

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
United Way of Central Indiana Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2955 N Meridian St Suite 300

City or town, state or province, country, and ZIP or foreign postal code
Indianapolis, IN 46208

D Employer identification number
35-1007590

E Telephone number
(317) 923-1466

G Gross receipts \$ 136,984,021

F Name and address of principal officer
Ann Murtlow
2955 N Meridian St Suite 300
Indianapolis, IN 46208

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

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

J Website: ▶ www.uwci.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1921 **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
United Way fights for the education, financial stability, health and basic needs of every person in every community in Central Indiana

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	73
4 Number of independent voting members of the governing body (Part VI, line 1b)	72
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	233
6 Total number of volunteers (estimate if necessary)	12,790
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	68,880,633	55,967,663
9 Program service revenue (Part VIII, line 2g)	859,813	697,186
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,181,884	6,446,915
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,237	54,441
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,979,567	63,166,205
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,926,865	46,518,209
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,059,457	10,515,436
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,427,118		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,320,188	9,122,643
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	65,306,510	66,156,288
19 Revenue less expenses Subtract line 18 from line 12	9,673,057	-2,990,083

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	184,305,381	182,673,389
21 Total liabilities (Part X, line 26)	11,659,776	10,887,976
22 Net assets or fund balances Subtract line 21 from line 20	172,645,605	171,785,413

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer _____ Date 2018-11-07
GINA A MILLER COO & CFO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name RACHEL SPURLOCK	Preparer's signature RACHEL SPURLOCK	Date	Check <input type="checkbox"/> if self-employed	PTIN P00520729
Firm's name ▶ CROWE LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 135 N Pennsylvania Street Suite 200 Indianapolis, IN 46204			Phone no (317) 632-1100	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

For more than 100 years, United Way of Central Indiana has strived to help all Central Indiana residents achieve and maintain self-sufficiency by focusing on four key areas of community impact - Education, Financial Stability, Health and Basic Needs - in the six-county region of Boone, Hamilton, Hancock, Hendricks, Marion and Morgan counties. United Way of Central Indiana brings together compassionate people who are committed to improving lives in our community. We fight for the education, financial stability, health and basic needs of every person in our Central Indiana community. We invest in expert research and perform regular community assessments to identify the areas of greatest need and to advance the best solutions to address these needs. Then we work with strategic partners such as businesses, human services agencies, schools and philanthropic and governmental institutions to ensure your dollars do as much good as possible.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 32,323,088 including grants of \$ 31,653,636) (Revenue \$ 496,594)
See Additional Data

4b (Code) (Expenses \$ 10,138,304 including grants of \$ 8,193,836) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 9,615,348 including grants of \$ 4,118,881) (Revenue \$ 275,642)
See Additional Data

(Code) (Expenses \$ 3,935,670 including grants of \$ 2,551,856) (Revenue \$)

UWCI helps individuals and families build strong, stable foundations through resources and programs that enable them to achieve stable employment and financial literacy. We invest in partners that offer job training and placement, financial education, free tax preparation and legal advice that help them succeed in work and in life. Our marquis financial stability initiative is the deployment of a Centers for Working Families model originally developed by the Annie E. Casey Foundation to provide people with the tools they need to increase their income (Earn it), reduce expenses through financial literacy (Keep it) and build wealth for their families (Grow it). Our CWF network is comprised of 12 neighborhood based centers that transition families from living paycheck to paycheck to investing in their future. The model provides services in three key areas: employment and career advancement, financial literacy and coaching, and access to income supports. By bundling such programs, the centers can provide a coaching approach in a one-stop convenient location for families in search of help. This year 4,151 individuals were served by the Centers for Working Families network and 1,838 unemployed individuals received the tools and skills they needed to achieve gainful employment. Through our Volunteer Income Tax Assistance program, we leveraged 230 volunteers to prepare approximately 7,500 tax returns for Central Indiana residents at no cost, bringing \$9m in earned income tax credits back to those residents and the Central Indiana community.

4d Other program services (Describe in Schedule O)
(Expenses \$ 3,935,670 including grants of \$ 2,551,856) (Revenue \$)

4e Total program service expenses 56,012,410

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (73); 1b Enter the number of voting members included in line 1a, above, who are independent (72); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (Gina A Miller 2955 North Meridian Street Indianapolis, IN 46208 (317) 921-1245)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	101,933				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	8,698,120				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	47,167,610				
	g Noncash contributions included in lines 1a-1f \$ _____		1,743,719				
	h Total. Add lines 1a-1f			55,967,663			
Program Service Revenue			Business Code				
	2a Donor Designation Fees		900099	496,595	496,595	0	
	b Agency Data Collection		900099	135,490	135,490	0	
	c Nonprofit Training		900099	65,101	65,101	0	
	d _____			0	0	0	
	e _____			0	0	0	
	f All other program service revenue			0	0	0	
g Total. Add lines 2a-2f			697,186				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,958,012	0	0	3,958,012
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0
	5 Royalties			0	0	0	0
	6a Gross rents	(i) Real	(ii) Personal				
		0	0				
		b Less rental expenses		0	0		
		0	0				
	c Rental income or (loss)		0	0			
	d Net rental income or (loss)			0	0	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		76,248,271	0				
		b Less cost or other basis and sales expenses		73,759,368	0		
		2,488,903	0				
	c Gain or (loss)		2,488,903	0			
	d Net gain or (loss)			2,488,903	0	0	2,488,903
8a Gross income from fundraising events (not including \$ 101,933 of contributions reported on line 1c) See Part IV, line 18	a	37,839					
b Less direct expenses	b	58,448					
c Net income or (loss) from fundraising events			-20,609		0	-20,609	
9a Gross income from gaming activities See Part IV, line 19	a	0					
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0	0	0	0	
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0	0	0	0	
Miscellaneous Revenue		Business Code					
11a Annual meeting & misc community outreach		900099	65,427	65,427	0	0	
b Miscellaneous Sales for 100th Celebration		900099	6,078	6,078	0	0	
c Miscellaneous Revenue		900099	3,545	3,545			
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			75,050				
12 Total revenue. See Instructions			63,166,205	772,236	0	6,426,306	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	45,641,726	45,641,726		
2 Grants and other assistance to domestic individuals See Part IV, line 22	876,483	876,483		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	630,915	80,265	430,254	120,397
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	7,835,851	3,385,234	1,746,262	2,704,355
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	371,915	140,552	106,030	125,333
9 Other employee benefits	1,074,199	424,828	288,274	361,097
10 Payroll taxes	602,556	247,444	154,073	201,039
11 Fees for services (non-employees)				
a Management				
b Legal	38,772	2,248	36,524	0
c Accounting	76,950	0	76,950	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	379,818	0	379,818	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,747,982	3,075,596	424,257	248,129
12 Advertising and promotion	561,319	100,462	73,097	387,760
13 Office expenses	355,510	180,549	66,777	108,184
14 Information technology	751,703	278,115	206,558	267,030
15 Royalties				
16 Occupancy	851,561	363,567	170,882	317,112
17 Travel	176,264	74,425	46,599	55,240
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	569,313	229,348	246,634	93,331
20 Interest				
21 Payments to affiliates	446,256	161,878	88,924	195,454
22 Depreciation, depletion, and amortization	450,984	162,010	90,005	198,969
23 Insurance	88,015	21,267	40,756	25,992
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CLASSROOM SUPPLIES, BOOKS, & OTHER SUPPLIES	522,446	513,706	3,941	4,799
b Subscriptions and Publications	57,270	39,020	10,970	7,280
c				
d				
e All other expenses	48,480	13,687	29,176	5,617
25 Total functional expenses. Add lines 1 through 24e	66,156,288	56,012,410	4,716,761	5,427,118
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	337	1	681
	2 Savings and temporary cash investments	23,165,478	2	10,710,638
	3 Pledges and grants receivable, net	18,703,033	3	21,129,996
	4 Accounts receivable, net	5,996,863	4	5,587,400
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	397,367	9	565,507
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,871,403		
	b Less accumulated depreciation	1,273,091		
	11 Investments—publicly traded securities	132,640,973	11	141,791,672
	12 Investments—other securities See Part IV, line 11	0	12	
	13 Investments—program-related See Part IV, line 11	400,000	13	400,000
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	41,369	15	-110,817
16 Total assets. Add lines 1 through 15 (must equal line 34)	184,305,381	16	182,673,389	
Liabilities	17 Accounts payable and accrued expenses	3,603,451	17	2,982,107
	18 Grants payable	7,669,536	18	7,519,081
	19 Deferred revenue	37,940	19	37,940
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	348,849	21	348,848
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	11,659,776	26	10,887,976
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,876,621	27	33,968,295
	28 Temporarily restricted net assets	56,028,645	28	53,205,941
	29 Permanently restricted net assets	83,740,339	29	84,611,177
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	172,645,605	33	171,785,413	
34 Total liabilities and net assets/fund balances	184,305,381	34	182,673,389	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,166,205
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,156,288
3	Revenue less expenses Subtract line 2 from line 1	3	-2,990,083
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	172,645,605
5	Net unrealized gains (losses) on investments	5	2,303,608
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-173,717
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	171,785,413

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 35-1007590
Name: United Way of Central Indiana Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

United Way of Central Indiana (UWCI) addresses Central Indiana's most pressing needs in education, financial stability, health, and basic needs. Much of this work was accomplished in fiscal year 2017-18 through general support of 85 affiliated agencies across the human services spectrum. These agencies are part of a rigorous evaluation process that requires sound governance, management, financial stability, strategic planning, and progress toward demonstrating outcomes alignment with UWCI's community goals in education, financial stability, health and basic Needs. UWCI supports these agencies' general operations through donor designated and other directed gifts (\$2.5m), unrestricted operating grants (\$18m), capital projects (\$6.5m), facilities maintenance (\$0.8m), and evaluation, capacity building, contingency, staff support, and other (\$0.8m). UWCI funding to affiliated agencies supports health programs for tens of thousands of adults including meals, education, transportation and health services, education programs for hundreds of thousands of children including quality child care, reading, and youth development programs, basic needs programs for hundreds of thousands of individuals and families including food, shelter, and community center services. In addition, UWCI provides donor designated dollars to a wide range of unaffiliated organizations (\$3.8m across over 1,000 organizations).

