meridian St

Indianapolis, IN 46208

2132 W Michigan St Indianapolis, IN 46222 90-0936324

New Beginnings

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) New Palestine High School 5,322 General Support 4485 S Victory Dr Support

Support

١.	New Palestine, IN 46163					
	Noble of Indiana 7701 E 21st St Indianapolis,IN 46219	35-0924720	501(c)3	469,083		General S
	Osteogenesis Imperfecta	23-7076021	501(c)3	5,130		General S

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

Foundation Inc.

804 W Diamond Ave 210 Gaithersburg, MD 20878

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) PACE 35-1062235 501(c)3 168,266 General Support 2855 N Keystone Ave Ste

170 Indianapolis,IN 46218					
Pathway to Recovery Inc 2135 N Alabama St Indianapolis,IN 46202	35-1820889	501(c)3	40,145		General Support

General Support

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

501(c)3

Perfected Child Care Ministry

8736 E 21st St Indianapolis, IN 46219

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 501(c)3 11,370 Perry Senior Citizens 35-1416248 General Support Services 6901 Derbyshire Rd Indianapolis, IN 46227 Planned Parenthood of 35-0874276 501(c)3 27,977 General Support

137,175

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

501(c)3

Indiana 200 S Meridian St 400

Indianapolis, IN 46225 PrimeLife Enrichment Inc.

1078 Third Ave SW Carmel, IN 46032

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 501(c)3 5,780 General Support Promiseland Adventures 35-1181579 2901 N Post Rd I Support

General Support

_Indianapolis,IN 46219					
Prosperity Enrichment Inc 3045 N Pennsylvania Street	46-5150303	501(c)3	20,400		General S
Indianapolis, IN 46205					

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

501(c)3

46-2157297

REAP

15331 Kuvkendahl Road Houston, TX 77090

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Reach for Youth Inc. 23-7456842 501(c)3 171,588 General Support 3505 N Wachington Blud

Indianapolis, IN 462053718					
Riley Children's Foundation (Hospital) Riley Childrens Foundation	35-0868147	501(c)3	27,670		General S

PO Box 88517

Indianapolis, IN 462084718

Support

Salvation Army The (IN)	36-2167910	501(c)3	650,333		General Support
(Hospital) Riley Childrens Foundation Indianapolis,IN 46204					

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Saving Sight Indiana Fund a 35-1793680 501(c)3 11,840 General Support fund of CTCE

_Indianapolis,IN 462041498				
Second Helpings Inc 35-14842	1 501(c)3	254,845		General

Shelbyville, IN 46176

ral Support Indianapolis, IN 46202

Shelby County United Fund 35-0953458 501(c)3 14,394 General Support 126 N Harrison St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Sheltering Wings 35-2077713 501(c)3 187.182 General Support PO Box 92 Danville, IN 461220092 35-1765846 501(c)3 88,385 General Support

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

& Baby Supplies

c/o St Maria Goretti Parish Westfield, IN 46074

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Sheridan Community Schools 35-1097809 5,110 General Support 24795 Hinesley Rd Ch - - - IN 40000 ral Support

Sheridan, IN 46069					
Social Health Assoc of Indiana Inc 615 N Alabama St 228 Indianapolis, IN 46204	35-0869056	501(c)3	108,576		General

28,691

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

501(c)3

Society of St Vincent de Paul

3001 E 30th St Indianapolis, IN 46218

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 35-1318068 501(c)3 403.098 General Support Southeast Community Services Inc 901 Shelby St ral Support

Indianapolis,IN 46203					
Southminster Presbyterian LHLP PO Box 39008 Indianapolis,IN 46239	35-1157652	501(c)3	17,968		General Support
Special Olympics Henry	35-1262574	501(c)3	6,577		General Support

Special Olympics Henry County

6200 Technology Center Dr Indianapolis, IN 46278

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 35-0868029 501(c)3 17,500 General Support SS Peter & Paul Cathedral 1347 N Meridian Street Indianapolio IN 46202 I Support

