Form 990

Department of the

# **Return of Organization Exempt From Income Tax**

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

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

▶ Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

2019

DLN: 93493321082580 OMB No. 1545-0047

Open to Public Inspection

Treasur Interna	•	nue Service	Go to <u>www.irs.gov/rorm990</u> for in	structions and the	iatest iiiioiiii	ation.		Inspection
			llendar year, or tax year beginning 07-01-2019	, and ending 06-3	0-2020			
<b>B</b> Che	ck if a	pplicable:	C Name of organization United Way of Central Indiana Inc			D Employe	r identifi	ication number
☐ Add		change	Since way or consultanding file			35-1007	590	
☐ Init		-	Doing business as					
		n/terminated				E Telephone	number	_
		d return on pending	Number and street (or P.O. box if mail is not delivered to s 2955 N Meridian St Suite 300	treet address) Room/su	iite	(317) 92	3-1466	
			City or town, state or province, country, and ZIP or foreign	postal code		(01/) 11		
			Indianapolis, IN 46208			<b>G</b> Gross rec	eipts \$ 14	11,924,489
			<b>F</b> Name and address of principal officer: Ann Murtlow		H(a) Is this	a group ret	urn for	
			2955 N Meridian St Suite 300		suboro <b>H(b)</b> Are all	linates?	20	☐Yes ☑No
	(-eyer	npt status:	Indianapolis, IN 46208		include )	ed?		☐ Yes ☐No
		· ·	▼ 501(c)(3)	7(a)(1) or $\square$ 527	If "No, <b>H(c)</b> Group		•	instructions)
J 444	ebsit	e:► ww	v.uwci.org		In(o) Group	exemption	ilullibei	
<b>K</b> Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of forma	tion: <b>1</b> 921	<b>M</b> State	of legal domicile: IN
Pa	rt I	Sumi	<b>nary</b> cribe the organization's mission or most significant ac					
	ι	Jnited Wa	y fights for the education, financial stability, health ar	nd basic needs of eve				
ce			d Way is a community impact organization supported ach community-wide goals that make Central Indiana			ke you. Toge	ether wit	th local partners, we
E	-		Section and the section and th		P. W. C.			
Jell.	-							
60	2	Check thi	s box $\blacktriangleright \Box$ if the organization discontinued its opera	tions or disposed of r	nore than 25%	of its net as	sets.	
×5			f voting members of the governing body (Part VI, line				3	56
tles			f independent voting members of the governing body	•			4	55
Activities & Governance			ber of individuals employed in calendar year 2019 (F	,			5	185
ĕ			ber of volunteers (estimate if necessary)			•	6 7a	11,681
			ated business taxable income from Form 990-T, line			_	7b	0
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			or Year		Current Year
O)	8	Contribut	ons and grants (Part VIII, line 1h)			48,411,9	37	73,513,522
Ravenue	9	Program	service revenue (Part VIII, line 2g)			600,6	46	706,311
Rav			nt income (Part VIII, column (A), lines 3, 4, and 7d )			5,597,1	_	5,127,661
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			50,5		19,366
			nue—add lines 8 through 11 (must equal Part VIII, co			54,660,2	_	79,366,860
			d similar amounts paid (Part IX, column (A), lines 1- aid to or for members (Part IX, column (A), line 4) .	•		39,700,7	0	61,400,175
S			other compensation, employee benefits (Part IX, colu			10,454,4	_	12,698,537
nse		·	nal fundraising fees (Part IX, column (A), line 11e)	, ,,			0	0
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25) ▶6,082,451					
ū	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			8,010,6	88	7,278,034
			enses. Add lines 13–17 (must equal Part IX, column (	**		58,165,8	_	81,376,746
, un	19	Revenue	ess expenses. Subtract line 18 from line 12	<u> </u>	Dii	-3,505,5		-2,009,886
Net Assets or Fund Balances					Beginning	of Current Ye	ar	End of Year
SS e	20	Total asse	ets (Part X, line 16)			180,178,6	76	185,379,837
P F	21	Total liab	lities (Part X, line 26)			9,288,2	99	18,081,527
			s or fund balances. Subtract line 21 from line 20 .			170,890,3	77	167,298,310
Pa Under			<b>ature Block</b> erjury, I declare that I have examined this return, inc	duding accompanying	schedules and	statements	and to	the hest of my
knowl	edge	and belie	i, it is true, correct, and complete. Declaration of pre					
any k	nowle	edge.						
		*****				0-11-16		
Sign		Signati	re of officer		Date	:		
Here	:		MILLER COO & CFO print name and title					
		17	int/Type preparer's name Preparer's signature	<u>. Ir</u>	Date		TIN	
Paic	1			٦	Ched		01316095	5
Prep		er 🗔	rm's name ► CROWE LLP			employed   r's EIN ► 35-0	921680	
Use		<u> </u>	rm's address ▶ 135 N Pennsylvania Street Suite 200		Pho	ne no. (317) 6	32-1100	
		,   '	Indianapolis, IN 46204			110. (JI/) 0	22 IIOO	
May +	he TP	S discuss	this return with the preparer shown above? (see inst	ructions)			<b></b>	es 🗆 No
			luction Act Notice, see the separate instructions		Cat. No. 1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Form <b>990</b> (2019)

Form	990 (2019)					Page <b>2</b>
Pa	Statement of	of Program Service	e Accomplis	hments		
	Check if Sched	ule O contains a resp	onse or note to	any line in this Part III .		🗸
1	Briefly describe the or	ganization's mission:				
repla Unite wide challe regio	ce self-sufficiency obsta d Way is a community i goals that make Centra enges that need us mos	icles with opportunitie mpact organization s I Indiana - and the w t - improving education forts, public policy wo	es for better live upported by a w orld - a better p on, financial sta rk and partners	s in Boone, Hamilton, Ha ride network of people. I lace. We don't wait for p bility, health and basic n hips - from small busine	create regional change with a loca ancock, Hendricks, Marion and Mo Fogether with local partners, we so problems to land in our laps. Inste leeds of individuals and families ac sses and human services agencies	rgan Counties. At its core, et and reach community- ad, we dig for the cross our six-county
2			ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 or					🗌 Yes 🗹 No
	If "Yes," describe thes					
3	3	3.	3	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe thes	e changes on Schedu	le O.			
4		501(c)(4) organization	ons are required	I to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code: See Additional Data	) (Expenses \$	28,989,973	including grants of \$	27,990,799 ) (Revenue \$	)
4b	(Code: See Additional Data	) (Expenses \$	16,262,050	including grants of \$	15,740,152 ) (Revenue \$	360,026 )
4c	(Code: See Additional Data	) (Expenses \$	18,242,594	including grants of \$	16,551,445 ) (Revenue \$	)
	(Code:	) (Expenses \$	6,471,701	including grants of \$	1,117,779 ) (Revenue \$	372,529 )
	and leveraging all financia training, development, an around shared community report results, providing of will allow us to track our finovation Impact Fund g community. This fund see	al and human resources in deployment; nonprofit of goals. This year, UWCI comprehensive data acrostamily Opportunity Fundirants. Many of these org kes to disrupt the ways wating space for exchanging	n our community. leadership educat made significant ir ss all of our impact families over time anizations are new e currently addresng and incubating	These include: community no nand training; and serving investments in the strategies initiatives, and working wit to see what works! We also partners to UWCI and those some of our community's onew ideas, improving technome wideas, improving technome.	riven community impact decisions, impleeds/human services research; public pg as a convener for community leaders and infrastructure to support our and of ha local consulting firm to implement a deployed \$750k to 14 organizations the grassroots organizations working closoldest problems by harnessing Central I plogy, and expanding successful small-s	policy advocacy; volunteer and funders to align resources bur partner CBO's ability to a sophisticated system that rough our first ever Social est with those in need in our ndiana's resilient and
	Other program service	es (Describe in Schod	ula O )			
-tu	(Expenses \$		ule 0. <i>)</i> luding grants of	\$ 1,117.7	79 ) (Revenue \$ 3	72,529 )
4e	Total program servi		69,966,3		, ( <del>-</del>	

	tiv Checklist of Required Schedules			Page 3
Par	tiv Checklist of Required Schedules	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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,</i> Part I	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X "	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

No

18

19

20a

20b

21

Yes

Yes

orm 9	990 (2019)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		No
	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? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	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	. ;		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 133			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0			ı

**1**c

Yes

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	185		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	/er, a <b>4a</b>		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	R).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t Form 8282?	o file <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Formula 1098-C?	orm <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a h	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	' 13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		110
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?			No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" respo	onse to i	lines 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 56	<u>'</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  55	,		
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?	2	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?	$\vdash$	100	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	_
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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?	16b		
	ction C. Disclosure			
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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ 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			

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Average hours per week (list any hours per week list any hours per week list</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (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)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form	990 (2019)														Page <b>8</b>
Par	Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and	High	nest Con	npens	ate	l Employees	(con	tinued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, u n of	t cha unle: ficer	and a	son	Repo compe from organ	n the iization		(E) Reportable compensation from relate organization	on d ns	Estima amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- SC)		(W-2/1099 MISC)	-	organizat relat organiza	ed
See /	Additional Data Table						-								
													-		
													1		
	Sub-Total	art VII, Section	 A .				<b>▶</b>  _						-		
d <u>1</u> 	Total (add lines 1b and 1c)  Total number of individuals (including	g but not limited	to thos			bove	► e) who	rece		72,592 e than	\$10	0,000	0		412,423
	of reportable compensation from the	organization <b>F</b>	10											Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	mple	oyee, d	or hi	ghest com	npensa	ted 6	employee on			
4	For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable (									the	3		No
5	Did any person listed on line 1a receiservices rendered to the organization		•			•			-	ion or	indiv	idual for	5	Yes	No
Se	ction B. Independent Contract	tors													
1	Complete this table for your five high from the organization. Report compe												mper	sation	
	Name	(A) and business addre	ess								escri	(B) ption of services		(C Comper	
509 E	na University Research Administration  3rd St hington, IN 47401									Commui Services		atabase and Res	earch	1	,105,141
Hager	man Construction									Architec	t Sen	vices			801,035
Fort V	/ Washington Blvd Vayne, IN 46802 IsLIVE LLC									CRM Dat	abas	e Hosting and Se	rvices		432,840
Ste 40	College Park Sq 00 ia Beach, VA 23464														
John I	H Boner Community Center  E 10th St									Energy / Services		ance Administrat	ion		430,841
Indiar	E 10th St napolis, IN 46201 Learning Indiana											ching and Mento	ring		324,933
Suite	N Meridian St A Napolis, IN 46202									Services					
<b>2</b> T	otal number of independent contracto ompensation from the organization		not lim	ited t	o th	ose	listed	abov	/e) who re	eceived	l mo	re than \$100,0	00 of		
														Form 99	<b>0</b> (2019)