Form 990, Part III, Line 4b:

UWCI invests significant resources, both human and financial, into education programs designed to meet our community-level education goals: 90% on-time high school graduation rate, 90% of 3rd graders at grade-level reading ability, and 80% of child care centers being high quality. These investments are in data-proven initiatives such as ReadUP third-grade tutoring and pre-k scholarships and capacity building. Through these programs we have helped 82 child care sites reach level 1 or higher in the Indiana Paths to Quality rating system, engaged 1,256 volunteers to tutor 794 third graders across 15 central Indiana school districts participating in our ReadUP tutoring program, improving their reading skills compared to their peers not participating in ReadUP. Awarded 1,755 pre-k scholarships and added 91 high quality pre-k seats this fiscal year.

Form 990, Part III, Line 4c:

United Way administers grants and other funds to address our community's basic needs in the areas of homelessness, veterans' supports, energy assistance and mental health. One such grant includes the administration of nearly \$10m in direct energy assistance federal funds not reflected in our revenues or expenses. Other program services include a number of programs designed to ensure we are making data-driven community impact decisions, implementing them with fidelity, and leveraging all financial and human resources in our community. These include community needs/human services research, public policy advocacy, volunteer training, development, and deployment, nonprofit leadership education and training, and serving as a convener for community leaders and funders to align resources around shared community goals.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bryan A Mills Director and Board Chair	20	X		X				0	0	0
Connie Bond Stuart Director and Partial Year Board Chair	20	X		X				0	0	0
Deborah J Daniels Director and Secretary	20	X		X				0	0	0
Mary Boelke Director and Treasurer	20	X		X				0	0	0
Ann Murtlow Chief Executive Officer	40	X		X				366,874	0	61,402
Bernice Anthony Director	10	X						0	0	0
Jeb Banner Director	10	X						0	0	0
Michael Becher Director	10	X						0	0	0
Jeff Beck Director	10	X						0	0	0
Scott Beier Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Melody Birmingham-Byrd Director	10	X						0	0	0
James Boyce Director	10	X						0	0	0
Scott Bruns Director	10	X						0	0	0
Tory Castor Director	10	X						0	0	0
Tim Clark Director	10	X						0	0	0
Matthew A Cohoat Director	10	X						0	0	0
Rodney D Cotton Director	10	X						0	0	0
Lawrence Delia Director	10	X						0	0	0
Michael T Dilts Director	10	X						0	0	0
Claudette Einhorn Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Murvin S Enders Director	10	X						0	0	0
Craig Fenneman Director	10	X						0	0	0
Claire Fiddian-Green Director	10	X						0	0	0
Stephanie C Fuhrmann Director	10	X						0	0	0
Geoffrey M Gailey Director	10	X						0	0	0
Brian Garrison Director	10	X						0	0	0
Alfonso Gatmaitan Director	10	X						0	0	0
Joe Gilbert Director	10	X						0	0	0
Marianne Glick Director	10	X						0	0	0
James Hallett Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
William D Hansen Director	10	X						0	0	0
Lisa Ellen Harris Director	10	X						0	0	0
Jeffrey A Harrison Director	10	X						0	0	0
Richard E Hester Director	10	X						0	0	0
Bruce Kevin Hetrick Director	10	X						0	0	0
Abigail W Hohmann Director	10	X						0	0	0
Rebecca Jacklin Director	10	X						0	0	0
Kalen Jackson Director	10	X						0	0	0
Marina Keers Director	10	X						0	0	0
Phil Kenney Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael W Langellier Director	10	X						0	0	0
Mark Lemieux Director	10	X						0	0	0
Scott S Luc Director	10	X						0	0	0
John C Mason Director	10	X						0	0	0
Todd J Maurer Director	10	X						0	0	0
Robert McElwain Director	10	X						0	0	0
Jamie P Merisotis Director	10	X						0	0	0
Ann Merkel Director	10	X						0	0	0
Mark D Miles Director	10	X						0	0	0
Amanda Miller Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Doran Moreland Director	10	X						0	0	0
Michael Bernard O'Connor Director	10	X						0	0	0
Samuel L Odle Director	10	X						0	0	0
Judith Okenfuss Director	10	X						0	0	0
Nasser Paydar Director	10	X						0	0	0
Gregory L Pemberton Director	10	X						0	0	0
Mamon M Powers III Director	10	X						0	0	0
Mark A Ratekin Director	10	X						0	0	0
David A Resnick Director	10	X						0	0	0
Georgiana Reynal Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Clay N Robbins Director	10	X						0	0	0
Rafael A Sanchez Director	10	X						0	0	0
Dennis M Sponsel Director	10	X						0	0	0
Kristin Steinman Director	10	X						0	0	0
Shelly Towns Director	10	X						0	0	0
Patzetta M Trice Director	10	X						0	0	0
Donaldson C Twyman Director	10	X						0	0	0
Steven F Walker Director	10	X						0	0	0
Heather Willey Director	10	X						0	0	0
Jean L Wojtowicz Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Terence Yen Director	10	X						0	0	0
Gene Zink Director	10	X						0	0	0
Joshua Fleming Director	10	X						0	0	0
Elizabeth Nicholas Director (partial year)	10	X						0	0	0
William Hendrix Director (partial year)	10	X						0	0	0
David Lewis Director (partial year)	10	X						0	0	0
Denise Dank Director (partial year)	10	X						0	0	0
Dorothy Bennett Hoffman Director (partial year)	10	X						0	0	0
Gary Gibson Director (partial year)	10	X						0	0	0
Jonathan Nalli Director (partial year)	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Juan Gonzalez Director (partial year)	10	X						0	0	0
Kelly Krauskopf Director (partial year)	10	X						0	0	0
Marilou Idland Director (partial year)	10	X						0	0	0
Stephanie Long Director (partial year)	10	X						0	0	0
Jill Parris Director (partial year)	10	X						0	0	0
Gina Miller Chief Operating Officer and Chief Financial Officer	40			X				196,733	0	39,754
Demetrius Glover Vice President of Strategic Information	40					X		196,297	0	46,314
Julianne Burns JumpIN CEO	40					X		162,295	0	32,182
Christopher Herndon Chief Engagement Officer	40					X		157,028	0	26,507
Nancy Ahlrichs Chief Talent Officer	40					X		151,170	0	15,260

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Angela Dabney Vice President, Transformational Giving	40 0					X		146,275	0	52,073

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
United Way of Central Indiana Inc

Employer identification number

35-1007590

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	52,749,561	60,973,135	57,776,123	68,880,633	55,967,663	296,347,115
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	52,749,561	60,973,135	57,776,123	68,880,633	55,967,663	296,347,115
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						77,014,933
6 Public support. Subtract line 5 from line 4						219,332,182

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	52,749,561	60,973,135	57,776,123	68,880,633	55,967,663	296,347,115
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,244,515	2,542,420	3,141,022	3,147,400	3,958,012	15,033,369
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.)	60,275	163,624	240,368	117,701	112,889	694,857
11 Total support. Add lines 7 through 10						312,075,341

12 Gross receipts from related activities, etc (see instructions) **12** 4,238,076

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14** 70.28%
15 Public support percentage for 2016 Schedule A, Part II, line 14 **15** 70.41%

16a 33 1/3% support test—2017. 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—2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 21025 0, COLUMN B - 119972 0, COLUMN C - 192884 0, COLUMN D - 55873 0, COLUMN E - 75050 0, COLUMN F - 464804 0, DESCRIPTION - FUNDRAISING REV ENUE, COLUMN A - 39250 0, COLUMN B - 43652 0, COLUMN C - 47484 0, COLUMN D - 61828 0, COLUMN E - 37839 0, COLUMN F - 230053 0,

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
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
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
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization United Way of Central Indiana Inc	Employer identification number 35-1007590
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check 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)
- B** 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)	9,568	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	59,429	
c	Total lobbying expenditures (add lines 1a and 1b)	68,997	
d	Other exempt purpose expenditures	66,087,291	
e	Total exempt purpose expenditures (add lines 1c and 1d)	66,156,288	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	46,052	13,631	262,337	68,997	391,017
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,288	5,598	29,789	9,568	49,243

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a 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?			
e 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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).	
a 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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

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

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

Name of the organization
United Way of Central Indiana Inc

Employer identification number
35-1007590

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	91,624,966	81,441,536	81,458,954	80,121,500	70,793,827
b Contributions	368,830	859,076	40,878	775,469	148,866
c Net investment earnings, gains, and losses	7,597,082	9,679,496	125,686	2,007,974	10,681,934
d Grants or scholarships					
e Other expenditures for facilities and programs	939,775	355,142	183,982	1,445,989	1,503,127
f Administrative expenses					
g End of year balance	98,651,103	91,624,966	81,441,536	81,458,954	80,121,500