Thuranapons, IN 40202					
St Jude Childrens Research	62-0646012	501(c)3	7,097		General S
Hospital					
501 St Jude Pl					
Momphic TN 29105				l	

156,760

Membuls, IN 38105

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

501(c)3

St Lawrence Catholic Church

6944 E 46th St Indianapolis, IN 46226

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) St Mary's Child Center 35-1141484 501(c)3 480,527 General Support 901 Dr Martin Luther King Jr I Support

CtV/maant Haanital	35 (000063	E01/-\2	14000		C 1 (
St Monica School C109 6131 N Michigan Rd Indianapolis,IN 46228	35-1009268	501(c)3	40,179		General :
Indianapolis,IN 46202					

8402 Harcourt Rd 210 Indianapolis, IN 46260

General Support StV incent Hospital 35-6088862 501(c)3| 14,9081 Foundation Inc

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)3 56,039 General Support Starfish Initiative 56-2442758 6958 Hillsdale Ct

Indianapolis, IN 462502040					
Sunrise Christian Academy 948 W 30th St	35-2083350	501(c)3	13,600		General Support

397,822

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

501(c)3

iliulanapons,in 46208 Sycamore Services Inc 35-1064235

PO Box 369 Danville, IN 46122

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) T P Kiddie Academy 501(c)3 54.827 General Support 35-2149550 4501 N Post al Support

General Support

Indianapolis,IN 46226					
Tangram 5155 Pennwood Dr	35-1661813	501(c)3	226,318		General
Indianapolic IN 46205				1	i

iliulanapons,in 46203

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

501(c)3

Teach For America

315 W 36th St New York, NY 10018

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) The Arc of Greater Boone 35-1333698 501(c)3 24,816 General Support County

General Support

Lebanon,IN 46052					
The Damien Center 26 N Arsenal Ave	35-1711878	501(c)3	129,236		General Support

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

501(c)3

Indianapolis, IN 46201

20-5533460

The O'Connor House

Carmel, IN 460821061

PO Box 1061

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) The Villages 35-1708240 501(c)3 141.376 General Support 3833 N Meridian St Ste 101 ral Support

11,225

Indianapolis,IN 46208					
Theater of Inclusion	36-4530711	501(c)3	7,500		General
4433 N Pennsylvania St					
Indianapolis.IN 46205					

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

501(c)3

Timmy Global Health Inc

Indianapolis.IN 46202

22 F 22nd St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 27-2538444 501(c)3 17,000 General Support TJ Insights Inc 1057 Reserve Way Indianapolis, IN 46220 al Support

General Support

Treasurer of the State of	35-6000158	528,324		General
Indiana				
402 W Washington St W-361				
MS-01				
Indianapolis, IN 46202				

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

501(c)3

35-2120420

Trinity Free Clinic Inc 1045 W 146th St Carmel, IN 46032

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Trisha's Abundant Love 31-5582870 501(c)3 6,800 General Support Childcare Trishas Abundant Love

General Support

General Support

Childcare 11027 Hickory Lake Lane Indianapolis,IN 46235					
Truth at Work 9953 Crosspoint Blvd 100	35-1959473	501(c)3	125,178		

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

501(c)3

Indianapolis, IN 46256 United Catholic Appeal

1400 N Meridian St Indianapolis, IN 46203

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Way California Capital 94-1225382 501(c)3 11.186 General Support Region

General Support

10389 Old Placerville Rd Sacramento, CA 95827				
United Way of Central Indiana 3901 N Meridian St Indianapolis, IN 462080409	501(c)3	1,995,874		General Support

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

501(c)3

United Way of Central Ohio

Columbus, OH 432155412

360 S 3rd St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Way of Clay County 35-1008531 501(c)3 10.489 General Support Inc c/o United Way of the Wabash Valley