orm 9 Part		(2019) Statement	of E	Povonuo						Page <b>9</b>
Part	VIII				respo	onse or note to any	line in this Part VIII			🗆
							<b>(A)</b> Total revenue	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1a	Federated campa	aigns	s	1a	0		revenue		512 - 514
ants	ŀ	<b>b</b> Membership due:	s.	· į	<b>1</b> b	0				
0 E	(	c Fundraising even	nts .		1c	137,568				
ifts, ar A		d Related organiza		Į.	1d	0				
s, G		Government grants		· l	1e	8,650,206				
Contributions, Gifts, Grants and Other Similar Amounts		<ul> <li>All other contribution</li> <li>and similar amounts</li> <li>above</li> <li>Noncash contribution</li> </ul>	s not	included	1f	64,725,748				
	٩	lines 1a - 1f:\$	)IIS III	iciuded iri	<b>1</b> g	1,277,103				
Son and	ı	<b>h Total.</b> Add lines	1a-1	f		•	73,513,522			
						Business Code	, ,			
4.	2a	Donor Designation Fe	ees			900099	360,026	360,026	0	0
Program Service Revenue	b	Agency Data Collection	on			900099	285,525	285,525	0	0
vice Pa	С	Community Awarenes Development	ss an	d Leadership		900099	60,760	60,760	0	0
m Ser	d						0	0	0	0
Progra	е						0	0	0	
	f	All other program	serv	rice revenue			0	U	Ü	0
		Total. Add lines 2				706,311	1	1		Г
		Investment income imilar amounts)		luding divide		nterest, and other •	3,049,69	7	0	3,049,697
		Income from invest	tmer	nt of tax-exe	mpt bo	ond proceeds	ļ		0	
	5 F	Royalties	_	(i) Rea		(ii) Personal	•	0	0	0
					a1	(II) Personal				
		Gross rents Less: rental	6a							
	_	expenses	6b							
	С	Rental income or (loss)	6c		(	)	0			
	d	Net rental income	or	(loss)				0	0	0
		_		(i) Secur	ities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	64,!	578,904	l .	0			
	b	Less: cost or other basis and sales expenses	7b	62,!	500,940		0			
	С	Gain or (loss)	7c	2,0	077,964	ļ !	0			
	d	Net gain or (loss)	•				2,077,96	4	0	2,077,964
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	137,568 of						
Rev	la.	Less: direct expen			8a 8b	49,811 56,689				
er		Net income or (los					-6,87	8	0	-6,878
	9a	Gross income from See <b>Part</b> IV, line 19								
	b	Less: direct expen			9a 9b		_			
		Net income or (los			activit	ies 🕨		0	0	o
	10a	Gross sales of inve returns and allowa			10a					
	b	Less: cost of good	ls so	ld	10b					
	c	Net income or (los			invent			0	0	0
	11	Miscellaneo	us R	evenue		Business Code 90009	9 26,24	4 26,24	4 0	0
		<b>a</b> Miscellaneous				30009				
	b							0	0	0
	C	,						0	0	0
	d	All other revenue					+	0	0	0
		Total. Add lines 1				•	26,24	4		
	12	Total revenue. S	ee ir	nstructions			79,366,86		5 0	5,120,783
							/9,300,86	/32,55	<u>′1                                    </u>	5,120,783 Form <b>990</b> (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizat		s. All other organization	ons must complete colu	umn (A).
Check if Schedule O contains a response o	r note to any line in this Part I	x		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization domestic governments. See Part IV, line 21		61,307,349		
<b>2</b> Grants and other assistance to domestic individuals Part IV, line 22	s. See 92,820	92,826		
<b>3</b> Grants and other assistance to foreign organization governments, and foreign individuals. See Part IV, and 16.	15, 161Cigii	0		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustee key employees	s, and 732,12	5 157,148	442,177	132,800
<b>6</b> Compensation not included above, to disqualified p defined under section 4958(f)(1)) and persons descection 4958(c)(3)(B)	cribed in			
<b>7</b> Other salaries and wages	8,059,11	3,241,487	1,916,987	2,900,638
<b>8</b> Pension plan accruals and contributions (include se (k) and 403(b) employer contributions)	ction 401 2,331,130	911,670	621,917	797,549
9 Other employee benefits	989,47	5 389,718	237,812	361,945
<b>10</b> Payroll taxes	. 586,689	9 230,498	148,309	207,882
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	65,59	5,440	60,154	0
c Accounting	129,96	2 2,887	127,075	0
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 1	17			
f Investment management fees	307,19	5 0	307,195	0
g Other (If line 11g amount exceeds 10% of line 25, (A) amount, list line 11g expenses on Schedule O)	column 2,219,56	1,832,202	273,067	114,295
12 Advertising and promotion	374,10	5 10,791	353,078	10,236
13 Office expenses	535,75	3 199,561	125,655	210,537
<b>14</b> Information technology	1,055,37	360,765	239,254	455,359
15 Royalties				
<b>16</b> Occupancy	787,23	1 282,790	151,400	353,041
17 Travel	96,86	1 47,193	19,509	30,159
<b>18</b> Payments of travel or entertainment expenses for a federal, state, or local public officials •	any			
19 Conferences, conventions, and meetings	105,486	5 91,970	12,831	685
<b>20</b> Interest				
21 Payments to affiliates	583,89	196,326	117,561	270,011
22 Depreciation, depletion, and amortization	446,50	5 150,130	89,898	206,477
23 Insurance	82,35	2 19,538	35,942	26,872
24 Other expenses. Itemize expenses not covered abo miscellaneous expenses in line 24e. If line 24e amo exceeds 10% of line 25, column (A) amount, list line expenses on Schedule O.)	ount`			
a Classroom books and supplies	411,978	411,978		
b Loss on disposal of fixed assets	80.	2	802	
c d				
	75,370	24,051	47,354	3,965
e All other expenses  25 Total functional expenses. Add lines 1 through 2		· · · · · · · · · · · · · · · · · · ·	5,327,977	6,082,451
<b>Joint costs.</b> Complete this line only if the organiza reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	tion	5 35,500,516	5,321,311	0,002,431
Check here ▶ ☐ if following SOP 98-2 (ASC 958-	- /2N1	1	l l	

Accounts receivable, net .

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

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27

28

30

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

Pledges and grants receivable, net . .

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . . . .

and other liabilities not included on lines 17 - 24).

**Total liabilities.** Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Investments—other securities. See Part IV, line 11 .

Investments-program-related. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Form 990 (	2019)							Page <b>1</b>
Part X	Balance Sheet							
	Check if Schedule O contains a response or note to any line in this Part IX .							
	<u> </u>		 / 8 3					

Check if Schedule O contains a response or note to any line in this Part IX		 🗀
	(A) Beginning of year	(B) End of year

	Beginning of year		End of year
1 Cash-non-interest-bearing	639	1	928
2 Savings and temporary cash investments	13,529,514	2	29,885,148

3.811,602

2,113,178

16.974.224

3.145.769

0 5

0 400.000

22.816

2,261,434

2,145,731

142,045,060

3

4

7

10c

11

12 0 13

14

15

16

17

18

19

21

22 0 23

24

26

27

28

30

31

32

33

0 29

0

0

0

-346,511

2,533,099

6.242.782

163.570

348.848

0 20

0

0 25

9.288.299

37,745,824

133.144.553

170,890,377

180,178,676

180,178,676

12,355,428

3.669.744

400.000

20.033

505,686

1,698,424

-424,290

185,379,837

11,294,284

6.318.610

119.785

348.848

0

0

0

0

18.081.527

32,275,484

135,022,826

167,298,310

185.379.837

Form 990 (2019)

137,268,736

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.

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?

3b Yes Form 990 (2019)

Yes

3a

### Additional Data

**Software ID:** 19010655

Software Version: 2019v5.0

**EIN:** 35-1007590

Name: United Way of Central Indiana Inc

Form 990 (2019)

#### Form 990, Part III, Line 4a:

2019/20 UWCI granted \$5m to 57 organizations through our Basic Needs Impact Fund. These grants helped 18,672 struggling individuals access and retain affordable housing; 81,622 access healthy food and nutrition programs; 14,320 access physical, mental & behavioral health supports; and 9,005 access transportation options. UWCI also administers a number of federal programs in Central Indiana: Emergency Food & Shelter to provide food and shelter assistance to hungry and homeless individuals; Energy Assistance to provide financial assistance to offset high utility bills; Supportive Services for Veteran Families to provide support services for at-risk veterans. We also engage in a number of other Basic Needs programs including a homeless initiative designed to support Marion County's "Blueprint to End Homelessess"; Behavioral Health Courts designed to address the mental health and often co-existing substance abuse of individuals in the criminal justice system; transportation supports for seniors; winter

Basic Needs Initiatives: Food, Shelter, Health, Transportation, Our Basic Needs work provides support to our most vulnerable neighbors and life-saving assistance to those in crisis situations - helping those in immediate need survive today so they can thrive tomorrow. UWCI accomplishes this through a number of programs and activities: In

assistance for those ineligible for the federal energy assistance; and JumpIN for healthy kids working to reduce childhood obesity. Most notable this fiscal year was UWCI's administration of the Central Indiana Covid-19 Community Economic Relief Fund (C-CERF) in partnership with Lilly Endowment Inc., Central Indiana Community Foundation (through the Glick Fund and The Indianapolis Foundation), Eli Lilly and Company Foundation, Richard M. Fairbanks Foundation, and Nina Mason Pulliam Charitable Trust. This fund, launched on March 13 raised and deployed more than \$23m to more than 180 diverse community organizations and nonprofits serving individuals and families affected by the pandemic.

#### Form 990, Part III, Line 4b:

spectrum. These CBOs are part of a rigorous evaluation process that assesses organizational governance; leadership; diversity, equity & inclusion; financial stability; strategic planning; community responsiveness; sustainability & scalability; and ability to market and engage funders to support their work. This year represented a "step-

down" year for UWCI's traditional unrestricted support of these CBOs as we finalize the transition to fully competitive grantmaking through our Impact Initiatives: Basic Needs, Family Opportunity and Social Innovation - further outlined in other Program Service Accomplishments in this section. The \$8m "step-down" grants in 2019/20 were

intended to allow for a smoother transition to the new model. UWCI also supports these agencies' general operations through donor designated and other directed gifts

Accredited Community Based Organization (CBO) Supports: 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 2019/20 through general support of 80-90 accredited CBOs across the human services

(\$2.5m); capital projects, technology and facilities maintenance grants (\$1.6m); and evaluation, capacity building, contingency, staff support, and other activities. In addition, UWCI administers donor designated dollars to a wide range of unaffiliated organizations across the non-profit sector (\$3.5m across over 1,000 organizations).