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment **▶** 2.02 %
 - b** Permanent endowment **▶** 85.76 %
 - c** Temporarily restricted endowment **▶** 12.22 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,234,603	214,271	1,020,332
d Equipment		2,636,800	1,058,820	1,577,980
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,598,312

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 0

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	58,563,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,303,608
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	58,448
e	Add lines 2a through 2d	2e	2,362,056
3	Subtract line 2e from line 1	3	56,201,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	379,818
b	Other (Describe in Part XIII)	4b	6,585,216
c	Add lines 4a and 4b	4c	6,965,034
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	63,166,205

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

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

1	Total expenses and losses per audited financial statements	1	59,553,681
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	58,448
e	Add lines 2a through 2d	2e	58,448
3	Subtract line 2e from line 1	3	59,495,233
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	379,818
b	Other (Describe in Part XIII)	4b	6,281,237
c	Add lines 4a and 4b	4c	6,661,055
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	66,156,288

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 35-1007590

Name: United Way of Central Indiana Inc

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Majority of endowed funds are intended for United Way of Central Indiana Operating and Fundraising expenses so that a larger portion of other donor dollars can go directly to fund programs A small portion of endowed funds are intended for specific United Way of Central Indiana programs

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>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 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, 2018 or 2017</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Direct Expenses from fundraising - 58448 -

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Pledges designated to other agencies - 6281237 Adjustment to prior year uncollectible pledges - 303979

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Direct Expenses from fundraising - 58448

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Pledges designated to other agencies - 6281237

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Central Indiana Inc

Employer identification number
35-1007590

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Red Carpet Gala (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	139,772			139,772
2	Less Contributions	101,933			101,933
3	Gross income (line 1 minus line 2)	37,839	0	0	37,839
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	42,285			42,285
	8 Entertainment	4,994			4,994
	9 Other direct expenses	11,169			11,169
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-20,609

Part III Gaming. 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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization United Way of Central Indiana Inc

Employer identification number 35-1007590

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 236
3 Enter total number of other organizations listed in the line 1 table. 25

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UNITED CHRISTMAS SERVICE	13886	368,289			
(2) WINTER ASSISTANCE FUND	1304	227,444			
(3) HUMAN SERVICE RENEWAL	27	270,000			
(4) STEM training	9	4,500			
(5) Childcare Training Certifications	9	6,250			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	United Way helps those who need help most through unrestricted operating grants, capital and facilities maintenance grants and donor designations to a network of approved 501 (c)(3) organizations. The agencies receiving operating grants 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 receive funds more than once.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 35-1007590
Name: United Way of Central Indiana Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A PLUS CHILDCARE & LEARNING 1831 W 16TH ST INDIANAPOLIS, IN 46202	46-2464925		6,530				General Support
Agape Therapeutic Riding Center PO BOX 207 CICERO, IN 46034	31-1193132	501(c)(3)	9,652				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS Association - IN Chapter 7202 E 87TH ST STE 102 INDIANAPOLIS, IN 462561200	35-2029321	501(c)(3)	11,402				Donor Designations
ALTERNATIVES INC PO BOX 1302 ANDERSON, IN 460151302	31-0986769	501(c)(3)	136,675				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVES INC PO BOX 1302 ANDERSON, IN 460151302	31-0986769	501(c)(3)	7,527				Donor Designations
Alzheimer's Association of Greater Indiana Chapter 50 E 91ST ST STE 100 INDIANAPOLIS, IN 46240	35-1747836	501(c)(3)	16,432				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY (CENTRAL IN) 5635 W 96TH ST STE 100 INDIANAPOLIS, IN 46278	13-1788491	501(c)(3)	161,623				General Support
AMERICAN CANCER SOCIETY LAKESHORE DIVISION - CENTRAL INDIANA 2695 E DOMINGUEZ ST CARSON, CA 90895	94-1525814	501(c)(3)	41,694				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS CHAPTER 14164 FEDERATED PAYMENT PROCESSING PO BOX 73857 CHICAGO, IL 606737857	35-0869023	501(c)(3)	1,105,918				General Support
AMERICAN RED CROSS OF GREATER INDIANAPOLIS FEDERATED PAYMENT PROCESSING PO BOX 73857 CHICAGO, IL 606737857	35-0869023	501(c)(3)	84,673				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF GREATER BOONE COUNTY THE 900 W MAIN ST LEBANON, IN 46052	35-1333698	501(c)(3)	12,091				Donor Designations
ARC OF GREATER BOONE COUNTY THE 900 W MAIN ST LEBANON, IN 46052	35-1333698	501(c)(3)	19,861				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST INDIANAPOLIS, IN 46206	35-1018460	501(c)(3)	5,315				Donor Designations
ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1018460	501(c)(3)	7,744				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Assistance League of Indianapolis Operation School Bell 1475 W 86TH ST INDIANAPOLIS, IN 462602185	35-1635410	501(c)(3)	19,502				Donor Designations
AYS INC 4701 N KEYSTONE AVE STE 475 INDIANAPOLIS, IN 46205	31-0989270	501(c)(3)	64,850				General Support

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

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AYS INC 4701 N KEYSTONE AVE STE 475 INDIANAPOLIS, IN 46205	31-0989270	501(c)(3)	6,902				Donor Designations
BARBARA B JORDAN YMCA 2039 E MORGAN ST MARTINSVILLE, IN 46151	35-2019312	501(c)(3)	68,150				General Support

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BARBARA B JORDAN YMCA 2039 E MORGAN ST MARTINSVILLE, IN 46151	35-2019312	501(c)(3)	29,128				Donor Designations
BEGINNINGS PRESCHOOL CHILD CARE 8600 N COLLEGE AVE INDIANAPOLIS, IN 46240	35-1065808	501(c)3	17,640				General Support

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

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BETHANY EARLY LEARNING MINISTRY 4702 S EAST ST INDIANAPOLIS, IN 46227	35-1409373	501(c)(3)	185,448				General Support
BETHEL EARLY CHILDHOOD ACADEMY 5252 W 52ND ST INDIANAPOLIS, IN 46254	35-6006778	501(c)(3)	31,624				General Support

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

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BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 462084715	35-1323831	501(c)(3)	43,380				Donor Designations
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 462084715	35-1323831	501(c)(3)	521,843				General Support

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

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Black Philanthropy Council (BPC) - IU Foundation PO BOX 500 BLOOMINGTON, IN 47402	35-6018940	501(c)(3)	10,000				Donor Designations
BOONE COUNTY CANCER SOCIETY 117 W ELM ST LEBANON, IN 46052	35-6044450	501(c)(3)	8,219				General Support

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

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BOONE COUNTY SENIOR SERVICES INC 515 CROWNPOINTE DR LEBANON, IN 46052	35-1445498	501(c)(3)	60,458				General Support
BOONE COUNTY SENIOR SERVICES INC 515 CROWNPOINTE DR LEBANON, IN 46052	35-1445498	501(c)(3)	8,106				Donor Designations

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

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Booth Tarkington Civic Theatre 3 CENTER GREEN STE 300 CARMEL, IN 460323809	35-0230360	501(c)(3)	10,770				Donor Designations
BOSMA ENTERPRISES 6270 CORPORATE DR INDIANAPOLIS, IN 46278	35-1246086	501(c)(3)	8,787				Donor Designations

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

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BOSMA ENTERPRISES 6270 CORPORATE DR INDIANAPOLIS, IN 46278	35-1246086	501(c)(3)	55,326				General Support
BOY SCOUTS OF AMERICA CROSSROADS COUNCIL BOY SCOUTS OF AMERICA 7125 FALL CREEK RD INDIANAPOLIS, IN 46256	35-0867962	501(c)(3)	474,431				General Support

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

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BOY SCOUTS OF AMERICA HOOSIER TRAILS COUNCIL 5625 E SR 46 BLOOMINGTON, IN 474019233	35-1290776	501(c)(3)	38,901				General Support
Boys & Girls Club of Durham and Orange Counties PO Box 446 Durham, NC 277020446	56-6001906	501(c)(3)	5,000				Donor Designations

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

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BOYS & GIRLS CLUB OF HANCOCK COUNTY PO BOX 115 GREENFIELD, IN 461400346	35-0979327	501(c)(3)	79,367				General Support
BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST NOBLESVILLE, IN 46060	35-1054426	501(c)(3)	35,835				Donor Designations

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

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BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST NOBLESVILLE, IN 46060	35-1054426	501(c)(3)	104,490				General Support
BOYS & GIRLS CLUB OF ZIONSVILLE 1575 MULBERRY ST ZIONSVILLE, IN 46077	35-1750659	501(c)(3)	13,633				Donor Designations

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BOYS & GIRLS CLUB OF ZIONSVILLE 1575 MULBERRY ST ZIONSVILLE, IN 46077	35-1750659	501(c)(3)	56,364				General Support
BOYS & GIRLS CLUBS OF HANCOCK COUNTY PO BOX 115 GREENFIELD, IN 461400346	35-0979327	501(c)(3)	7,832				Donor Designations

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

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BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200 INDIANAPOLIS, IN 46227	35-0888754	501(c)(3)	73,800				Donor Designations
BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200 INDIANAPOLIS, IN 46227	35-0888754	501(c)(3)	912,548				General Support

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

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BUTLER UNIVERSITY 3330 N PENNSYLVANIA ST INDIANAPOLIS, IN 46205	35-0867977	501(c)(3)	15,000				Donor Designations
BUTLER UNIVERSITY 3330 N Pennsylvania St INDIANAPOLIS, IN 46208	35-0867977	501(c)(3)	5,549				General Support