Terre Haute, IN 47803					
United Way of Greater	31-0537502	501(c)3	10,413		General Support
Cıncınnatı					1
2400 Reading Rd					1
Cincinnati, OH 452021478					l

United Way of Greater 38-1359193 501(c)3 5,500 General Support

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

Kalamazoo

709 S Westnedge Ave Kalamazoo, MI 49007

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 35-0891621 501(c)3 16,338 General Support United Way of Greater Lafavette & Tippecanoe County 1114 E State St 200

General Support

5.021

167,056

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

501(c)3

Lafayette, IN 47905		
United Way of Howard County 210 W Walnut St Kokomo IN 469014512	35-0877579	501(c)3

United Way of Johnson County

PO Box 153 Franklin, IN 46131

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 59-1005169 501(c)3 12,402 United Way of Lee County Inc General Support 7273 Concourse Dr Fort Myers.FL 339082644 35-1052350 501(c)3 29,490 General Support

General Support

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

501(c)3

United Way of Madison							
County Inc - IN							
205 W 11th St Ste A							
Anderson,IN 460161486							
United Way of Massachusetts							

Bay and Merrimack Valley

Boston, MA 022101279

51 Sleeper St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) United Way of Monroe County 35-0985959 501(c)3 13,192 General Support Inc 441 S College Ave Bloomington IN 474031514 upport

Diddinington, IN 474031314					
United Way of Putnam County 22 1/2 W Washington St Ste 208 Greencastle, IN 461351568		501(c)3	10,009		General Support
United Way of the National	53-0234290	501(c)3	5,668		General Support

Capital Area

1577 Spring Hill Road Vienna, VA 22182

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Visiting Nurse Service Inc 35-0868199 501(c)3 92,434 General Support 4527 F 82nd St

Indianapolis,IN 46250					
Volunteers of America Indiana	35-1914815	501(c)3	695,707		Gener
927 N Pennsylvania St Indiananolis IN 462041020					

301 W Harrison St Martinsville, IN 46151

eral Support WellSpring 31-1255091 501(c)3 36,267 General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) West Vigo County Community 35-1485844 501(c)3 5,000 General Support Center

501(c)3

Wheeler Mission Ministries

205 E New York St Indianapolis, IN 46204

Inc

35-0888771

127 W Johnson St West Terre Haute, IN 47885					
Westminster Neighborhood Ministries PO Box 11465 Indianapolis,IN 46201	46-3757511	501(c)3	8,955		General Support

92,625

General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Wounded Warriors Project 20-2370934 501(c)3 5,872 General Support /AMAID >

4899 Belfort Rd Ste 300 _Jacksonville,FL 32256					
YMCA of Greater Indianapolis 615 N Alabama St Ste 200	35-0868211	501(c)3	1,211,493		General S

4631 Lisborn Drive Carmel, IN 46033

YMCA of Greater Indianapolis 615 N Alabama St Ste 200 Indianapolis, IN 462041359	501(c)3	1,211,493		General Support
Illulariapolis, IN 402041339				

615 N Alabama St Ste 200					
Indianapolis,IN 462041359					
Young Life of Indianapolis	84-0385934	501(c)3	6,360		General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)3 28,495 General Support Youth Connections 31-0900601 460 N Morton St Ste A ral Support

18,294

Franklin, IN 461311388					
Early Learn Hope Baptist 1055 North Girls School Road	35-1484040	501(c)3	86,108		General

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

501(c)3

iliulanapons,in 40214

35-1157652

Loving Hearts

9950 Southeastern Avenue Indianapolis, IN 46239

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) Christ Church 35-2154464 501(c)3 26,823 General Support 6601 North Grandview Drive