#### Form 990, Part III, Line 4c:

stability and a brighter future. In 2019/20 UWCI awarded \$3.6m in grants to 17 CBOs through our Family Opportunity Impact Fund. These grants served 1,523 families including 2,038 children through intentional 2Gen work. 2Gen programs don't stop with just income, employment and budgeting supports. They are meant to wrap around an entire family and improve health and well-being. UWCI is in the third and final year of our Great Families 2020 Program. Funded by the Corporation for National and Community Service (\$7m) plus a \$1:\$1 match funded by UWCI and other private funders, this grant was our entry into the 2Gen work with 8 partners, providing us with learnings and a framework for our broader Family Opportunity strategies. The 2019/20 school year also marked the fifth and final year of the Indianapolis Preschool

Family Opportunity Initiatives: Our Family Opportunity work supports integrated programs that improve the education, financial stability and overall health of the whole family. By intentionally working with parents, caregivers and children together, we create pathways for success and give families the tools needed to secure long-term

Scholarship Program, providing 1,727 children with PreK scholarships to help them enter kindergarten ready to learn. UWCI also solidified future funding by building our base number for those receiving state-funded On My Way PreK scholarships. Throughout this program, UWCI has worked with a number of partners to not only provide scholarships, but to build capacity and strengthen the provider network through capital projects, coaching, classroom supplies and equipment, etc. Other Family Opportunity work included the Indy Free Tax Prep program, which filed 3.539 returns for low-income families. bringing \$3.9m in federal refunds and \$1.3m in federal earned income tax

oredits back to these households; and our ReadUP program, which enlists over 1,000 volunteer mentors to support hundreds of early school-aged kids get on track and stay on track with their expected reading levels. As part of our overall Family Opportunity Initiatives, UWCI also provided \$1.5m to 12 Centers for Working Families (CWF). Built on an evidence-based model developed by the Annie E. Casey Foundation the CWF network is designed to provide families with the financial capabilities, strategies and tools needed to put them on the path to financial stability.

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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

	ally flours	director/trustee)						
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
Ann Murtlow	40.0							
President and Chief Executive Officer		Х		X				
Bryan Mills	2.0			, , ,				
Director and Board Chair		Х		X				
Claire Fiddian-Green	2.0							
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Director and Secretary

Director and Vice-Chair

Director and Treasurer

Rafael Sanchez

Scott Bruns

Abbe Hohmann

Andre Franklin

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Brian Garrison

Chris Rigsbee

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Director		^						0		
Connie Bond-Stuart	2.0	х						0		,
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Director

Director

Director

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Ed McGruder

Gene Zink

Director

Director

Director (partial year)

Director (partial year)

Geoffrey Gailey

Georgiana Reynal

Deborah Daniels

Dennis Sponsel

Doran Moreland

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
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Director		^						
Heather Willey	2.0							
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and Independent Contractors

Director

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Director

Julie Singer

Joe Gilbert

John Mason

Johna Norton

Jeb Banner

Jeff Harrison

Jim Macdonald

Jean Wojtowicz

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and Independent Contractors

Kalen Jackson

Director

Director

Director

Director

Director

Director

Mark Miles

Mark Ratekin

Mary Boelke

Matt Cohoat

Director

Director

Director

Director (partial year)

Mark Lemieux

Lisa Harris

Kelley Karn

Lauren Peterson

Mamon Powers III

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

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Michael Becher	
Director	
Michael O'Connor	
Director	

and Independent Contractors

Mike Dilts

Director

Mike Langellier

N Clay Robbins

Natalie Guzman

Mike North

Director

Director

Director

Director

Nicole Lorch

Patzetta Trice

DIRECTOR

Phil Kenney

Director (partial year)

Director (partial year)

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

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and Independent Contractors

Raymond Hill

Richard Hester

Director

Director

Sam Odle

Director

Director

Scott Luc

Director

Director

Director

Director

Terry Yen

Director

Shelly Towns

Stephanie Kim

Susanne Wasson

Scott Beier

Rod Cotton

Director (partial year)



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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Tobin Richer	2.0							0	
Director		Х						0	0
Tom Dawson	2.0	Х						0	0
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and Independent Contractors

Tory Callaghan -Castor

Chief Operating Officer and Chief Financial Officer

Chief Marketing, Communications and Community

Vice President, Transformational Gifts

Director

Gina Miller

Angela Dabney

Gregory Fennig

Relations Officer

Julianne Burns

CEO, JumpIN

Chief Fundraising Officer

Sara VanSlambrook

Chief Impact Officer

Penny Lee

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data -								
SCI	HED	ULE A	- Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047				
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019				
		f the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection				
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	rt I		for Public Charity State				See instructions.					
1 1	organiz		a private foundation because	•			(A)(:)					
		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
2					,							
3		·	or a cooperative hospital serv	-			-					
4		A medical r name, city,	esearch organization operator and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's				
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	-	,	, ,		bed in <b>section 170</b>				
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).					
7	✓		ation that normally receives ( <b>'0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the gener	al public described in				
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)						
9			ural research organization de rant college of agriculture. S					ege or university or a				
10		from activit investment	ation that normally receives: ties related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ections—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross				
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).					
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a					
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by					
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar								
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio	•	•	, -	ted with, its				
d		Type III n functionally	on-functionally integrate integrated. The organizations). You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar					
е		Check this	box if the organization received or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally				
f	Enter				-		<u> </u>					
g	Provi	de the follow	ing information about the su	pported organization(	s).			_				
	organization organization in your governing document? monetary support other suppo							(vi) Amount of other support (see instructions)				
					Yes	No						
			<u> </u>									
Tota			tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9					

Page 2

P	Support Schedule for (Complete only if you ch	necked the box o	on line 5, 7, or 8	of Part I or if th	ie organization f	ailed to qualif	
_	If the organization failed ection A. Public Support	i to quality unde	er the tests listed	i below, please o	Loinpiete Part II	1.)	
	Calendar year	( ) 2045	(1) 2016	( ) 2047	(1) 2010	( ) 2010	T (0.7.1.
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	57,776,123	68,880,633	55,967,663	48,411,936	73,513,52	304,549,877
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
_	 The value of services or facilities furnished by a governmental unit to						0
	the organization without charge	F7 776 122	60,000,633	FF 067 663	40 411 026	72 512 52	204 540 077
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	57,776,123	68,880,633	55,967,663	48,411,936	73,513,52	22 304,549,877
	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).						94,534,548
	Public support. Subtract line 5 from line 4.						210,015,329
	ection B. Total Support	I		I			
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	57,776,123	68,880,633	55,967,663	48,411,936	73,513,52	22 304,549,877
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,141,022	3,147,400	3,958,012	3,093,324	3,049,69	
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.).	240,368	117,701	112,889	100,612	76,05	55 647,625
11	<b>Total support.</b> Add lines 7 through 10						321,586,957
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	3,465,499
13	First five years. If the Form 990 is f	-			•	. , . ,	<u>-</u>
	check this box and <b>stop here</b>					<u> ▶</u>	· <u> </u>
	ection C. Computation of Publi						
	Public support percentage for 2019 (li		•			14	65.31 %
	Public support percentage for 2018 So					15	71.07 %
16a	33 1/3% support test—2019. If the						
b	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2018.</b> If the	ne organization did	l not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{1}$	/3% or more, ch	neck this
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2019.</b> If the or on meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and <b>stop he</b>	and line 14 <b>re.</b> Explain	▶ ⊔
ь	organization	st—2018. If the o zation meets the "	rganization did not facts-and-circumst	check a box on lir ances" test, check	ne 13, 16a, 16b, c this box and <b>sto</b> p	r 17a, and line here.	
18	supported organization Private foundation. If the organizat						▶□

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under t	the tests listed t	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2017	(1) 2010		(C) T
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
^	(or fiscal year beginning in) ► Amounts from line 6		· ,	. ,	, ,		
10a	Gross income from interest,						
LUG	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
_ C	Add lines 10a and 10b.  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12.) First five years. If the Form 990 is for	the organization	l 's first. second. th	l jird. fourth, or fift	l Lax vear as a sec	tion 501(c)(3) o	ganization.
	check this box and <b>stop here</b>						_
Se	ection C. Computation of Public S						· · · · · <u> </u>
15	Public support percentage for 2019 (lin			column (f))		15	
16	Public support percentage from 2018 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Investr	nent Income	Percentage			i I	
17	Investment income percentage for 201			line 13, column (f	))	17	
18	Investment income percentage from 20	<b>018</b> Schedule A,	Part III, line 17 .			18	
	331/3% support tests-2019. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						
	33 1/3% support tests—2018. If the						
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization o	qualifies as a publ	icly supported orga	anization	▶ □
20	Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	. ▶□

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		14	
_			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	<ul> <li>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? Provide details in Part VI.</li> <li>b. Did the approximation approximation of the provided details in Part VI.</li> </ul>	3a		
	<b>b</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 <b>Part VI.</b></i> the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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 <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions Pre-2019			(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			

details in <b>Part VI</b> ). See instructions		(	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

Schedule A (	hedule A (Form 990 or 990-EZ) 2019 Page <b>8</b>					
Part VI	Section A, lines 1, 2, Part IV, Section D, li	ormation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; nes 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, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See				
		Facts And Circumstances Test				
990 Sched	lule A, Suppleme	ntal Information				
Ret	Return Reference Explanation					
Schedule A, OTHER INC	, Part II, Line 10 OME	Misc Income generated				

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
Schedule A, Part II, Line 10 Fundraising Revenue	Revenue generated from fundraising activities					

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 192884.0, COLUMN B - 55873.0, COLUMN C - 75050.0, C OLUMN D - 72845.0, COLUMN E - 26244.0, COLUMN F - 422896.0; DESCRIPTION - FUNDRAISING REVE NUE, COLUMN A - 47484.0, COLUMN B - 61828.0, COLUMN C - 37839.0, COLUMN D - 27767.0, COLUM N E - 49811.0, COLUMN F - 224729.0;					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

EZ)

5

Political Campaign and Lobbying Activities

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

DLN: 93493321082580

OMB No. 1545-0047

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

▶Go to www.irs.gov/Form990 for instructions and the latest information. 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 **Employer identification number** United Way of Central Indiana Inc 35-1007590 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 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....... Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

262,337

250,000

29.789

68.997

250,000

9.568

114.217

250,000

9,662

108,341

250,000

11,887

Schedule C (Form 990 or 990-EZ) 2019

553,892

1,000,000

1.500.000

60,906

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
ctivi		Yes	No	No Amou	
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	76 H = 61				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on	
	,	(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	i N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		 [	Yes 1 2 3	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 (5), o	 r secti	Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  tiii-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	 (5), o	 r secti	Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	 r secti	Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), o III-A	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(	
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  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	1 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(	

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493321082580

OMB No. 1545-0047

2010

## **Supplemental Financial Statements**

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

Department of the Treasury Internal Revenue Service

(Form 990)