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

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Butler University - MBA Fellows Program 3330 N PENNSYLVANIA ST INDIANAPOLIS, IN 46205	35-0867977	501(c)(3)	12,500				Donor Designations
Cancer Support Community-Central Indiana 5150 W 71ST ST INDIANAPOLIS, IN 46268	35-1902427	501(c)(3)	5,235				Donor Designations

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CARE BEAR CHILD CARE INC 6100 GIFFORD ST INDIANAPOLIS, IN 46228	35-2024086		12,770				General Support
Carmel United Methodist Church 621 S RANGELINE RD CARMEL, IN 46032	35-1908516	501(c)(3)	5,200				Donor Designations

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CATHOLIC CHARITIES OF INDIANAPOLIS 907 N HOLMES AVE INDIANAPOLIS, IN 46222	47-3062508	501(c)(3)	159,639				Donor Designations
CATHOLIC CHARITIES OF INDIANAPOLIS 907 N HOLMES AVE INDIANAPOLIS, IN 462022367	47-3062508	501(c)(3)	419,734				General Support

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Catholic Relief Services (USCCB) MAJOR GIFTS UNIT PO Box 17526 BALTIMORE, MD 212988180	13-5563422	501(c)(3)	100,000				General Support
Catholic Relief Services (USCCB) MAJOR GIFTS UNIT PO BOX 17526 BALTIMORE, MD 212988180	13-5563422	501(c)(3)	10,949				Donor Designations

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

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CATHOLIC YOUTH ORGANIZATION CAMP RANCHO FRAMASA 580 E STEVENS ST INDIANAPOLIS, IN 462031781	90-0657156	501(c)(3)	62,709				Donor Designations
CATHOLIC YOUTH ORGANIZATION CAMP RANCHO FRAMASA 580 E STEVENS ST INDIANAPOLIS, IN 462031781	90-0657156	501(c)(3)	36,496				General Support

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

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Center for Leadership Development 2425 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 462085546	35-1389882	501(c)(3)	27,101				Donor Designations
CHAMPION KIDZ CLUBHOUSE LLC 1711 N POST RD INDIANAPOLIS, IN 46219	45-3972731		175,000				General Support

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CHAPEL HILL CHRISTIAN SCHOOL 1055 N GIRLS SCHOOL RD INDIANAPOLIS, IN 46214	35-1484040		76,004				General Support
CHARITY CHILD CARE PO BOX 22657 INDIANAPOLIS, IN 46222	35-1927248	501(c)(3)	132,053				General Support

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

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CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240 INDIANAPOLIS, IN 46240	35-1788240	501(c)(3)	140,445				General Support
CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240 INDIANAPOLIS, IN 46240	35-1788240	501(c)(3)	49,855				Donor Designations

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CHILDREN OF AMERICA INDIANAPOLIS LLC 10830 PENDLETON PIKE INDIANAPOLIS, IN 46236	27-1626162	501(c)(3)	17,381				General Support
CHILDREN'S BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1061264	501(c)(3)	734,018				General Support

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CHILDREN'S BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1061264	501(c)(3)	44,527				Donor Designations
CHILDREN'S COTTAGE THE 5935 SHELBY INDIANAPOLIS, IN 46227	26-3328789		178,025				General Support

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CHILDREN'S THERAPLAY FOUNDATION INC THE 9919 TOWNE RD CARMEL, IN 46032	35-2121568	501(c)(3)	48,553				General Support
CHILD'S PLACE PRESCHOOL A 2027 SCHWIER CT INDIANAPOLIS, IN 46229	30-9822968		11,976				General Support

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CHILD'S WORLD A 4010 GUION LN INDIANAPOLIS, IN 46268	20-3431602	501(c)(3)	69,273				General Support
China United Education Assistance Foundation (CUEAF) 133 W MARKET ST STE 321 INDIANAPOLIS, IN 46204	27-1644868	501(c)(3)	6,127				Donor Designations

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CHINSUH CHILDCARE 6470 SHELBY ST INDIANAPOLIS, IN 46227	46-4743693		48,595				General Support
CHRIST TEMPLE CHRISTIAN ACADEMY 430 W FALL CREEK PKWY N DR INDIANAPOLIS, IN 46208	35-0953428	501(c)(3)	35,370				General Support

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CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST INDIANAPOLIS, IN 46222	35-0885588	501(c)(3)	165,673				General Support
CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST INDIANAPOLIS, IN 46222	35-0885588	501(c)(3)	17,681				Donor Designations

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Christel House 10 W MARKET ST STE 1990 INDIANAPOLIS, IN 462042973	35-2051932	501(c)(3)	12,100				Donor Designations
COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1100 W 42ND ST STE 350 INDIANAPOLIS, IN 46208	31-1254018	501(c)(3)	658,488				General Support

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

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COBURN PLACE SAFEHAVEN II 604 E 38TH ST INDIANAPOLIS, IN 46205	37-1421922	501(c)(3)	6,375				Donor Designations
COBURN PLACE SAFEHAVEN II 604 E 38TH ST INDIANAPOLIS, IN 46205	37-1421922	501(c)(3)	15,500				General Support

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COMMUNITY ACTION OF GREATER INDIANAPOLIS 3266 N MERIDIAN ST STE 200 INDIANAPOLIS, IN 46208	35-6048441	501(c)(3)	22,000				General Support
COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E 38TH ST INDIANAPOLIS, IN 46226	35-2018453	501(c)(3)	395,046				General Support

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Community Health Network Foundation 7240 SHADELAND STATION STE 125 INDIANAPOLIS, IN 46236	51-0181688	501(c)(3)	8,550				Donor Designations
CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST INDIANAPOLIS, IN 46225	35-0817149	501(c)(3)	9,387				Donor Designations

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CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST INDIANAPOLIS, IN 46225	35-0817149	501(c)(3)	285,526				General Support
CONNECT2HELP 3833 N MERIDIAN ST STE 302 INDIANAPOLIS, IN 46208	31-1216792	501(c)(3)	15,119				Donor Designations

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CONNECT2HELP 3833 N MERIDIAN ST STE 302 INDIANAPOLIS, IN 46208	31-1216792	501(c)(3)	761,162				General Support
Crohn's & Colitis Foundation IN Chapter 8445 KEYSTONE CROSSING 102 INDIANAPOLIS, IN 46240	13-6193105	501(c)(3)	7,153				Donor Designations

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CROSSROADS OF AMERICA COUNCIL BOY SCOUTS OF AMERICA 7125 FALL CREEK RD N INDIANAPOLIS, IN 46256	35-0867962	501(c)(3)	131,746				Donor Designations
DAMIEN CENTER INC THE 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	35-1711878	501(c)(3)	44,792				General Support

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

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DAYSTAR CHILDCARE 57 N RURAL ST INDIANAPOLIS, IN 46201	35-0953434	501(c)(3)	240,502				General Support
DENA'S DAY CARE CENTER INC 5707 CHELSEA RD INDIANAPOLIS, IN 46241	35-1462686		23,813				General Support

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Down Syndrome Indiana 708 E MICHIGAN ST INDIANAPOLIS, IN 462023624	80-0732286	501(c)(3)	6,442				Donor Designations
Dress for Success Indianapolis Inc 820 N MERIDIAN ST INDIANAPOLIS, IN 46204	35-2078412	501(c)(3)	5,013				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY LEARNING CENTERS INC 1315 S SHERMAN DRIVE INDIANAPOLIS, IN 46203	35-1955574	501(c)(3)	112,169				General Support
EARLY LEARNING INDIANA INC 1776 N MERIDIAN ST STE A INDIANAPOLIS, IN 46202	35-0888763	501(c)(3)	900,829				General Support

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

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EARLY LEARNING INDIANA INC 1776 N MERIDIAN ST STE A INDIANAPOLIS, IN 46202	35-0888763	501(c)(3)	56,143				Donor Designations
EAST TENTH UNITED METHODIST CHILDREN & YOUTH CENTER INC 2327 E 10TH ST INDIANAPOLIS, IN 46201	35-1976975	501(c)(3)	196,323				General Support

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

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EASTER SEALS CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR INDIANAPOLIS, IN 46205	35-0869058	501(c)(3)	42,990				Donor Designations
EASTER SEALS CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR INDIANAPOLIS, IN 46205	35-0869058	501(c)(3)	902,562				General Support

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EDGE Mentoring 1075 BROAD RIPPLE AVE STE 207 INDIANAPOLIS, IN 46220	47-5092582	501(c)(3)	136,827				Donor Designations
EDNA MARTIN CHRISTIAN CENTER INC PO BOX 18388 INDIANAPOLIS, IN 46218	35-1072577	501(c)(3)	1,786,076				General Support

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

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EDNA MARTIN CHRISTIAN CENTER INC PO BOX 18388 INDIANAPOLIS, IN 46218	35-1072577	501(c)(3)	7,865				Donor Designations
EMMANUEL PREPARATORY ACADEMY 4901 E 31ST ST INDIANAPOLIS, IN 46218	35-1710868	501(c)(3)	10,557				General Support

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

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ESKENAZI HEALTH FOUNDATION INC 720 ESKENAZI AVE INDIANAPOLIS, IN 46202	31-1132066	501(c)(3)	11,502				Donor Designations
ESKENAZI HEALTH FOUNDATION INC 720 ESKENAZI AVE INDIANAPOLIS, IN 46202	31-1132066	501(c)(3)	75,000				General Support