42.554

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

501(c)3

Indianapolis, IN 46260
Crosslight Christian

1715 Stringtown Pike Cicero, IN 46034

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493319051756

Schedule J (Form 990)

reas	rtment of the ury nal Revenue Service	► Information about Schedule J (Fo	orm 990)	and its instructions is at <u>www.irs.qov</u>			o Pui ectio			
Νa	me of the organiz			Emp	loyer identification	on nur	nber			
Uni	ted Way of Central I	ndiana Inc		35-	1007590					
Pa	rt I Questi	ons Regarding Compensation	1	33						
							Yes	No		
1 a	• •	. , ,		y of the following to or for a person listed de any relevant information regarding th						
	_ `	·	· —	, , , , , , , , , , , , , , , , , , , ,						
	<u>`</u>	s or charter travel	<u> </u>	Housing allowance or residence for personal	i		 			
	<u> </u>	companions	<u> </u>	Payments for business use of personal Health or social club dues or initiation i	i		! 			
		nification and gross-up payments	<u> </u>		i		! 			
	Discretion	nary spending account	ı	Personal services (e g , maid, chauffeui	, cher)		¦			
b						1b				
2		· ·		, ,						
					ne 1a?	2				
3	organization's	CEO/Executive Director Check all th	at apply	Do not check any boxes for methods						
	✓ Compens	ation committee		Written employment contract						
	✓ Independent	ent compensation consultant	·	Compensation survey or study			Ì			
	√ Form 990	of other organizations	√	Approval by the board or compensation	ı committee					
4			Part VII	, Section A , line 1a with respect to the fi	ling organization					
а	Receive a seve	rance payment or change-of-control	payment	7		4a		Νo		
b	Participate in,	or receive payment from, a supplemer	ital nond	ualified retirement plan?		4b		Νo		
c				· -		4c		Νo		
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item in Pa	rt III					
	Only 501(c)(3)	501(c)(4), and 501(c)(29) organizat	ions mu	st complete lines 5-9.						
5	For persons lis	ted on Form 990, Part VII, Section A		-						
а	The organization	on?				5a		Νo		
b	A ny related org	ganization?				5b		Νo		
	If "Yes," on line	e 5a or 5b, describe in Part III								
6	•		, line 1a	did the organization pay or accrue any						
а	The organization	on?				6 a		Νo		
b	Any related org	ganization?				6b		No		
	If "Yes," on line	e 6a or 6b, describe in Part III								
7					:ed	7		Νo		
8		Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee Ing the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization related organization related organization sieve a severance payment or change-of-control payment? Incipate in, or receive payment from, a supplemental nonqualified retirement plan? Incipate in, or receive payment from, an equity-based compensation arrangement? Solicy (3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Dersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any pensation contingent on the revenues of organization? Solicy (3), 501(c)(4), and 501(c)(29) organization A, line 1a, did the organization pay or accrue any pensation contingent on the revenues of organization? Solicy (3), 501(c)(4), and 501(c)(29) organization A, line 1a, did the organization pay or accrue any pensation contingent on the revenues of organization? Solicy (3), 501(c)(4), and 