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

2019	
Open to Public	
Inspection	

	ame of the organization			E	mployer ic	lentification	number
Un	ited Way of Central Indiana Inc			3	5-1007590		
Ρ	Organizations Maintaining Donor Advis Complete if the organization answered "Ye	sed Funds or Oth	er Similar F	unds or A	ccounts.		
	complete if the organization anomered if		dvised funds		<b>(b)</b> Fun	ds 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 advisor organization's property, subject to the organization's ex						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	for any other p	ourpose conf			Yes 🗌 No
Pā	Complete if the organization answered "Ye	e" on Form 990 P.	art IV line 7				res 🗀 No
1	Purpose(s) of conservation easements held by the organ			•			
-	Preservation of land for public use (e.g., recreation	` ·	¬'''	ion of an his	torically im	portant land a	roa
		i or education)					ii ea
	☐ Protection of natural habitat	L	→ Preservat	ion of a cert	ified historic	structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	n contribution i	in the form o		ation at the End o	of the Year
а	Total number of conservation easements			2	•		
b	Total acreage restricted by conservation easements			21	)		
c	Number of conservation easements on a certified historic	c structure included i	n (a)	. 20	С		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, ar	d not on a his	toric 20	i		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguis	shed, or termir	nated by the	organizatio	n during the	
4	Number of states where property subject to conservation	n easement is locate	d <b>►</b>				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			nandling of v	iolations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enf	forcing conse	ervation eas	sements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations	s, and enforcin	g conservati	on easemei	nts during the	year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the rec	uirements of s	section 170(	h)(4)(B)(i)	□ <b>v</b>	□ <b>.</b>
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	ervation easements i footnote to the organ	n its revenue a	and expense			⊔ No
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical			Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, edu	ication, or rese	earch in furtl			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ 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, historic following amounts required to be reported under SFAS 1	cal treasures, or othe	r similar assets	s for financia			
а	Revenue included on Form 990, Part VIII, line 1				🕨 🕏		
b	Assets included in Form 990, Part X				<b>&gt;</b> \$		
	Paperwork Reduction Act Notice, see the Instruction						rm 990) 201

 $\begin{array}{lll} \textbf{c} & \text{Leasehold improvements} \\ \textbf{d} & \text{Equipment} & . & . & . \\ \end{array}$ 

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

Par	t III	Organizations Ma	aintaining Coll	lections o	f Art, Histo	orical T	reas	ures, or Other S	Similar As	sets (conti	inued)
3		g the organization's acq s (check all that apply):		n, and other	,	,	the fo	ollowing that are a	significant u	ise of its coll	ection
а		Public exhibition			C	ı 🗆	Loar	n or exchange progi	ams		
b		Scholarly research			€		Othe	er			
С		Preservation for future	generations								
4	Provi Part )	de a description of the a	organization's coll	ections and	explain how	they furt	her th	e organization's ex	empt purpo	se in	
5		ng the year, did the organs ss to be sold to raise fur								☐ Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			on Form 9	90, Part	t IV, I	ine 9, or reporte	d an amou	ınt on Forn	n 990, Part
1a		e organization an agent ded on Form 990, Part )								☐ Yes	☑ No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	te the followi	ng table:	:		A	mount	
c		nning balance		•		_		1c			
d	Addit	ions during the year .						1d			
е		ibutions during the year									
f		ng balance									
2a	Did tl	he organization include	an amount on Foi	rm 990. Parl	X. line 21. f	or escrov	w or ci	ustodial account lial	bility?	√ Yes	 □ No
b		es," explain the arrange								_	
	rt V	Endowment Fund		- CHECK HEIC	ii tiic expiai	ideioii iid	5 5001	- provided in rate x			
		Complete if the org		ered "Yes"	on Form 9	90, Part	t IV, I	ine 10.			
				(a) Curren		) Prior ye			(d) Three yea		Four years back
	-	ning of year balance .			326,977		1,103	91,624,966	· · · · · · · · · · · · · · · · · · ·	441,536	81,458,954
b	Contrib	butions			200,349		2,793	368,830		859,076	40,878
С	Net in	vestment earnings, gair	ns, and losses	2,	488,719	7,01	2,739	7,597,082	9,1	679,496	125,686
d	Grants	or scholarships									
е		expenditures for facilitie ograms	es	2,	843,246	3,38	9,658	939,775	;	355,142	183,982
f	Admini	istrative expenses .									
g	End of	year balance		102,	172,799	102,32	6,977	98,651,103	91,0	624,966	81,441,536
2 a		de the estimated percei d designated or quasi-e	-	ent year end 2.13 %	balance (line	1g, colu	ımn (a	a)) held as:			
b	Perm	anent endowment 🕨	87.74 %								
c		 porarily restricted endov	***************************************	13 %							
·	•	percentages on lines 2a,	***************************************		%.						
3a	Are tl	here endowment funds nization by:	•			hat are h	neld ar	nd administered for	the		Yes No
	<b>(i)</b> uı	nrelated organizations								3a(i)	No
		elated organizations .								3a(ii)	No
b		es" on 3a(ii), are the rel					₹?.			3b	
4	Desci	ribe in Part XIII the inte			ı's endowmer	nt funds.					
Pa	rt VI	Land, Buildings, Complete if the or	ganization answ	ered "Yes"						<del>'</del>	
	Descri	iption of property	(a) Cost or oth (investmen		(b) Cost or ot	her basis (	(other)	(c) Accumulated de	epreciation	<b>(d)</b> B	ook value
1a	Land						0				0
b	Buildin	nas									

1,191,914

2,619,688

778,864

919,560

1,698,424

413,050

1,700,128

Part VII Investments—Other Securities.	) + T) /  :	11b Caa Farm 000 1	Part V. line 12
Complete if the organization answered "Yes" on Form 990, P  (a) Description of security or category  (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives			
(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, P  (a) Description of investment	art IV, li	ne 11c. See Form 990, (b) Book value	Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
(1)			73.33
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>	
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Page 1990, Page 199	art IV, lin	ne 11d. See Form 990, Par	t X, line 15.
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV. lin	ne 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.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h		text of the footnote has be	

2

1

2

C

d

3

4

5

b

Part XIII

See Additional Data Table

Schedule D (Form 990) 2019

-1,423,342

4c

5

2e

3

56,689

307,195

5.979.238

Page 4

6,284,507

79,366,860

75,147,002

56,689

75,090,313

b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	56,689	

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

2a 2b

2c

2d

4a

4b

Explanation

-1,366,653 2e 3 3 73,082,353 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 307,195

4b 5,977,312

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Add lines **4a** and **4b** . . . . . . . .

Total expenses and losses per audited financial statements . . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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

Investment expenses not included on Form 990, Part VIII, line 7b . . .

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

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

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

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

Donated services and use of facilities . . . .

Add lines 2a through 2d .

Return Reference

b C

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

4c 6,286,433 81.376.746 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

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

**Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 35-1007590

Name: United Way of Central Indiana Inc

## Supplemental Information

Return Reference	Explanation
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) organizat ion.

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 Fun draising 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	United Way is a nonprofit organization exempt from income tax under Section 501(c)(3) of t he 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 Unit ed Way and UWCI, LLC to recognize a tax liability only if it is more likely than not the t ax 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 g reater 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 ex amined this issue and have determined there are no material uncertain tax positions. Unite d Way and UWCI, LLC do not expect the total amount of uncertain tax positions to significa ntly change in the next 12 months. United Way and UWCI, LLC recognize interest and/or pena lties related to income tax matters in income tax expense. United Way and UWCI, LLC did no t have any amounts accrued for interest and penalties at June 30, 2020 or 2019.

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 - 56689

Supplemental Information	
Return Reference	Explanation
,,,	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS - 5979238 ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES1926

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 - 56689

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS - 5979238

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321082580 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization United Way of Central Indiana Inc 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 If "Yes," list the 10 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	<b>Fundraising Events.</b> Complethan \$15,000 of fundraising e	vent contributions and			
	gross receipts greater than \$!	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		Elevate Gala (event type)	(event type)	(total number)	col. <b>(c)</b> )
Keverkie					
	1 Gross receipts	187,379			187,379
	<b>2</b> Less: Contributions	137,568			137,56
	<b>3</b> Gross income (line 1 minus line 2)	49,811	0		0 49,81:
	4 Cash prizes	0			
Direct Expenses	5 Noncash prizes	0			1
136	<b>6</b> Rent/facility costs	1,860			1,86
5	7 Food and beverages	33,752			33,75
3	8 Entertainment	4,233			4,23
2	9 Other direct expenses	16,844			16,84
_	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		•	56,68
	, , , , , , , , , , , , , , , , ,	• , ,			30,00
	11 Net income summary. Subtract line 10	-			-6,87
ar	·	from line 3, column (d)	s" on Form 990, Part I	▶	-6,87
	11 Net income summary. Subtract line 10	from line 3, column (d)	cs" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo		-6,87
	t III Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-6,87 d more than \$15,000 (d) Total gaming (add
S KEVEIRIE	11 Net income summary. Subtract line 10	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-6,87 d more than \$15,000 (d) Total gaming (add
S Keverkie	11 Net income summary. Subtract line 10 t III Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-6,87 d more than \$15,000 (d) Total gaming (add
S Keverkie	11 Net income summary. Subtract line 10  1111 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-6,87 d more than \$15,000 (d) Total gaming (add
> Keverkie	11 Net income summary. Subtract line 10  11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-6,87:d more than \$15,000  (d) Total gaming (add
S Keverkie	11 Net income summary. Subtract line 10 t III Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-6,87 d more than \$15,000 (d) Total gaming (add
S KEVEIRIE	11 Net income summary. Subtract line 10  11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-6,87 d more than \$15,000 (d) Total gaming (add
S Keverkie	11 Net income summary. Subtract line 10 till Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Tyes %	(c) Other gaming	-6,87 d more than \$15,000 (d) Total gaming (add
REVEIRIE	1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	-6,87 d more than \$15,000 (d) Total gaming (add
Direct Experises   Keverne	11 Net income summary. Subtract line 10  11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  hrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	-6,87 d more than \$15,000 (d) Total gaming (add
DIECLEADERSES KEVERIE	11 Net income summary. Subtract line 10  111 Gaming. Complete if the organization form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Ye  (a) Bingo  Yes %  No  hrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	-6,87dd more than \$15,000  (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the org ained by the third party ► \$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	<b>d</b> ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	t	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

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Schedule I

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information. OMB No. 1545-0047

DLN: 93493321082580

Open to Public Inspection

Treasury Internal Revenue Service		► Go to <u>ww</u>	<u>w.irs.gov/Form990</u> for	the latest information	on.		
Name of the organization United Way of Central Indiana Ir						Employer id	lentification number
<u> </u>						35-100759	0
		and Assistance					
Does the organization main the selection criteria used	intain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ N
2 Describe in Part IV the org			=				
			i <b>nd Domestic Governm</b> ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	' on Form 990, Part I	V, line 21, for any recipient
(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 noncash assistar	
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
							392
3 Enter total number of other	er organizations liste	ed in the line 1 table.	<del></del>			<u> ▶</u>	30

(Form 990)

Department of the

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

Schedule I (Form 990) 2019

(2) HUMAN SERVICE RENEWAL 27 249,544 (3) CHILDCARE CERTIFICATIONS 43,832

(3) (4) (5)

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

Explanation

Return Reference Schedule I. Part II. Line 1 Various United Way of Central Indiana provides funds to community organizations from two distinct sources: funds designated to a specific community organization by the donor and funds provided by United Way as direct support. In Schedule I, we distinguish between these two funding sources to allow transparency for our donors. Rows Therefore, many organizations are listed twice, which may result in a single line being less than \$5,000 because the sum total of all the funded to that individual

lorganization did exceed the \$5,000 threshold for Schedule I.