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FAIRBANKS 8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256	35-0811197	501(c)(3)	18,896				Donor Designations
FAIRBANKS INC 8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256	35-0811197	501(c)(3)	313,420				General Support

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

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FAMILIES FIRST 615 N ALABAMA ST STE 320 INDIANAPOLIS, IN 462041481	35-0877572	501(c)(3)	9,450				Donor Designations
FAMILIES FIRST 615 N ALABAMA ST STE 320 INDIANAPOLIS, IN 462041481	35-0877572	501(c)(3)	1,040,489				General Support

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FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST INDIANAPOLIS, IN 46208	35-2069047	501(c)(3)	11,618				Donor Designations
FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST INDIANAPOLIS, IN 46208	35-2069047	501(c)(3)	75,464				General Support

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

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FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST INDIANAPOLIS, IN 462682239	35-1000001	501(c)(3)	394,978				General Support
FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST INDIANAPOLIS, IN 462682239	35-1000001	501(c)(3)	5,510				Donor Designations

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

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FERVENT CARE CHILD CARE 10512 E 38TH ST INDIANAPOLIS, IN 46235	35-1953339	501(c)(3)	156,460				General Support
FINDING ME NOW 2601 E STOP 11 RD INDIANAPOLIS, IN 46227	35-1268862		240,326				General Support

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

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FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46208	35-0942628	501(c)(3)	537,096				General Support
FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46208	35-0942628	501(c)(3)	7,475				Donor Designations

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FLETCHER PLACE COMMUNITY CENTER PO BOX 825 INDIANAPOLIS, IN 462060825	35-1966882	501(c)(3)	6,705				Donor Designations
FLETCHER PLACE COMMUNITY CENTER PO BOX 825 INDIANAPOLIS, IN 462060825	35-1966882	501(c)(3)	32,881				General Support

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

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Food for the Poor Inc 6401 LYONS RD COCONUT CREEK, FL 33073	59-1274510	501(c)(3)	7,450				Donor Designations
FOREST MANOR MULTI-SERVICE CENTER 5603 E 38TH ST INDIANAPOLIS, IN 46218	35-1420208	501(c)(3)	107,893				General Support

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

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Fortune Academy (formerly Hutson School Inc) 5626 LAWTON LOOP E DR INDIANAPOLIS, IN 462161013	35-2148108	501(c)(3)	11,892				Donor Designations
Freewheelin Community Bikes 3355 N CENTRAL AVE INDIANAPOLIS, IN 46205	26-3748830	501(c)(3)	11,369				Donor Designations

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Friends of Indianapolis Animal Care & Control Foundation 7399 N SHADELAND AVE STE 17 INDIANAPOLIS, IN 46250	32-0099654	501(c)(3)	6,877				Donor Designations
GCC Foundation 5504 E 146TH ST NOBLESVILLE, IN 46062	81-5340751	501(c)(3)	10,000				Donor Designations

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GIFTED AND TALENTED ACADEMY INC 5023 N SHADELAND AVE INDIANAPOLIS, IN 46226	46-0480925		77,333				General Support
GIRL SCOUTS OF CENTRAL INDIANA INC 7201 GIRL SCOUT LN INDIANAPOLIS, IN 46214	35-0876381	501(c)(3)	119,091				General Support

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GIRL SCOUTS OF CENTRAL INDIANA INC 7201 GIRL SCOUT LN INDIANAPOLIS, IN 46214	35-0876381	501(c)(3)	35,703				Donor Designations
GIRLS INC OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1337205	501(c)(3)	240,786				General Support

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

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GIRLS INC OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1337205	501(c)(3)	39,650				Donor Designations
Gleaners Food Bank of Indiana Inc 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(c)(3)	40,188				Donor Designations

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GODDARD SCHOOL THE 10925 CORK PL INDIANAPOLIS, IN 46236	20-0551385	501(c)(3)	72,236				General Support
Good News Ministries 2716 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-0999233	501(c)(3)	8,885				Donor Designations

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GOODWILL INDUSTRIES OF CENTRAL INDIANA INC 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222	35-0893506	501(c)(3)	45,267				Donor Designations
GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222	35-0893506	501(c)(3)	509,359				General Support

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

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GREENFIELD-CENTRAL CSC 110 WEST NORTH ST GREENFIELD, IN 46140	35-1769491	501(c)(3)	12,900				General Support
HABITAT FOR HUMANITY GREATER INDIANAPOLIS 3135 N MERIDIAN ST INDIANAPOLIS, IN 462084717	35-1715910	501(c)(3)	10,000				General Support

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Habitat for Humanity of Greater Indianapolis 3135 N MERIDIAN ST INDIANAPOLIS, IN 462084717	35-1715910	501(c)(3)	8,596				Donor Designations
Hamilton County Humane Society 1721 PLEASANT ST STE B NOBLESVILLE, IN 46060	35-1610723	501(c)(3)	6,112				Donor Designations

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HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD GREENFIELD, IN 46140	31-0936007	501(c)(3)	85,136				General Support
HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD GREENFIELD, IN 46140	31-0936007	501(c)(3)	9,928				Donor Designations

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HAPPY HOLLOW CHILDREN'S CAMP INC 3049 HAPPY HOLLOW RD NASHVILLE, IN 47448	35-0942648	501(c)(3)	69,198				General Support
HAPPY HOLLOW CHILDREN'S CAMP INC 3049 HAPPY HOLLOW RD NASHVILLE, IN 47448	35-0942648	501(c)(3)	21,234				Donor Designations

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HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST INDIANAPOLIS, IN 46222	35-0874274	501(c)(3)	9,014				Donor Designations
HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST INDIANAPOLIS, IN 46222	35-0874274	501(c)(3)	626,505				General Support

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HEALTHNET 3403 E RAYMOND ST INDIANAPOLIS, IN 46203	35-1579827	501(c)(3)	389,588				General Support
HELPING HANDS CHILDCARE & PRESCHOOL 1610 E 19TH ST INDIANAPOLIS, IN 46218	35-1708566	501(c)(3)	158,411				General Support

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HELPING HANDS INC PO BOX 503 AIKEN, SC 29802	57-0564484	501(c)(3)	15,307				General Support
HENDRICKS COUNTY SENIOR SERVICES PO BOX 448 DANVILLE, IN 46122	35-1445497	501(c)(3)	13,711				Donor Designations

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HENDRICKS COUNTY SENIOR SERVICES PO BOX 448 DANVILLE, IN 46122	35-1445497	501(c)(3)	109,251				General Support
HERITAGE PLACE OF INDIANAPOLIS 4550 N ILLINOIS ST INDIANAPOLIS, IN 46208	35-1436580	501(c)(3)	53,934				General Support

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HOLY ANGELS SCHOOL ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202	27-1010344	501(c)(3)	88,282				General Support
HOLY NAME SCHOOL 89 N 17TH AVE BEECH GROVE, IN 46107	35-0874514	501(c)(3)	8,267				General Support

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HOLY SPIRIT CATHOLIC CHURCH 7243 E 10TH ST INDIANAPOLIS, IN 46219	35-0988729	501(c)(3)	31,750				General Support
HOOSIER TRAILS COUNCIL BOY SCOUTS OF AMERICA 5625 E SR 46 BLOOMINGTON, IN 474019233	35-1290776	501(c)(3)	6,021				Donor Designations

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HORIZON HOUSE INC 1033 E WASHINGTON ST INDIANAPOLIS, IN 46202	35-1759503	501(c)(3)	37,382				Donor Designations
HORIZON HOUSE INC 1033 E WASHINGTON ST INDIANAPOLIS, IN 46202	35-1759503	501(c)(3)	194,667				General Support

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Humane Society of Indianapolis 7929 MICHIGAN RD INDIANAPOLIS, IN 46268	35-0876385	501(c)(3)	36,256				Donor Designations
HVAF OF INDIANA INC 964 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	35-1890547	501(c)(3)	1,220,616				General Support

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

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HVAF OF INDIANA INC 964 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	35-1890547	501(c)(3)	19,214				Donor Designations
IAEYC 4755 KINGSWAY DR STE 107 INDIANAPOLIS, IN 46205	31-1000350	501(c)(3)	11,239				General Support

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Ice Skating Club of Indianapolis 1040 3RD AVE SW CARMEL, IN 46032	35-1434256	501(c)(3)	7,368				Donor Designations
Indiana Canine Assistant Network Network Inc (ICAN) 5610 CRAWFORDSVILLE RD STE 2102 INDIANAPOLIS, IN 46224	35-2144155	501(c)(3)	11,639				Donor Designations

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INDIANA LEGAL SERVICES INC 151 N DELAWARE ST STE 1850 INDIANAPOLIS, IN 462042534	35-6059654	501(c)(3)	106,876				General Support
INDIANA LEGAL SERVICES INC 151 N DELAWARE ST STE 1850 INDIANAPOLIS, IN 462042534	35-6059654	501(c)(3)	9,801				Donor Designations

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INDIANA OIC STATE COUNCIL INC 1308 S RILEY PL INDIANAPOLIS, IN 46203	35-1536521	501(c)(3)	43,809				General Support
INDIANA UNIVERSITY RESEARCH ADMINISTRATION DEPT 78867 DETROIT, MI 48278	35-6001673	501(c)(3)	71,000				General Support

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INDIANA YOUTH GROUP (IYG) PO BOX 20716 INDIANAPOLIS, IN 46220	35-1760451	501(c)(3)	1,047,825				General Support
INDIANA YOUTH GROUP (IYG) PO BOX 20716 INDIANAPOLIS, IN 46220	35-1760451	501(c)(3)	51,307				Donor Designations