501(c)(29) organization A, line 1a, did the organization pay or accrue any pensation contingent on the net earnings of organization? Solicy (3), 501(c)(4), and 501(c)(29) organization A, line 1a, did the organization provide any non-fixed ments not described in lines 5 and 6? If "Yes," describe in Part III Dersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed ments not described in lines 5 and 6? If "Yes," describe in Part III Dersons listed on Form 990, Part VII, paid or accured pursuant to a contract that was ect to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe								
						8		Νo		
9		. 5	e rebutta	ble presumption procedure described in	Regulations	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Base (1) compensation Bonus incentive compensation Compensat	(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
CEO & PRESIDENT (ii)				Bonus & incentive	Other reportable		benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
Column C		(i)	265,639	20,000	1,072	23,150	21,335	331,196	0
2 GINA MILLER (I) 163,547 10,000 336 3,616 17,747 195,246 SENIOR VP OF OPERATIONS, CFO & ASST TREASURER (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)	0	0	0	0	0	0	0
CFO & ASST TREASURER (ii) 165,760 10,000 1,072 6,845 24,373 208,050 10,000 1,072 6,845 24,373 208,050 10,000 10,000 1,072 6,845 24,373 208,050 10,00	2 GINA MILLER			10,000	336	3,616	17,747	195,246	0
SENIOR VP OF COMMUNITY IMPACT & FUNDRAISING (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SENIOR VP OF OPERATIONS, CFO & ASST TREASURER	(ii)	0	0	0	0	0	0	0
IMPACT & FUNDRAISING (ii) 0 0 0 0 0 0 0 0 0	3 JAY GESHAY SENIOR VP OF COMMUNITY	(i)	165,760	10,000	1,072	6,845	24,373	208,050	0
SENIOR VP OPERATIONS, JUMP IN		(ii)	0	0	0	0	0	0	0
JUMP IN (ii) 0 0 0 0 0 0 0 5 ANGELA DABNEY VP GLOBAL INITIATIVES & TRANSFORMATIONAL GIFTS (i) 143,774 0 1,645 8,753 24,355 178,527 6 RONALD GIFFORD DIRECTOR JUMP IN (ii) 0 0 0 0 0 0 0 7 CHRISTOPHER HERNDON (ii) 137,700 0 0 1,419 10,895 150,014 SENIOR VICE PRESIDENT OF 0		(i)	145,385	15,000	1,032	3,868	1,421	166,706	0
5 ANGELA DABNEY VP GLOBAL INITIATIVES & TRANSFORMATIONAL GIFTS (i) 143,774 0 1,645 8,753 24,355 178,527 6 RONALD GIFFORD DIRECTOR JUMP IN (i) 174,483 25,000 1,072 13,710 25,344 239,609 7 CHRISTOPHER HERNDON (i) 137,700 0 0 0 0 0 SENIOR VICE PRESIDENT OF 0 0 0 0 0 0 0		(ii)	0	0	0	0	0	0	0
TRANSFORMATIONAL GIFTS (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			442.774	0	1,645	8,753	24,355	178,527	0
6 RONALD GIFFORD DIRECTOR JUMP IN (i) 174,483 25,000 1,072 13,710 25,344 239,609 (ii) 0 0 0 0 0 0 7 CHRISTOPHER HERNDON (i) 137,700 0 0 1,419 10,895 150,014 SENIOR VICE PRESIDENT OF 0 0 0 0 0 0		(ii)	0	0	0	0	0	0	0
(ii) 0 0 0 0 0 0 0 0 7 CHRISTOPHER HERNDON (i) 137,700 0 0 1,419 10,895 150,014 SENIOR VICE PRESIDENT OF			174 402	25,000	1,072	13,710	25,344	239,609	0
7 CHRISTOPHER HERNDON (i) 137,700 0 0 1,419 10,895 150,014 SENIOR VICE PRESIDENT OF		(ii)	0	0	0	0	0	0	0
	7 CHRISTOPHER HERNDON		107.700	0	0	1,419	10,895	150,014	0
COMMUNITY ENGAGEMENT (II)	SENIOR VICE PRESIDENT OF COMMUNITY ENGAGEMENT	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015									
Part III Supplemental Inform	nation								
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation								