Schedule I, Part I, Line 2 United Way provides unrestricted grants as well as capital, technology, and facilities maintenance grants to a network of approved 501 (c)(3) organizations based on Procedures for monitoring use of geographic location, community need, populations served and programs offered. United Way monitors at the organizational level across governance, leadership,

grant funds. financial operations and other key organizational criteria. UWCI also 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.

Page 2

## **Additional Data**

6726 POINTE INVERNESS WAY FT WAYNE, IN 46804

ABC'S & 123'S 7050 COFFMAN RD INDIANAPOLIS, IN 46268

**Software ID:** 19010655 **Software Version:** 2019v5.0 **EIN:** 35-1007590

35-1754843

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	<b>(c)</b> 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					
ABACUS CHILDCARE CENTER	35-1739522		111,737				GENERAL SUPPORT					

35,998

GENERAL SUPPORT

ABACUS CHILDCARE CENTER	35-1739522	111,737		

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1193132 501(c)3 5.076 DONOR CHOICE AGAPE THERAPEUTIC RIDING

DONOR CHOICE

CENTER PO BOX 207 CICERO, IN 46034

6.192

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

501(c)3

ALS ASSOCIATION THE

7202 E 87TH ST STE 102 INDIANAPOLIS, IN 462561200 35-2029321

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-2149098 501(c)3 1.000 DONOR CHOICE ALTERNATIVE HORIZONS CORPORATION PO BOX 503 DURANGO, CO 81302

IGENERAL SUPPORT

14.605

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

501(c)3

ALTERNATIVE HORIZONS

CORPORATION PO BOX 503 DURANGO, CO 81302 74-2149098

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-0986769 501(c)3 4.352 DONOR CHOICE ALTERNATIVES INC. PO BOX 1302

ALTERNATIVES INC 31-0986769 501(c)3 4,352 DONOR CHOICE PO BOX 1302 ANDERSON, IN 460151302 ALTERNATIVES INC 31-0986769 501(c)3 218,261 GENERAL SUPPORT

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

PO BOX 1302

ANDERSON, IN 460151302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1747836 501(c)3 9.508 DONOR CHOICE ALZHEIMER'S ASSOCIATION 50 E 91ST ST STE 100 54-1263555 501(c)3 21.690 IDONOR CHOICE

INDIANAPOLIS, IN 46240 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 4600 COX ROAD SUITE 130

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

GLEN ALLEN, VA 23060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN CANCER SOCIETY 13-1788491 501(c)3 42.832 DONOR CHOICE INC AL SUPPORT

5635 W 96TH ST STE 100 INDIANAPOLIS, IN 46278					
AMERICAN CANCER SOCIETY	13-1788491	501(c)3	54,209		GENERAL

5635 W 96TH ST STE 100 INDIANAPOLIS, IN 46278

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 53-0196605 501(c)3 73.449 DONOR CHOICE AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006

IGENERAL SUPPORT

750,000

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

501(c)3

AMERICAN RED CROSS

431 18TH ST NW WASHINGTON, DC 20006 53-0196605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ARC OF GREATER BOONE 35-1333698 501(c)3 8.821 DONOR CHOICE COUNTY THE 900 W MAIN ST LEBANON, IN 46052 ARC OF GREATER BOONE 35-1333698 501(c)3 97.709 IGENERAL SUPPORT

COUNTY THE 900 W MAIN ST LEBANON, IN 46052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government **JPPORT** 

ASPIRE INDIANA INC 9615 E 148TH ST NOBLESVILLE, IN 46060	35-1341204	501(c)3	16,500		GENERAL SUPPORT
AUTISM CARES FOUNDATION	41-2252110	501(c)3	8,900		DONOR CHOICE

816 SECOND STREET PIKE SOUTHAMPTON, PA 18966

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AYS 31-0989270 501(c)3 5.567 DONOR CHOICE 4701 N KEYSTONE AVE STE 475

INDIANAPOLIS, IN 46205 AYS 31-0989270 501(c)3 441.432

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

INDIANAPOLIS, IN 46205

IGENERAL SUPPORT 4701 N KEYSTONE AVE STE 475

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government B4UFALL 83-4327687 501(c)3 125.000 IGENERAL SUPPORT 1234 W 26TH ST

IDONOR CHOICE

4.598

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

501(c)3

INDIANAPOLIS, IN 46208
BARBARA B JORDAN YMCA

2039 E MORGAN ST MARTINSVILLE, IN 46151 35-2019312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DADDADA D JODDAN VMCA 25 2010212 E01/-\2 20E 077 IGENERAL SUPPORT CHOICE

2039 E MORGAN ST MARTINSVILLE, IN 46151	35-2019312	501(c)3	205,977		GENERAL
BEACON OF HOPE CRISIS	33-1184283	501(c)3	1,520		DONOR CH

6920 S EAST ST STE B INDIANAPOLIS, IN 46227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 33-1184283 501(c)3 10.000 IGENERAL SUPPORT BEACON OF HOPE CRISIS CENTER 6920 S FAST ST STE B INDIANAPOLIS, IN 46227 IGENERAL SUPPORT

BETHANY EARLY LEARNING 35-1409373 501(c)3 109.615

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

MINISTRY 4702 S FAST ST

INDIANAPOLIS, IN 46227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-6006778 501(c)3 23.346 IGENERAL SUPPORT BETHEL EARLY CHILDHOOD ACADEMY

DONOR CHOICE

30.344

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

501(c)3

5252 W 52ND ST INDIANAPOLIS, IN 46254 BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA

2960 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 462084715

35-1323831

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BIG BROTHERS BIG SISTERS 35-1323831 501(c)3 317,875 IGENERAL SUPPORT OF CENTRAL INDIANA

2960 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 462084715					
BOARD OF SCHOOL COMMISSIONERS OF THE CITY OF INDIANPOLIS	35-6002486	SECTION 115	6,756		GENERAL SUPPORT

120 E WALNUT ST INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-6044450 501(c)3 11.235 DONOR CHOICE BOONE COUNTY CANCER SOCIETY 117 W FIM ST LEBANON, IN 46052 BOONE COUNTY CANCER 35-6044450 501(c)3 8.635 IGENERAL SUPPORT

SOCIETY

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

117 W FIM ST LEBANON, IN 46052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 37-1607071 501(c)3 18.000l GENERAL SUPPORT BOONE COUNTY CHILD ADVOCACY CENTER 218 F WASHINGTON ST LEBANON, IN 46052 BOONE COUNTY SENIOR 35-1445498 501(c)3 11.143 DONOR CHOICE

SERVICES INC 515 CROWNPOINTE DR LEBANON, IN 46052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOONE COUNTY SENIOR 35-1445498 501(c)3 87.574 IGENERAL SUPPORT SERVICES INC 515 CROWNPOINTE DR 35-0230360 501(c)3 5.600 DONOR CHOICE

LEBANON, IN 46052 BOOTH TARKINGTON CIVIC THEATRE

3 CENTER GREEN STE 300 CARMEL, IN 460323809

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government ----

BOSMA ENTERPRISES	31-1246086	501(c)3	196,648		GENERAL SUPPORT
6270 CORPORATE DR INDIANAPOLIS, IN 46278	31-1246086	501(c)3	7,463		DONOR CHOICE

6270 CORPORATE DR INDIANAPOLIS, IN 46278

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOY SCOUTS OF AMERICA 35-6213983 501(c)3 14.392 DONOR CHOICE 6102 BOY SCOUT ROAD INDIANAPOLIS, IN 46226 BOY SCOUTS OF AMERICA -35-0867962 501(c)3 69.429 IDONOR CHOICE CROSSROADS OF AMERICA COUNCIL

7125 FALL CREEK RD INDIANAPOLIS, IN 46256

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BOY SCOUTS OF AMERICA -35-0867962 501(c)3 159.129 IGENERAL SUPPORT CROSSROADS OF AMERICA

5625 E SR 46

BLOOMINGTON, IN 47401

COUNCIL 7125 FALL CREEK RD INDIANAPOLIS, IN 46256					
BOY SCOUTS OF AMERICA HOOSIER TRAILS COUNCIL	35-1290776	501(c)3	2,204		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOY SCOUTS OF AMERICA 35-1290776 501(c)3 24.057 GENERAL SUPPORT HOOSIER TRAILS COUNCIL 5625 F SR 46

DONOR CHOICE

28.999

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

501(c)3

BLOOMINGTON, IN 47401
BOYS & GIRLS CLUB OF
BOONE COUNTY

1575 MULBERRY ST ZIONSVILLE, IN 46077

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **BOYS & GIRLS CLUB OF** 35-1750659 501(c)3 196.464 IGENERAL SUPPORT BOONE COUNTY

1575 MULBERRY ST ZIONSVILLE, IN 46077 **BOYS & GIRLS CLUB OF** 35-0979327 501(c)3 13.047 DONOR CHOICE

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

HANCOCK COUNTY PO BOX 115

GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **BOYS & GIRLS CLUB OF** 35-0979327 501(c)3 50.724 IGENERAL SUPPORT HANCOCK COUNTY

PO BOX 115
GREENFIELD, IN 46140

BOYS & GIRLS CLUB OF 36-4541410 501(c)3 42,800

GENERAL SUPPORT

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

31 INDIANAPOLIS RD MOORESVILLE, IN 46158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) **BOYS & GIRLS CLUB OF** 35-1054426 501(c)3 32,596 DONOR CHOICE NODIECVALLE

NOBLESVILLE 1448 CONNER ST NOBLESVILLE, IN 46060					
BOYS & GIRLS CLUB OF NOBLESVILLE	35-1054426	501(c)3	92,468		GENERA

NOBLESVILLE, IN 46060

RAL SUPPORT 1448 CONNER ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 35-0888754 501(c)3 82.073 DONOR CHOICE BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200 INDIANAPOLIS, IN 46227

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

200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 81-3467319 501(c)3 10.000 BRANDYWINE CREEK FARMS IGENERAL SUPPORT

5332 N 400 E GREENFIELD, IN 46140 BROOKE'S PLACE FOR 35-2045122 501(c)3 3.212 DONOR CHOICE GRIEVING YOUNG PEOPLE

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

8935 N MERIDIAN ST STE 200 INDIANAPOLIS, IN 46260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 35-2045122 501(c)3 10.000 BROOKE'S PLACE FOR IGENERAL SUPPORT GRIEVING YOUNG PEOPLE 8935 N MERIDIAN ST STE 200 INDIANAPOLIS, IN 46260 BROOKSIDE COMMUNITY 81-1534304 501(c)3 50.000 IGENERAL SUPPORT