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INDIANAPOLIS JUNIOR ACADEMY 2910 E 62ND ST INDIANAPOLIS, IN 46220	35-0976759		20,513				General Support
INDIANAPOLIS LEGAL AID SOCIETY INC 615 N ALABAMA ST STE 122 INDIANAPOLIS, IN 46204	35-1045153	501(c)(3)	191,104				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST INDIANAPOLIS, IN 46202	35-1909230	501(c)(3)	99,718				General Support
INDIANAPOLIS PUBLIC SCHOOLS 120 E WALNUT ST INDIANAPOLIS, IN 46204	35-6002486	501(c)(3)	56,580				General Support

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

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INDIANAPOLIS URBAN LEAGUE (IUL) 777 INDIANA AVE INDIANAPOLIS, IN 46202	35-6060655	501(c)(3)	630,628				General Support
INDIANAPOLIS URBAN LEAGUE (IUL) 777 INDIANA AVE INDIANAPOLIS, IN 46202	35-6060655	501(c)(3)	17,228				Donor Designations

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

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INTELLIGENT MINDS CHILD DEVELOPMENT 2432 COPPER HILL DRIVE INDIANAPOLIS, IN 46239	26-2393272	501(c)(3)	66,336				General Support
JAMESON CAMP 2001 BRIDGEPORT RD INDIANAPOLIS, IN 46231	35-1156756	501(c)(3)	34,064				Donor Designations

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

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JAMESON CAMP 2001 BRIDGEPORT RD INDIANAPOLIS, IN 46231	35-1156756	501(c)(3)	1,048,746				General Support
JANE PAULEY COMMUNITY HEALTH CENTER 1503 N MITTHOEFFER RD INDIANAPOLIS, IN 46229	01-0945309	501(c)(3)	5,840				General Support

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

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JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD INDIANAPOLIS, IN 46260	23-7099138	501(c)(3)	17,288				Donor Designations
JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD INDIANAPOLIS, IN 46260	23-7099138	501(c)(3)	105,533				General Support

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

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Jewish Federation of Greater Indianapolis 6705 HOOVER RD INDIANAPOLIS, IN 462604120	35-0888017	501(c)(3)	16,220				Donor Designations
JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST INDIANAPOLIS, IN 46201	23-7204495	501(c)(3)	1,347,893				General Support

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

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JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST INDIANAPOLIS, IN 46201	23-7204495	501(c)(3)	21,850				Donor Designations
JULIAN CENTER INC THE 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1346514	501(c)(3)	370,638				General Support

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

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KIDS VOICE OF INDIANA INC 9150 HARRISON PARK CT STE C INDIANAPOLIS, IN 46216	35-1656579	501(c)(3)	41,528				General Support
KIDS VOICE OF INDIANA INC 9150 HARRISON PARK CT STE C INDIANAPOLIS, IN 46216	35-1656579	501(c)(3)	8,758				Donor Designations

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KINDERCARE 650 NE HOLLADAY ST STE 1400 PORTLAND, OR 97232	06-1097006	501(c)(3)	669,226				General Support
LA PETITE ACADEMY 8860 E 10TH ST INDIANAPOLIS, IN 46219	43-1243221		5,664				General Support

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

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LA PLAZA INC 8902 E 38TH ST INDIANAPOLIS, IN 462266073	30-0029575	501(c)(3)	8,950				Donor Designations
LA PLAZA INC 8902 E 38TH ST INDIANAPOLIS, IN 462266073	30-0029575	501(c)(3)	191,825				General Support

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

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LEBANON AREA BOYS & GIRLS CLUB 403 W MAIN ST LEBANON, IN 46052	35-6041946	501(c)(3)	15,294				Donor Designations
LEBANON AREA BOYS & GIRLS CLUB 403 W MAIN ST LEBANON, IN 46052	35-6041946	501(c)(3)	48,825				General Support

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LEBANON COMMUNITY SCHOOL CORPORATION 1810 NORTH GRANT ST LEBANON, IN 46052	35-1085670	501(c)(3)	5,000				General Support
LEGAL AID SOCIETY INC - INDIANAPOLIS 615 N ALABAMA ST STE 122 INDIANAPOLIS, IN 46204	35-1045153	501(c)(3)	23,468				Donor Designations

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

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Life Centers Inc 3901 W 86TH ST STE 111 INDIANAPOLIS, IN 46268	31-1059740	501(c)(3)	9,068				Donor Designations
LIFEKIDS CHILDCARE & PRESCHOOL 9101 W 10TH ST INDIANAPOLIS, IN 46234	57-1228962	501(c)(3)	21,844				General Support

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

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LITTLE DUCKLING DAYCARE 5350 E 38TH ST INDIANAPOLIS, IN 46218	35-1754899	501(c)(3)	9,749				General Support
LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST INDIANAPOLIS, IN 462021411	35-0914096	501(c)(3)	72,954				Donor Designations

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

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LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST INDIANAPOLIS, IN 462021411	35-0914096	501(c)(3)	1,207,202				General Support
LITTLE SCHOLARS CHILDCARE & PRESCHOOL ACADEMY 3507 BEELER AVE INDIANAPOLIS, IN 46224	27-1122413		19,734				General Support

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Little Sisters of the Poor 2345 W 86TH ST INDIANAPOLIS, IN 46260	35-1007734	501(c)(3)	5,465				Donor Designations
LITTLE TOY SOLDIERS CHILDCARE 2020 E 42ND ST INDIANAPOLIS, IN 46205	47-4954440		13,013				General Support

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LIZ KIDS CHILDCARE 3301 PATTEN DR INDIANAPOLIS, IN 46224	45-1134908		16,016				General Support
LUTHERAN CHILD & FAMILY SERVICES OF IN INC 1525 N RITTER AVE INDIANAPOLIS, IN 46219	35-0868123	501(c)(3)	243,171				General Support

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LUTHERAN CHILD & FAMILY SERVICES OF IN INC 1525 N RITTER AVE INDIANAPOLIS, IN 46219	35-0868123	501(c)(3)	60,139				Donor Designations
Lutheran World Relief 700 LIGHT ST BALTIMORE, MD 21228	13-2574963	501(c)(3)	5,075				Donor Designations

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LYNHURST BAPTIST CHURCH PRESCHOOL MINISTRY 1250 S LYNHURST DR INDIANAPOLIS, IN 46241	35-2256878		32,664				General Support
MAE'S TOTS N TODDLERS CHILDCARE 2539 GREY SPRING CT INDIANAPOLIS, IN 46235	47-2615980		6,292				General Support

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MARTIN CENTER SICKLE CELL INITIATIVE 3549 N COLLEGE AVE INDIANAPOLIS, IN 46205	23-7058960	501(c)(3)	154,656				General Support
MARTIN CENTER SICKLE CELL INITIATIVE 3549 N COLLEGE AVE INDIANAPOLIS, IN 46205	23-7058960	501(c)(3)	8,834				Donor Designations

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

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MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST INDIANAPOLIS, IN 46208	23-7415846	501(c)(3)	7,512				Donor Designations
MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST INDIANAPOLIS, IN 46208	23-7415846	501(c)(3)	288,256				General Support

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

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MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST INDIANAPOLIS, IN 46221	35-0868954	501(c)(3)	43,616				Donor Designations
MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST INDIANAPOLIS, IN 46221	35-0868954	501(c)(3)	478,780				General Support

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MCCOY INC - MARION COUNTY COMMISSION ON YOUTH INC 1375 W 16TH ST INDIANAPOLIS, IN 462022111	35-1900516	501(c)(3)	75,602				General Support
MCCOY INC - MARION COUNTY COMMISSION ON YOUTH INC 1375 W 16TH ST INDIANAPOLIS, IN 462022111	35-1900516	501(c)(3)	9,952				Donor Designations

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MEALS ON WHEELS CENTRAL INDIANA PO BOX 40969 INDIANAPOLIS, IN 462400469	35-1182075	501(c)(3)	51,360				General Support
MEALS ON WHEELS OF CENTRAL INDIANA PO BOX 40969 INDIANAPOLIS, IN 462400469	35-1182075	501(c)(3)	30,931				Donor Designations

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MEALS ON WHEELS OF CENTRAL INDIANA PO BOX 40969 INDIANAPOLIS, IN 462400469	35-1182075	501(c)(3)	7,758				Donor Designations
MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR AVON, IN 46123	23-7038692	501(c)(3)	35,311				General Support

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Mephibosheth Ministries Inc 1715 STRINGTOWN PIKE CICERO, IN 46034	35-2135547	501(c)(3)	5,040				Donor Designations
MIDTOWN COMMUNITY MENTAL HEALTH CENTER 1700 N ILLINOIS ST INDIANAPOLIS, IN 46202	35-6005697	501(c)(3)	5,847				General Support

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MOORE'S MONTESSORI ACADEMY 7206 E 38TH ST INDIANAPOLIS, IN 46226	35-1132342	501(c)(3)	26,198				General Support
MOUNT CARMEL COMMUNITY ACADEMY 9610 E 42ND ST INDIANAPOLIS, IN 46235	30-0555664	501(c)(3)	76,485				General Support

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MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE INDIANAPOLIS, IN 46221	46-3387727	STATE OF IN	11,352				General Support
MSD OF LAWRENCE TOWNSHIP 6501 SUNNYSIDE RD INDIANAPOLIS, IN 46236	35-6006802	STATE OF IN	276,407				General Support