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M**

DLN: 93493319051756

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2015

OMB No 1545-0047

Open to Public Inspection

0

No

Νo

Νo

Yes

Yes

31

32a

Department of the Treasury

28 Other ▶ (_____)

contributions?

b If "Yes," describe in Part II

(Form 990)

► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Internal Revenue Service **Employer identification number** Name of the organization United Way of Central Indiana Inc 35-1007590 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 142 1,112,606 Market value **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other▶(_____

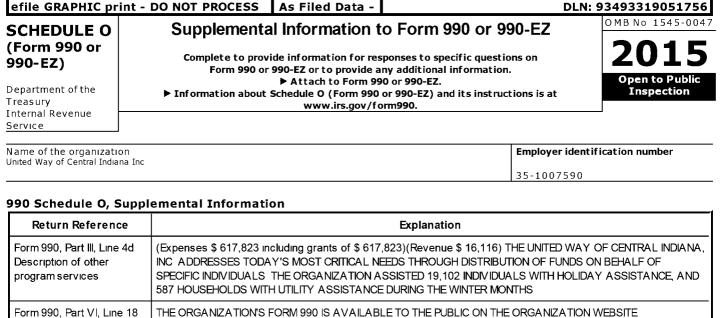
Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2015) Schedule M. Part I Explanations of Securities - Publicly traded NUMBER OF CONTRIBUTIONS

reporting method for number of contributions

Schedule M (Form 990) (2015)



FORM 990 AVAILABLE FOR PUBLIC INSPECTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall, from time to time, consist of the following members of the Board of Directors the Board Chair, Chair-Elect, immediate past Board Chair, Secretary, Treasurer, Chairs of the Standing Committees (Finance, Audit, Investment & Endowment, Governance, and other Standing Committees as determined from time to time by the Board of Directors by resolution), the Campaign Chair, and five (5) at-large members selected in accordance with Article I, Section 3, of these Bylaws. The President and Chief Executive Officer shall serve on the Executive Committee with full voting rights. The Board Chair shall act as chair of the Executive Committee and the President and Chief Executive Officer shall act as the secretary of the Executive Committee During the intervals between meetings of the Board of Directors and subject to such limitations as may be imposed by law, the Articles of Incorporation, or this Code of Bylaws, the Executive Committee shall have and may exercise all the authority of the Board of Directors in the management of the Corporation, except that no action shall be taken which shall conflict with the express policies of the Board of Directors.
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Ann Murtlow and Jean Wojtow icz - Business relationship, Jean Wojtow icz and Michael Becher - Business relationship, Michael O'Connor, Mike Harrington, Shermika Duerson - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The chair of the Audit Committee presented Form 990 information to the Board of Directors on October 26, 2016. The form was electronically provided to each board member before the meeting and hard copies of the return and presentation were also available at the meeting. A representative of the independent accounting firm was also present at the board meeting.
Form 990, Part VI, Line 12c Conflict of interest policy	United Way of Central Indiana (UWCI) requires all board members, members of key committees , officers, key employees, and highly compensated employees to complete a conflict of inte rest questionnaire. The questionnaires are reviewed by the CFO and any conflicts disclosed in the questionnaires are reported to the Audit Committee for evaluation and to determine if there are actual or potential conflicts of interest. Individuals with a conflict absta in from voting on related issues. UWCI also has established an Ethics Officer. The Ethics Officer is a member of the Board of Directors and addresses any ethic concerns that may ar isse.

990 Schedule O, Supplemental Information Return Reference

Form 990. Part VI. Line 15a

Process to establish

compensation of top

compensation of other

employees

Explanation An Executive Compensation/Evaluation Committee meets annually to evaluate the performance of the

n The process and decisions are documented in the committee minutes. This process is done

process and decisions are documented in the committee minutes management official Form 990. Part VI. Line 15b Process to establish

on an annual basis

The Executive Compensation Committee also reviews the salaries for all senior executives. including the Assistant Treasurer & CFO Comparability data, including studies provided by

the United Way of America and other relevant benchmarks, is used to determine compensatio

President and to establish annual compensation adjustments. Comparability data, including studies provided

by the United Way of America and other relevant benchmarks, are used to determine compensation. The

990 Schedule O. Supplemental Information

Return Reference

Form 990. Part VIII. Line 11d Other

Miscellaneous Revenue

Explanation Form 990. Part VI. Line 19 Required The organization's governing documents, conflict of interest policy, and financial statements are

documents available to the public

available to the public upon request. Audited financial statements are also available through our own w ebsite

siness Revenue . Revenue Excluded from Tax Under Sections 512, 513, or 514.