DEVELOPMENT CORPORATION

1035 N OLNEY ST INDIANAPOLIS, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-2072935 501(c)3 30.000 BROTHERS UNITED IGENERAL SUPPORT 3737 N MERIDIAN ST STE 505

INDIANAPOLIS, IN 46208 BROWN COUNTY COMMUNITY 35-1960379 501(c)3 6.667 FOUNDATION PO BOX 191

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

DONOR CHOICE NASHVILLE, IN 47448

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BUILD A MIRACLE 33-0971124 501(c)3 15.017 DONOR CHOICE 10755 SCRIPPS POWAY PKWY

490 SAN DIEGO, CA 92131 BURMESE AMERICAN 45-2377550 501(c)3 30.000 IGENERAL SUPPORT COMMUNITY INSTITUTE

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

4925 SHELBY ST STE 200 INDIANAPOLIS, IN 46227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-0867977 501(c)3 11.670 DONOR CHOICE BUTLER UNIVERSITY 4600 SUNSET AVE

IGENERAL SUPPORT

27.448

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

501(c)3

INDIANAPOLIS, IN 46208
BUTLER UNIVERSITY

4600 SUNSET AVE INDIANAPOLIS, IN 46208

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 35-1181579 501(c)3 51.708 IGENERAL SUPPORT CALVARY TEMPLE ASSEMBLY

OF GOD (THE CARING

WILMINGTON, NC 28403

115

PLACEPROMISELAND) 2901 N POST RD INDIANAPOLIS, IN 46219					
CAPE FEAR AREA UNITED WAY	56-0529949	501(c)3	15,432		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government CARING CENTER THE 31-1188383 501(c)3 300 l DONOR CHOICE

IGENERAL SUPPORT

1230 RANSDELL CT LEBANON, IN 46052

39,000

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

501(c)3

CARING CENTER THE

1230 RANSDELL CT LEBANON, IN 46052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-0717306 501(c)3 25.000 IGENERAL SUPPORT CARMEL YOUTH ASSISTANCE PROGRAM 515 F MAIN ST STF 127

DONOR CHOICE

5.588

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

501(c)3

CARMEL, IN 46032

CATCH THE STARS
FOUNDATION INC

INDIANAPOLIS, IN 46253

PO BOX 53557

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CATHOLIC CHARITIES 47-3062508 501(c)3 153.563 DONOR CHOICE INDIANAPOLIS INC 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202

IGENERAL SUPPORT

1.146.371

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

501(c)3

1400 N MERIDIAN ST INDIANAPOLIS, IN 4620 CATHOLIC CHARITIES INDIANAPOLIS INC

1400 N MERIDIAN ST INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-5563422 501(c)3 129.085 CATHOLIC RELIEF SERVICES IDONOR CHOICE 228 W LEXINGTON ST BALTIMORE, MA 21201 CATHOLIC YOUTH 35-0867983 501(c)3 19.935 DONOR CHOICE

ORGANIZATION
580 E STEVENS ST
INDIANAPOLIS, IN 46203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 35-0867983 501(c)3 12.853 IGENERAL SUPPORT CATHOLIC YOUTH ORGANIZATION

580 E STEVENS ST INDIANAPOLIS, IN 46203					
CATHOLIC YOUTH ORGANIZATION CAMP RANCHO FRAMASA 580 E STEVENS ST	90-0657156	501(c)3	32,890		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 90-0657156 501(c)3 17.346 CATHOLIC YOUTH IGENERAL SUPPORT ORGANIZATION CAMP RANCHO FRAMASA

580 E STEVENS ST INDIANAPOLIS, IN 462031781 501(c)3 24,132 CENTER FOR LEADERSHIP 35-1389882 DONOR CHOICE DEVELOPMENT

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

2425 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 462085546

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government CENTEDCTONE OF INDIANA 25-11/7222 E01(c)3 42 156 GENERAL SUPPORT

IGENERAL SUPPORT

CLIVILICATIONE OF INDIANA	33-117/323	301(0)3	72,130		GENTLINAL SOF
INC					
645 S ROGERS ST					
BLOOMINGTON, IN 47403					

20.926

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

501(c)3

CENTRAL CATHOLIC SCHOOL

1400 N MERIDIAN ST INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 35-1793680 501(c)3 7.625 DONOR CHOICE CENTRAL INDIANA COMMUNITY FOUNDATION INC.

615 N ALABAMA ST STE 119 INDIANAPOLIS, IN 46204				
CHAMPION KIDZ EDUCATIONAL INSTITUTE & CHILDCARE 1711 N POST RD	45-3972731	92,500		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-4825001 60.150 IGENERAL SUPPORT CHAPEL GLEN EARLY LEARNING ACADEMY 9101 W 10TH ST INDIANAPOLIS, IN 46234 35-1484040 119.149 CHAPEL HILL CHRISTIAN IGENERAL SUPPORT

501(c)3 SCHOOL

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

1055 N GIRLS SCHOOL RD INDIANAPOLIS, IN 46214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1927248 501(c)3 136.850 IGENERAL SUPPORT

CHARITY CHILD CARE PO BOX 22657 INDIANAPOLIS, IN 46222

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

INDIANAPOLIS, IN 46217

CHARLENE'S ANGELS 45-4204800 501(c)3 6.667 IDONOR CHOICE 7636 TIMBER HILL N DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1328579 501(c)3 10.000 CHERISH CENTER IGENERAL SUPPORT

CHERISH CENTER 27-1328579 501(c)3 10,000 GENERAL SUPPO 15570 STONY CREEK WAY NOBLESVILLE, IN 46060 CHH FOUNDATION INC 20-1281893 501(c)3 6,200 DONOR CHOICE

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

11825 N PENNSYLVANIA ST CARMEL, IN 46032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

IGENERAL SUPPORT

CHILD ADVOCATES INC	35-1788240	501(c)3	39,549		DONOR CHOICE
8200 HAVERSTICK RD STE 240					
INDIANAPOLIS, IN 46240					

99.489

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

501(c)3

CHILD ADVOCATES INC.

8200 HAVERSTICK RD STE 240 INDIANAPOLIS, IN 46240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1061264 501(c)3 39.022 DONOR CHOICE CHILDREN'S BUREAU INC 1575 DR MARTIN LUTHER KING JR ST

1575 DR MARTIN LUTHER
KING JR ST
INDIANAPOLIS, IN 46202

CHILDREN'S BUREAU INC
1575 DR MARTIN LUTHER

GENERAL SUPPORT

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

KING JR ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CHILDREN'S EYES ON THE 83-4408668 501(c)3 9.745 DONOR CHOICE

GLOBE 133 W MARKET ST 350 INDIANAPOLIS, IN 46204

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

CARMEL, IN 46032

CHILDREN'S THERAPLAY 35-2121568 501(c)3 12.358 DONOR CHOICE FOUNDATION INC THE 9919 TOWNERD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2121568 501(c)3 11.830 CHILDREN'S THERAPLAY IGENERAL SUPPORT FOUNDATION INC THE 9919 TOWNERD CARMEL, IN 46032

INDIANAPOLIS, IN 46229

CHILD'S PLACE PRESCHOOL A 30-9822968 39.777 IGENERAL SUPPORT 2027 SCHWIER CT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-3431602 60.574 CHILD'S WORLD A IGENERAL SUPPORT 8650 WOODBLUFF CT INDIANAPOLIS, IN 46234

IGENERAL SUPPORT

128.207

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

CHINSUH CHILDCARE

INDIANAPOLIS, IN 46227

6470 SHELBY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0953428 501(c)3 22.418 IGENERAL SUPPORT CHRIST TEMPLE CHRISTIAN ACADEMY DONOR CHOICE

430 W FALL CREEK PKWY N DR INDIANAPOLIS, IN 46208 CHRISTAMORE HOUSE FAMILY 35-0885588 501(c)3 11.560 AND COMMUNITY CENTER

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

502 N TREMONT ST INDIANAPOLIS, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0885588 501(c)3 401.325 IGENERAL SUPPORT CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST INDIANAPOLIS, IN 46222 CHRISTAMORE HOUSE FAMILY 35-0885588 501(c)3 500 (blank)

AND COMMUNITY CENTER

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

502 N TREMONT ST INDIANAPOLIS, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2051932 501(c)3 6,508 DONOR CHOICE CHRISTEL HOUSE

IDONOR CHOICE

INTERNATIONAL INC 10 W MARKET ST STE 1990 INDIANAPOLIS, IN 462042973					
CHURCHES IN MISSION	31-1237725	501(c)3	390		DONOR C

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

27 S INDIANA ST MOORESVILLE, IN 46158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-1237725 501(c)3 125.000 IGENERAL SUPPORT CHURCHES IN MISSION 27 S INDIANA ST 35-1859069 501(c)3 120 IDONOR CHOICE

MOORESVILLE, IN 46158 CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD

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

STF 175

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 35-1859069 501(c)3 235.000 IGENERAL SUPPORT CICOA FOUNDATION 8440 WOODFIELD CROSSING

STE 175 INDIANAPOLIS, IN 46240				
CINDY'S CENTER FOR YOUNG LEARNERS 3234 RUCKLE ST	46-5211064	28,285		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) COALITION FOR 31-1254018 501(c)3 1,367 DONOR CHOICE HOMELESSNESS

INTERVENTION & PREVENTION 1100 W 42ND ST STE 350 INDIANAPOLIS, IN 46208					
COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION	31-1254018	501(c)3	229,127		GENERAL SUPPORT

1100 W 42ND ST STE 350 INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COBURN PLACE SAFEHAEN II 37-1421922 501(c)3 7.991 DONOR CHOICE INC

604 F 38TH ST INDIANAPOLIS, IN 46205 COBURN PLACE SAFEHAEN II 37-1421922 501(c)3 75.000l IGENERAL SUPPORT INC

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

604 F 38TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COMMUNITY ALLIANCE OF THE 35-2018453 501(c)3 543 DONOR CHOICE FAR EASTSIDE 8902 F 38TH ST INDIANAPOLIS, IN 46226 COMMUNITY ALLIANCE OF THE 35-2018453 501(c)3 911.162 IGENERAL SUPPORT

FAR EASTSIDE 8902 F 38TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 51-0213521 501(c)3 140.050 DONOR CHOICE COMMUNITY HEALTH CHARITIES 941 F 86TH ST STF 100 INDIANAPOLIS, IN 46240

DONOR CHOICE

9.700

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

501(c)3

INDIANAPOLIS, IN 46240

CONCORD NEIGHBORHOOD 35-0817149
CENTER

1310 S MERIDIAN ST INDIANAPOLIS, IN 46225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(c)3 429.666 CONCORD NEIGHBORHOOD 35-0817149 IGENERAL SUPPORT CENTER 1310 S MERIDIAN ST

CENTER
1310 S MERIDIAN ST
INDIANAPOLIS, IN 46225

CONNECT2HELP 31-1216792 501(c)3 2,162 DONOR CHOICE

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

3833 N MERIDIAN ST STE 302 INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1216792 501(c)3 332.029 CONNECT2HELP IGENERAL SUPPORT 3833 N MERIDIAN ST STE 302 INDIANAPOLIS, IN 46208