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MSD OF WARREN TOWNSHIP 975 N POST RD INDIANPAOLIS, IN 46219	35-6006000	STATE OF IN	488,732				General Support
MSD OF WAYNE TOWNSHIP 1220 S HIGH SCHOOL RD INDIANAPOLIS, IN 46241	35-1072270	STATE OF IN	299,769				General Support

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MT ZION'S LOVING DAYCARE 4900 E 38TH ST INDIANAPOLIS, IN 46218	23-7438282	501(c)(3)	50,292				General Support
MY SECOND HOME CHILD CARE AND PRESCHOOL 8050 NUCKOLS LN INDIANAPOLIS, IN 46237	26-0584073		134,209				General Support

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NANA'S LOVING DAYCARE 2303 E RIVERSIDE DR INDIANAPOLIS, IN 46208	82-5386918		6,149				General Support
National Kidney Foundation - Greater Cincinnati Region 615 ELSINORE PL STE 400 CINCINNATI, OH 45202	13-1673104	501(c)(3)	5,299				Donor Designations

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

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NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1916572	501(c)(3)	23,921				Donor Designations
NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1916572	501(c)(3)	70,636				General Support

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

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New Beginnings Childcare 2132 W Michigan St INDIANAPOLIS, IN 46222	90-0936324	501(c)(3)	11,450				Preschool
NOBLE 7701 E 21ST ST INDIANAPOLIS, IN 46219	35-0924720	501(c)(3)	59,886				Donor Designations

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NOBLE 7701 E 21ST ST INDIANAPOLIS, IN 46219	35-0924720	501(c)(3)	544,973				General Support
OAKS ACADEMY THE 2301 N PARK AVE INDIANAPOLIS, IN 46205	35-2050595	501(c)(3)	16,262				General Support

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OUR LADY OF LOURDES SCHOOL 5333 E WASHINGTON ST INDIANAPOLIS, IN 46219	35-0929982	501(c)(3)	8,131				General Support
PACE INC 2855 N KEYSTONE AVE STE 170 INDIANAPOLIS, IN 46218	35-1062235	501(c)(3)	288,505				General Support

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PERRY TOWNSHIP SCHOOLS 6548 ORINOCO AVE INDIANAPOLIS, IN 46227	35-6006777	STATE OF IN	35,163				General Support
Planned Parenthood of Indiana and Kentucky PO BOX 397 INDIANAPOLIS, IN 462060397	35-0874276	501(c)(3)	28,063				Donor Designations

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PRIDE ACADEMY 9052 FOREST WILLOW DR INDIANAPOLIS, IN 46234	16-1616713	501(c)(3)	49,624				General Support
PRIME LIFE ENRICHMENT INC 1078 THIRD AVE SW CARMEL, IN 46032	35-1411017	501(c)(3)	127,782				General Support

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PROMISELAND ADVENTURES 2901 N POST RD INDIANAPOLIS, IN 46219	35-1181579	501(c)(3)	156,163				General Support
PROSPERITY ENRICHMENT INC 3045 N PENNSYLVANIA ST INDIANAPOLIS, IN 46205	46-5150303	501(c)(3)	14,300				General Support

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PURPOSE OF LIFE ACADEMY 3705 KESSLER BLVD N DR INDIANAPOLIS, IN 46222	68-0558032	501(c)(3)	25,763				General Support
REAP 15331 KUYKENDAHL RD STE 602 HOUSTON, TX 77090	46-2157297	501(c)(3)	5,000				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Random Acts of Flowers - Indianapolis 1057 E 54TH ST STE F INDIANAPOLIS, IN 46220	26-3006360	501(c)(3)	52,920				Donor Designations
REACH FOR YOUTH INC 3505 N WASHINGTON BLVD INDIANAPOLIS, IN 462053718	23-7456842	501(c)(3)	162,669				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REEVES DAYCARE 6058 ROCKY RIVER DR INDIANAPOLIS, IN 46221	45-5399443		24,060				General Support
REGINA'S DAYCARE 3622 CHOKECHERRY LN INDIANAPOLIS, IN 46235	35-2100483		7,293				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Riley Children's Foundation (Hospital) 30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 462043509	35-0868147	501(c)(3)	16,721				Donor Designations
Riley Children's Foundation (Hospital) 30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 462043509	35-0868147	501(c)(3)	11,642				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROA Standing Together for Americas Reservist Foundation ONE CONSTITUTION AVE NE WASHINGTON, DC 20002	46-1374538	501(c)(3)	5,000				Donor Designations
SALVATION ARMY INDIANAPOLIS PO BOX 88517 INDIANAPOLIS, IN 462084718	36-2167910	501(c)(3)	539,157				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HELPINGS INC 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 46202	35-1484281	501(c)(3)	144,408				General Support
SECOND HELPINGS INC 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 46202	35-1484281	501(c)(3)	93,333				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shelby County United Fund 126 N HARRISON ST SHELBYVILLE, IN 46176	35-0953458	501(c)(3)	5,930				Donor Designations
SHELTERING WINGS CENTER FOR WOMEN PO BOX 92 DANVILLE, IN 461220092	35-2077713	501(c)(3)	55,255				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTERING WINGS CENTER FOR WOMEN PO BOX 92 DANVILLE, IN 461220092	35-2077713	501(c)(3)	110,590				General Support
Shepherd Community Center 4107 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-1765846	501(c)(3)	19,679				Donor Designations

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

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SHEPHERD COMMUNITY CENTER 4107 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-1765846	501(c)(3)	102,551				General Support
Shepherd's Gate Pantry Food & Baby Supplies C/O ST MARIA GORETTI PARISH 17102 SPRING MILL RD WESTFIELD, IN 46074	35-1950891	501(c)(3)	6,003				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N ALABAMA ST STE 228 INDIANAPOLIS, IN 46204	35-0869056	501(c)(3)	73,454				General Support
SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N ALABAMA ST STE 228 INDIANAPOLIS, IN 46204	35-0869056	501(c)(3)	6,586				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Society of St Vincent de Paul 3001 E 30TH ST INDIANAPOLIS, IN 46218	37-1507632	501(c)(3)	16,207				Donor Designations
SOUTHEAST COMMUNITY SERVICES INC 901 SHELBY ST INDIANAPOLIS, IN 46203	35-1318068	501(c)(3)	585,301				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHMINSTER PRESBYTERIAN LHLP PO BOX 39008 INDIANAPOLIS, IN 46239	35-1157652	501(c)(3)	37,304				General Support
SPEEDWAY UNITED METHODIST CHURCH 5011 W 16TH ST SPEEDWAY, IN 46224	35-2078266	501(c)(3)	71,463				General Support

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

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SS PETER & PAUL CATHEDRAL CATHEDRAL SOUP KITCHEN FOOD PANTRY 1347 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-0868029	501(c)(3)	19,500				General Support
ST JOAN OF ARC CATHOLIC CHURCH & SCHOOL 4217 CENTRAL AVE INDIANAPOLIS, IN 46205	35-0901290	501(c)(3)	32,718				General Support

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

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ST LAWRENCE CATHOLIC CHURCH 6944 E 46TH ST INDIANAPOLIS, IN 46226	35-0919344	501(c)(3)	149,912				General Support
ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1141484	501(c)(3)	467,432				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MICHAEL - ST GABRIEL ARCHANGELS ELEMENTARY 3352 W 30TH ST INDIANAPOLIS, IN 46222	35-1096103	501(c)(3)	6,833				General Support
ST MONICA SCHOOL 6131 N MICHIGAN RD INDIANAPOLIS, IN 46228	35-1009268	501(c)(3)	41,430				General Support

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

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ST NICHOLAS EARLY LEARNING 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208	36-4824421	501(c)(3)	25,750				General Support
ST THERESE LITTLE FLOWER CATHOLIC SCHOOL 1401 N BOSART AVE INDIANAPOLIS, IN 46201	20-8934132	501(c)(3)	13,810				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Institute for the Deaf 9192 WALDEMAR RD INDIANAPOLIS, IN 462681131	43-0653494	501(c)(3)	5,227				Donor Designations
ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1141484	501(c)(3)	57,533				Donor Designations

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

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St Vincent Hospital Foundation Inc 8402 HARCOURT RD STE 210 INDIANAPOLIS, IN 462602051	35-6088862	501(c)(3)	10,140				Donor Designations
STARFISH INITIATIVE 6958 HILLSDALE CT INDIANAPOLIS, IN 462502040	56-2442758	501(c)(3)	47,807				Donor Designations

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

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STARFISH INITIATIVE 6958 HILLSDALE CT INDIANAPOLIS, IN 462502040	56-2442758	501(c)(3)	23,742				General Support
SUNRISE CHRISTIAN ACADEMY 948 W 30TH ST INDIANAPOLIS, IN 46208	35-2083350		49,878				General Support

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

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SYCAMORE SERVICES INC PO BOX 369 DANVILLE, IN 46122	35-1064235	501(c)(3)	103,510				General Support
T P KIDDIE ACADEMY 4501 N POST INDIANAPOLIS, IN 46226	35-2149550		115,614				General Support

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

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TANGRAM 5155 PENNWOOD DR INDIANAPOLIS, IN 46205	35-1661813	501(c)(3)	5,930				Donor Designations
TANGRAM 5155 PENNWOOD DR INDIANAPOLIS, IN 46205	35-1661813	501(c)(3)	267,986				General Support