Other/Misc - Total Revenue 18439, Related or Exempt Function Revenue 18439, Unrelated Bu

990 Schedule O. Supplemental Information Return Reference Explanation

Form 990, Part XI, Line 9 Other changes in net assets or PROVISION FOR UNCOLLECTIBLE PLEDGES - -1407330, UNRECOGNIZED PENSION LOSS - -909540.

fund balances

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047 2015

DLN: 93493319051756

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

United Way of Central Indiana Inc

(Form 990)

► Attach to Form 990.

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

Inspection

Employer identification number

Part I Identification of Disregarded Entities Complete	e if the organization a	answered "Yes" or	n Form 990, Par	t IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	ets (f) Direct controlling entity			
(1) UNITED WAY OF CENTRAL INDIANA LLC PO BOX 88409 INDIANAPOLIS, IN 46208 03-5087427	PROPERTY HOLDING CO	DE	0	0	UNITED V	WAY OF CENTRAL INDI	ANA	
Part II Identification of Related Tax-Exempt Organiza	tions Complete if th	o organization an	swored "Yes" or	Form 990 Par	t IV Jun	o 24 hocauso it	had on	0
or more related tax-exempt organizations during the	tax year.	e organizacion an	swered res or	1 FOITH 330, Par	C 1 V , III I	e 54 pecause it	mau on	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity st (if section 501(c)	atus)(3))	(f) Direct controlling entity ((g) n 512(b ontrolle itity?
								No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Fori	m 990) 2	2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990), Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	domicile (state or		(e) Predominant income(related, unrelated,	(f) Share of total income	(g) Share of end-of-year assets			amount in box 20 of	x managing partner? L		(k) Percentage ownership
		foreign country)		excluded from tax under sections 512- 514)					Schedule K-1 (Form 1065)			
				311)			Yes	No		Yes	No	
	_						-				<u> </u>	
Part TV Identification of Polated Organizations Taxable	as a Corno	ration	or Truct (`omplete if th	0 0rg3piz	ation and	uorod	"Voc	on Form 0	00 [) a r t . 1	IV Juno

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	_								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(i contro entit	1512 13) Illed 197
								Yes	No
(1)PERPETUAL TRUST (1) PO Box 88409 Indianapolis, IN 46208	INVESTMENTS	NY	NA	Trust					No
COMMUNITY SERVICE (2)COUNCIL OF CENTRAL IN	Human Services Planning and Related Activities	IN	United Way of Central Indiana	C Corporation	0	0	0 %	Yes	
PO Box 88409 Indianapolis, IN 46208									

Part V Transactio	ns With Related Organizations Complete if the organization answe	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.					
Note. Complete line	1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 During the tax year, did	the orgranization engage in any of the following transactions with one or more re	lated organizations lis	sted in Parts II-IV?						
a Receipt of (i) interes	et, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No		
	contribution to related organization(s)				1 b		No		
c Gıft, grant, or capıta	contribution from related organization(s)				1 c		No		
d Loans or loan guara	ntees to or for related organization(s)				1d		No		
e Loans or loan guara	ntees by related organization(s)				1e		No		
f Dividends from relat	ed organization(s)				1f		No		
g Sale of assets to related organization(s)									
h Purchase of assets	rom related organization(s)				1h		No		
i Exchange of assets	vith related organization(s)				1i		No		
j Lease of facilities, ed	quipment, or other assets to related organization(s)				1j		No		
k Lease of facilities, equipment, or other assets from related organization(s)									
l Performance of services or membership or fundraising solicitations for related organization(s)									
	ces or membership or fundraising solicitations by related organization(s) .				1m		No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid empl	oyees with related organization(s)				10		No		
p Reimbursement paid	to related organization(s) for expenses				1 p		No		
q Reimbursement paid	by related organization(s) for expenses				1q		No		
r Other transfer of cas	h or property to related organization(s)				1r		No		
	h or property from related organization(s)				1s		No		
2 If the answer to any	of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	volved			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
													_ _
				l		L				l .	l		