IGENERAL SUPPORT

20,000

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

501(c)3

CROSSROADS EDUCATION

1702 W MICHIGAN ST ATE A-D INDIANAPOLIS, IN 46222 84-2183998

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CUMNS KIDS 35-1149228 501(c)3 16.470 IGENERAL SUPPORT 7101 N SHADELAND AVE INDIANAPOLIS, IN 46250 CWUW (CENTER OF WELLNESS) 20-4788681 501(c)3 31.207 IGENERAL SUPPORT FOR URBAN WOMEN)

2424 DR MARTIN LUTHER

INDIANAPOLIS, IN 46208

KING JR ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1168048 501(c)3 1.820 DONOR CHOICE DAMAR SERVICES

6067 DECATUR BLVD INDIANAPOLIS, IN 46241

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

6067 DECATUR BLVD INDIANAPOLIS, IN 46241

DAMAR SERVICES 35-1168048 501(c)3 200,000 IGENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DAMIEN CENTER THE 35-1711878 501(c)3 41.189 DONOR CHOICE 26 N ARSENAL AVE

IGENERAL SUPPORT

331.291

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

501(c)3

26 N ARSENAL AVE INDIANAPOLIS, IN 46201 DAMIEN CENTER THE

26 N ARSENAL AVE INDIANAPOLIS, IN 46201

35-1711878

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 33-0435454 501(c)3 13.500 DONOR CHOICE DAYBREAK COMMUNITY CHURCH 2606

DONOR CHOICE

385

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

501(c)3

6515 AMBROSI	A LANE
CARLSBAD, CA	920112
DAYSPRING CE	NTER

INDIANAPOLIS, IN 46244

PO BOX 44105

35-1618998

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1618998 501(c)3 60.000 DAYSPRING CENTER IGENERAL SUPPORT

PO BOX 44105 INDIANAPOLIS, IN 46244

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

INDIANAPOLIS, IN 46201

DAYSTAR CHILDCARE 35-0953434 501(c)3 1.100 IDONOR CHOICE 57 N RURAL ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-0953434 501(c)3 303.076 DAYSTAR CHILDCARE IGENERAL SUPPORT 57 N RURAL ST

INDIANAPOLIS, IN 46201

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

DENA'S DAY CARE CENTER INC 35-1462686 71.238 IGENERAL SUPPORT

5707 CHELSEA RD

INDIANAPOLIS, IN 46241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) DOVE RECOVERY HOUSE FOR 35-2120680 501(c)3 1,220 DONOR CHOICE WOMEN 22E1 NIN MEDIDIAN CT CTC

110 INDIANAPOLIS, IN 46208					
DOVE RECOVERY HOUSE FOR WOMEN 3351 NN MERIDIAN ST STE	35-2120680	501(c)3	75,000		GENERAL SUPPORT

110

INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-2078412 501(c)3 3.623 DONOR CHOICE DRESS FOR SUCCESS INDIANAPOLIS 820 N MERIDIAN ST INDIANAPOLIS, IN 46204 DRESS FOR SUCCESS 35-2078412 501(c)3 55.000l IGENERAL SUPPORT INDIANAPOLIS

820 N MERIDIAN ST INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1955574 501(c)3 39.053 EARLY LEARNING CENTERS IGENERAL SUPPORT

DONOR CHOICE

47.809

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

501(c)3

INC	
1315 S SHERMAN D	DRIVE
INDIANAPOLIS, IN	46203

FARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A INDIANAPOLIS, IN 46202

35-0888763

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0888763 501(c)3 1.279.337 GENERAL SUPPORT EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A 35-1976975 361.157 IGENERAL SUPPORT

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

INDIANAPOLIS, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FASTER SEALS CROSSROADS 35-0869058 501(c)3 42.914 DONOR CHOICE

EASTER SEALS CROSSROADS 35-0869058 501(c)3 42,914 DONOR CHOICE 4740 KINGSWAY DR INDIANAPOLIS, IN 46205 GENERAL SUPPORT GENERAL SUPPORT

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

4740 KINGSWAY DR INDIANAPOLIS, IN 46205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1087526 501(c)3 818 DONOR CHOICE EASTER SEALS REHABILITATION CENTER 3701 BELLEMEADE AVE EVANSVILLE, IN 47714

IGENERAL SUPPORT

40.000

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

501(c)3

35-1087526

EASTER SEALS

REHABILITATION CENTER 3701 BELLEMEADE AVE EVANSVILLE, IN 47714

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-2124772 501(c)3 350 l DONOR CHOICE EASTERN STAR JEWEL HUMAN SERVICES CORP 5719 MASSACHUSETTS AVE INDIANAPOLIS, IN 46218

EASTERN STAR JEWEL HUMAN 35-2124772 501(c)3 145.000 IGENERAL SUPPORT SERVICES CORP

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

5719 MASSACHUSETTS AVE INDIANAPOLIS, IN 46218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-2615152 501(c)3 35.000l GENERAL SUPPORT EDNA MARTIN CHRISTIAN 35-1072577 501(c)3 8.104 DONOR CHOICE

ECLECTIC SOUL VOICES CORPORATION 1415 SHELBY ST INDIANAPOLIS, IN 46203

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

CENTER INC PO BOX 18388

INDIANAPOLIS, IN 46218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EDNA MARTIN CHRISTIAN 35-1072577 501(c)3 1 658 036 GENERAL SUPPORT

CENTER INC				ĺ
PO BOX 18388				İ
INDIANAPOLIS, IN 46218				

EMILY THOMAS FOUNDATION 27-1695503 501(c)3 9.492 IDONOR CHOICE

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

1480 CHATTAHOOCHEE RUN SUWANEE, GA 30024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1734106 501(c)3 10.000 IGENERAL SUPPORT EMINENCE CHRISTIAN CHURCH FOOD PANTRY

PO BOX 203
EMINENCE, IN 46125

EMMANUEL FAITH COMMUNITY 95-1816013 501(c)3 6,000

CHURCH

DONOR CHOICE

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

639 E 17TH AVE ESCONDIDO, CA 92025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) EMMANUEL PREPARATORY 35-1710868 501(c)3 50.000 IGENERAL SUPPORT ACADEMAX

4901 E 31ST ST INDIANAPOLIS, IN 46218					
EPISCOPAL REFUGEE	20-8999776	501(c)3	5,417		

SAN DIEGO, CA 921056401

DONOR CHOICE 4265 FAIRMONT AVE STE 130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-1132066 501(c)3 12.220 DONOR CHOICE ESKENAZI HEALTH FOUNATION INC 720 ESKNAZI AVE EL 5 INDIANAPOLIS, IN 46202 IGENERAL SUPPORT

31-1132066 501(c)3 13.654 ESKENAZI HEALTH FOUNATION INC

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

720 ESKNAZI AVE EL 5 INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1900090 501(c)3 3.128 DONOR CHOICE EXODUS REFUGEE IMMIGRATION 1125 BROOKSIDE AVE STE C9 INDIANAPOLIS, IN 46202 **EXODUS REFUGEE** 35-1900090 501(c)3 185.000 IGENERAL SUPPORT

IMMIGRATION

1125 BROOKSIDE AVE STE C9 INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-8892375 501(c)3 10.000 DONOR CHOICE FISH OF SANIBEL-CAPTIVA

IDONOR CHOICE

18.256

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

501(c)3

2430 PERIWINKLE WAY STE B

35-0811197

SANIBEL, FL 33957 FAIRBANKS INC

8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-0811197 501(c)3 40.459 IGENERAL SUPPORT

IDONOR CHOICE

FATRBANKS INC. 8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256 501(c)3

9.648

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

35-0877572

FAMILIES FIRST

2240 N MERIDIAN ST INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-0877572 501(c)3 1,461,458 FAMILIES FIRST IGENERAL SUPPORT 2240 N MERIDIAN ST INDIANAPOLIS, IN 46208 FAMILY PROMISE OF GREATER 35-1909912 501(c)3 754 DONOR CHOICE

INDIANAPOLIS
PO BOX 441367
INDIANAPOLIS, IN 46244

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FAMILY PROMISE OF GREATER 35-1909912 501(c)3 25.000 IGENERAL SUPPORT INDIANAPOLIS PO BOX 441367 INDIANAPOLIS, IN 46244

IGENERAL SUPPORT

25.000

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

501(c)3

82-1163084

FAMILY PROMISE OF

NOBLESVILLE, IN 46061

HAMILTON COUNTY PO BOX 2073

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-1733831 501(c)3 1.320 DONOR CHOICE FAMILY PROMISE OF HENDRICKS COUNTY 238 N VINE ST PLAINFIELD. IN 46168

IGENERAL SUPPORT

125.000

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

501(c)3

FAMILY PROMISE OF

HENDRICKS COUNTY 238 N VINE ST PLAINFIELD, IN 46168 46-1733831

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FATHERS AND FAMILIES 35-2069047 501(c)3 13.124 DONOR CHOICE CENTER 2835 N ILLINOIS ST INDIANAPOLIS, IN 46208 FATHERS AND FAMILIES 35-2069047 501(c)3 442.223 IGENERAL SUPPORT

CENTER

2835 N ILLINOIS ST INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1738809 501(c)3 4.830 DONOR CHOICE FAY BICCARD GLICK NEIGHBORHOOD CENTER

2990 W 71ST ST
INDIANAPOLIS, IN 462682239

FAY BICCARD GLICK 35-1738809 501(c)3 331,327

NEIGHBORHOOD CENTER

GENERAL SUPPORT

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

2990 W 71ST ST

INDIANAPOLIS, IN 462682239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IGENERAL SUPPORT

FELEGE HIYWOT CENTER INC 1648 SHELDON ST INDIANAPOLIS, IN 46218	20-0916223	501(c)3	2,381		DONOR CHOICE
FELEGE HIYWOT CENTER INC	20-0916223	501(c)3	50,000		GENERAL SUPPO

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

1648 SHELDON ST INDIANAPOLIS, IN 46218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government L SUPPORT

IGENERAL SUPPORT

FERVENT CARE CHILD CARE	35-1953339	501(c)3	10,453		GENERAL S
10512 E 38TH ST					
INDIANAPOLIS, IN 46235					

20,000

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

501(c)3

FIGHT FOR LIFE FOUNDATION

1300 F 86TH ST STF 40426 INDIANAPOLIS, IN 46240

46-1377821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1268862 245.848 FINDING ME NOW IGENERAL SUPPORT 2601 E STOP 11 RD INDIANAPOLIS, IN 46227 FIRST CHURCH OF THE 35-1393451 501(c)3 50.000 IGENERAL SUPPORT NAZARENE FOOD PANTRY

1609 JOHN R WOODEN DR MARTINSVILLE, IN 46151

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 35-0942628 501(c)3 11.368 DONOR CHOICE FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST