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

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The Arc of Indiana 107 N PENNSYLVANIA ST STE 800 INDIANAPOLIS, IN 46204	35-1075886	501(c)(3)	5,240				Donor Designations
The Children's Museum of Indianapolis 3000 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-0867985	501(c)(3)	6,000				Donor Designations

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

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THE CHILDREN'S THERAPLAY FOUNDATION INC 9919 TOWNE RD CARMEL, IN 46032	35-2121568	501(c)(3)	10,097				Donor Designations
THE DAMIEN CENTER INC 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	35-1711878	501(c)(3)	54,893				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JULIAN CENTER INC 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1346514	501(c)(3)	92,784				Donor Designations
The Leukemia & Lymphoma Society - Indiana Chapter 1MARCUS BLVD STE 104 ALBANY, NY 12205	13-5644916	501(c)(3)	8,545				Donor Designations

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

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THE SALVATION ARMY 243 DERBY ST PEKIN, IL 61554	36-2167910	501(c)(3)	64,211				Donor Designations
THE VILLAGES 3833 N MERIDIAN ST STE 101 INDIANAPOLIS, IN 46208	35-1708240	501(c)(3)	23,559				Donor Designations

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

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TRISHA'S ABUNDANT LOVE CHILDCARE 11027 HICKORY LAKE LN INDIANAPOLIS, IN 46235	31-5582870		6,126				General Support
United Catholic Appeal PO BOX 6043 INDIANAPOLIS, IN 46206	35-1018460	501(c)(3)	5,484				Donor Designations

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

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United Way of Central Alabama PO BOX 320189 BIRMINGHAM, AL 352320189	63-0288846	501(c)(3)	6,000				Donor Designations
United Way of Johnson County PO BOX 153 FRANKLIN, IN 46131	35-1082600	501(c)(3)	26,194				Donor Designations

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

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United Way of Madison County Inc - IN PO BOX 1200 ANDERSON, IN 46015	35-1052350	501(c)(3)	11,769				Donor Designations
United Way of Monroe County Inc 441 S COLLEGE AVE BLOOMINGTON, IN 47403	38-1437937	501(c)(3)	14,990				Donor Designations

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

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United Way of New York City 205 E 42ND ST NEW YORK, NY 10017	13-2617681	501(c)(3)	25,000				Donor Designations
United Way of the Wabash Valley Inc 2901 OHIO BLVD STE 215 TERRE HAUTE, IN 478032239	35-1008531	501(c)(3)	5,312				Donor Designations

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

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United Way Worldwide PO BOX 418607 BOSTON, MA 02241	13-1635294	501(c)(3)	400,000				Donor Designations
UNIVERSITY HEIGHTS UNITED METHODIST CHURCH 4002 OTTERBEIN AVE INDIANAPOLIS, IN 46227	35-0985956	501(c)(3)	30,272				General Support

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

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VILLAGES OF INDIANA THE 3833 N MERIDIAN ST STE 101 INDIANAPOLIS, IN 46208	35-1708240	501(c)(3)	124,276				General Support
VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST INDIANAPOLIS, IN 462041020	35-1914815	501(c)(3)	1,693,073				General Support

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

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VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST INDIANAPOLIS, IN 462041020	35-1914815	501(c)(3)	10,338				Donor Designations
WATCH ME GROW CHILDCARE 4740 CENTURY PLAZA RD INDIANAPOLIS, IN 46254	45-5629373		32,495				General Support

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

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WELLSPRING CENTER 301 W HARRISON ST MARTINSVILLE, IN 46151	31-1255091	501(c)(3)	128,812				General Support
West Vigo County Community Center 5377 N COLLEGE AVE INDIANAPOLIS, IN 46220	35-1485844	501(c)(3)	5,000				Donor Designations

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER MISSION MINISTRIES INC 205 E NEW YORK ST INDIANAPOLIS, IN 46204	35-0888771	501(c)(3)	148,481				Donor Designations
WHEELER MISSION MINISTRIES INC 205 E NEW YORK ST INDIANAPOLIS, IN 46204	35-0888771	501(c)(3)	29,420				General Support

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

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YMCA - Breakfast with Santa 615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359	35-0868211	501(c)(3)	12,500				Donor Designations
YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359	35-0868211	501(c)(3)	70,714				Donor Designations

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

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YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359	35-0868211	501(c)(3)	2,003,147				General Support
YOUTH CONNECTIONS 1195 N MORTON ST STE A FRANKLIN, IN 46131	31-0900601	501(c)(3)	18,538				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Zionsville Education Foundation Inc 900 MULBERRY ST ZIONSVILLE, IN 46077	30-0024279	501(c)(3)	5,115				Donor Designations

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
United Way of Central Indiana Inc

Employer identification number
35-1007590

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Ann Murtlow Chief Executive Officer	(i)	315,842	50,000	1,032	37,291	24,111	428,276	0
	(ii)	0	0	0	0	0	0	0
2 Gina Miller Chief Operating Officer and Chief Financial Officer	(i)	181,373	15,000	360	15,901	23,853	236,487	0
	(ii)	0	0	0	0	0	0	0
3 Demetrius Glover Vice President of Strategic Information	(i)	32,929	0	163,368	334	45,980	242,611	0
	(ii)	0	0	0	0	0	0	0
4 Julianne Burns JumpIN CEO	(i)	161,263	0	1,032	17,584	14,598	194,477	0
	(ii)	0	0	0	0	0	0	0
5 Christopher Herndon Chief Engagement Officer	(i)	141,788	15,000	240	15,904	10,603	183,535	0
	(ii)	0	0	0	0	0	0	0
6 Nancy Ahlrichs Chief Talent Officer	(i)	143,356	5,000	2,814	1,308	13,952	166,430	0
	(ii)	0	0	0	0	0	0	0
7 Angela Dabney Vice President, Transformational Giving	(i)	135,941	8,750	1,584	28,714	23,359	198,348	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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, Part I, Line 4a Severance or change-of-control payment	Severance payment was received during 2017 by highest compensated employee, Demetrius Glover in the amount of \$207,084. Other compensation of \$163,368 is included in Schedule J Column B(III) and nontaxable compensation of \$43,716 paid to his legal counsel is included in Schedule J Column (D).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Central Indiana Inc

Employer identification number
35-1007590

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	133	1,743,719	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified 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 ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Central Indiana Inc

Employer identification number
35-1007590

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	<p>(Expenses \$ 3,935,670 including grants of \$ 2,551,856) UWCI helps individuals and families build strong, stable foundations through resources and programs that enable them to achieve stable employment and financial literacy We invest in partners that offer job training and placement, financial education , free tax preparation and legal advice that help them succeed in work and in life Our marquis financial stability initiative is the deployment of a Centers for Working Families model originally developed by the Annie E Casey Foundation to provide people with the tools they need to increase their income (Earn it), reduce expenses through financial literacy (Keep it) and build wealth for their families (Grow it) Our CWF network is comprised of 12 neighborhood based centers that transition families from living paycheck to paycheck to investing in their future The model provides services in three key areas employment and career advancement, financial literacy and coaching, and access to income supports By bundling such programs, the centers can provide a coaching approach in a one-stop convenient location for families in search of help This year 4, 151 individuals were served by the Centers for Working Families network and 1,838 unemployed individuals received the tools and skills they needed to achieve gainful employment Through our Volunteer Income Tax Assistance program, we leveraged 230 volunteers to prepare approximately 7,500 tax returns for Central Indiana residents at no cost, bringing \$9m in earned income tax credits back to those residents and the Central Indiana community</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 18 FORM 990 AVAILABLE FOR PUBLIC INSPECTION	THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>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, the Community Engagement 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 as a member of 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 these 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Ann Murtlow and Jean Wojtowicz - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Form 990 is prepared by UWCI's Director of Finance and its COO/CFO and reviewed by Crowe tax experts prior to submission to UWCI's Audit and Finance Committee. The Audit and Finance Committee all review Form 990 in their October meeting each year prior to the October Board meeting. Chair of the Audit Committee presented Form 990 information to the Board of Directors on October 24, 2018. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 interest questionnaire. The questionnaires are reviewed by the COO/CFO and any conflicts disclosed in the questionnaires are reported to the Audit and Finance Committee and the Governance Committee for evaluation and to determine if there are actual or potential conflicts of interest. Individuals with a conflict abstain 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 arise.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	An Executive Compensation/Evaluation Committee meets annually to evaluate the performance of the 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 process and decisions are documented in the committee minutes. A full independent compensation study is conducted every three years.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The Executive Compensation Committee also reviews the salaries for all senior executives, including the Assistant Treasurer & COO/CFO. Comparability data, including studies provided by the United Way of America and other relevant benchmarks, is used to determine compensation. The process and decisions are documented in the committee minutes. This process is done on an annual basis with a full independent compensation study every three years.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's governing documents, conflict of interest policy, code of ethics, Form 990 and financial statements are available on our website and to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	UNRECOGNIZED PENSION GAIN - 130262, Adjustment to prior year uncollectible pledges - -303979,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Central Indiana Inc

Employer identification number

35-1007590

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part 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	(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 WAY OF CENTRAL INDIANA INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PERPETUAL TRUST (1) PO Box 88409 Indianapolis, IN 46208	INVESTMENTS	NY	NA	Trust	0	0			No
(2) COMMUNITY SERVICE COUNCIL OF CENTRAL IN PO Box 88409 Indianapolis, IN 46208	Human Services Planning and Related Activities	IN	United Way of Central Indiana	C Corporation	0	0	0 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services 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)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash 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 covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

(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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)