2424 DR MARTIN LUTHER
KING JR ST
INDIANAPOLIS, IN 46208

FLANNER HOUSE OF 35-0942628 501(c)3 1,232,536

INDIANAPOLIS INC 2424 DR MARTIN LUTHER

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

KING JR ST

INDIANAPOLIS, IN 46208

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FLETCHER PLACE COMMUNITY 35-1966882 501(c)3 6.960 DONOR CHOICE CENTER PO BOX 825 INDIANAPOLIS, IN 462060825 FLETCHER PLACE COMMUNITY 35-1966882 501(c)3 39.200 IGENERAL SUPPORT CENTER

PO BOX 825

INDIANAPOLIS, IN 462060825

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government EOOD EOD THE DOOD INC 59-2174510 501(c)3 5.250 DONOR CHOICE

IDONOR CHOICE

125

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

501(c)3

6401 LYONS ROAD	TIVC
COCONUT CREEK, FL	33073
FOSTER SUCCESS	

2625 N MERIDIAN ST STE 48 INDIANAPOLIS, IN 46208

45-5056874

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 45-5056874 501(c)3 75.425 FOSTER SUCCESS IGENERAL SUPPORT 2625 N MERIDIAN ST STE 48 46-0822237 501(c)3 20.000 IGENERAL SUPPORT

INDIANAPOLIS, IN 46208 FREEDOM ACADEMY I (RESET CENTER)

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

4330 N POST RD INDIANAPOLIS, IN 46226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 26-3748830 501(c)3 15.750 DONOR CHOICE FREEWHEELIN COMMUNITY BIKES 3355 N CENTRAL AVE 32-0099654 501(c)3 7.401 DONOR CHOICE FRIENDS OF INDIANAPOLIS

INDIANAPOLIS, IN 46205

FRIENDS OF INDIANAPOLIS
ANIMAL CONTROL & CARE
FOUNDATION
7399 N SHADELAND AVE STE

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

INDIANAPOLIS, IN 46250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-2479216 501(c)3 130 DONOR CHOICE FRIENDS OF RECOVERY -

TALITHA KOUM PO BOX 566 GREENFIELD, IN 46140 FRIENDS OF RECOVERY -47-2479216 501(c)3 10.000 IGENERAL SUPPORT TALITHA KOUM

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

PO BOX 566

GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1225345 501(c)3 18.110 FRUIT OF THE HOLY SPIRIT IGENERAL SUPPORT CHILDCARE

11749 STILL HAVEN CT INDIANAPOLIS, IN 46229 83-1765582 501(c)3 20.000 IGENERAL SUPPORT

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

FUELED FOR SCHOOL PO BOX 373

NOBLESVILLE, IN 46061

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government R CHOICE

IGENERAL SUPPORT

FUSE INC	35-2106430	501(c)3	1,000		DONOR
1133 W MAIN ST STE E					
GREENFIELD, IN 46140					
4					

21,000

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

501(c)3

35-2106430

FUSE INC

1133 W MAIN ST STE E GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government CHOICE

IGENERAL SUPPORT

GCC FOUNDATION	81-5340751	501(c)3	960		DONOR (
5504 E 146TH ST					
NOBLESVILLE, IN 46062					

100,000

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

501(c)3

GCC FOUNDATION

5504 E 146TH ST NOBLESVILLE, IN 46062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 45-3966518 501(c)3 216 DONOR CHOICE GEORGE T GOODWIN COMMUNITY CENTER 3935 MOORESVILLE RD INDIANAPOLIS, IN 46241 GEORGE T GOODWIN 45-3966518 501(c)3 60.000 IGENERAL SUPPORT COMMUNITY CENTER

3935 MOORESVILLE RD INDIANAPOLIS, IN 46241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-0480925 8.817 IGENERAL SUPPORT GIFTED & TALENTED ACADEMY EAST 5023 N SHADELAND AVE INDIANAPOLIS, IN 46226 **GIFTED & TALENTED ACADEMY** 46-2398420 20.908 IGENERAL SUPPORT NORTH

2626 RUTH DR

INDIANAPOLIS, IN 46240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0876381 501(c)3 31.262 DONOR CHOICE GIRL SCOUTS CENTRAL INDIANA 7201 GIRL SCOUT LN INDIANAPOLIS, IN 46214 IGENERAL SUPPORT

35-0876381 501(c)3 138.095

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

GIRL SCOUTS CENTRAL INDIANA

7201 GIRL SCOUT LN INDIANAPOLIS, IN 46214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1337205 501(c)3 37.088 DONOR CHOICE GIRLS INC OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST INDIANAPOLIS, IN 46208 GIRLS INC OF GREATER 35-1337205 501(c)3 236.124 IGENERAL SUPPORT

INDIANAPOLIS 3935 N MERIDIAN ST INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1483868 501(c)3 47.443 DONOR CHOICE GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241 GLEANERS FOOD BANK OF 35-1483868 501(c)3 2.700.000 IGENERAL SUPPORT

INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-0551385 54.120 GODDARD SCHOOL THE IGENERAL SUPPORT

IDONOR CHOICE

7.312

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

501(c)3

10925 CORK PL INDIANAPOLIS, IN 46236 GOOD NEWS MINISTRIES

2716 F WASHINGTON ST INDIANAPOLIS, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GOOD SAMARITAN NETWORK 20-4371453 501(c)3 120 DONOR CHOICE 12933 PARKSIDE DR

IGENERAL SUPPORT

180,000

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

501(c)3

FISHERS, IN 46038

12933 PARKSIDE DR FISHERS, IN 46038

GOOD SAMARITAN NETWORK

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 35-0893506 501(c)3 30.889 DONOR CHOICE GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222 **GOODWILL OF CENTRAL &** 35-0893506 501(c)3 961.669 IGENERAL SUPPORT

SOUTHERN INDIANA 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-2051624 501(c)3 43.529 IGENERAL SUPPORT GREAT HORIZONS CHILDCARE & PRESCHOOL PO BOX 18016 INDIANAPOLIS, IN 46218

DONOR CHOICE

6.648

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

501(c)3

GREATER INDIANAPOLIS

LITERACY LEAGUE INC 40 E ST CLAIR ST INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 31-1227489 501(c)3 25,000 IGENERAL SUPPORT GREATER INDIANAPOLIS

INDIANAPOLIS, IN 46204

LITERACY LEAGUE INC 40 E ST CLAIR ST INDIANAPOLIS, IN 46204					
GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E WASHINGTON ST STE 1901	35-1109966	501(c)3	1,000		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 35-1109966 501(c)3 450.000 IGENERAL SUPPORT GREATER INDIANAPOLIS PROGRESS COMMITTEE

PO BOX 2949

MINNEAPOLIS, MN 55402

200 E WASHINGTON ST STE 1901 INDIANAPOLIS, IN 46204					
GREATER TWIN CITIES UNITED WAY	41-1973442	501(c)3	15,920		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1100181 SECTION 115 12.900l GREENFIELD-CENTRAL IGENERAL SUPPORT COMMUNITY SCHOOL CORP 110 W NORTH ST GREENFIELD, IN 46140 GROUNDWORK INDY 47-3863928 501(c)3 65.000l IGENERAL SUPPORT

1107 BURDSAL PKWY
INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 35-1715910 501(c)3 12,957 DONOR CHOICE HABITAT FOR HUMANITY GREATER INDIANAPOLIS

CHOICE

3135 N MERIDIAN ST INDIANAPOLIS, IN 462084717					
HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT INC	32-0080849	501(c)3	520		DONOR C

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

347 S 8TH ST STE A NOBLESVILLE, IN 46060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 32-0080849 501(c)3 150.000 IGENERAL SUPPORT HAMILTON COUNTY AREA

NEIGHBORHOOD DEVELOPMENT INC 347 S 8TH ST STE A NOBLESVILLE, IN 46060					
HAMILTON COUNTY HUMANE	35-1610723	501(c)3	9,231		DONOR CHOICE

SOCIETY 1721 PLEASANT ST STE B

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

NOBLESVILLE, IN 46060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1923567 501(c)3 925l DONOR CHOICE HANCOCK COUNTY FOOD PANTRY INC PO BOX 244 GREENFIELD, IN 46140

IGENERAL SUPPORT

30.000

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

501(c)3

HANCOCK COUNTY FOOD

GREENFIELD, IN 46140

PANTRY INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-0936007 501(c)3 6.040 DONOR CHOICE HANCOCK COUNTY SENIOR SERVICES IGENERAL SUPPORT

1870 FIELDS BLVD GREENFIELD, IN 46140 HANCOCK COUNTY SENIOR 31-0936007 501(c)3 91.334 SERVICES

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

1870 FIFLDS BLVD GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1839053 501(c)3 765 DONOR CHOICE

IGENERAL SUPPORT

HANCOCK HOPE HOUSE 35 E PIERSON ST GREENFIELD, IN 46140

10.000

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

501(c)3

HANCOCK HOPE HOUSE

35 F PIFRSON ST GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HAPPY HOLLOW CHILDRENS 35-0942648 501(c)3 11.814 DONOR CHOICE CAMP

3049 HAPPY HOLLOW RD NASHVILLE, IN 47448 HAPPY HOLLOW CHILDRENS 35-0942648 501(c)3 91.042

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

NASHVILLE, IN 47448

IGENERAL SUPPORT CAMP 3049 HAPPY HOLLOW RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1185540 501(c)3 42.319 IGENERAL SUPPORT HASTEN HEBREW ACADEMY OF INDIANAPOLIS

6602 HOOVER RD INDIANAPOLIS, IN 46260

HAWTHORNE COMMUNITY 35-0874274 501(c)3 16,247

CENTER DONOR CHOICE

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

2440 W OHIO ST INDIANAPOLIS, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government L SUPPORT

DONOR CHOICE

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HAWTHORNE COMMUNITY	35-08/42/4	501(c)3	968,3/3		GENERAL
CENTER					
2440 W OHIO ST					
INDIANAPOLIS, IN 46222					

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

501(c)3

35-1579827

HEAI THNET

3401 E RAYMOND ST INDIANAPOLIS, IN 46203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HEALTHNET 35-1579827 501(c)3 104 326 GENERAL SUPPORT

3401 E RAYMOND ST INDIANAPOLIS, IN 46203	33 137 3027	301(0)3	104,320		GENERAL SOLI ORI
HEALTHY365 (HANCOCK REGIONAL HOSPITAL) 801 N STATE ST	35-1092610	501(c)3	65,000		GENERAL SUPPORT

GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government HEAR INDIANA 31-0921774 501(c)3 5,337 DONOR CHOICE

4740 KINGSWAY DR STE 33 INDIANAPOLIS, IN 46205					
HEART & SOUL CLINIC 17338 WESTFIELD PARK RD	80-0390182	501(c)3	112		DONOR CHOICE

STE 1

WESTFIELD, IN 46074

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 80-0390182 501(c)3 30,000 IGENERAL SUPPORT HEART & SOUL CLINIC

1940 CANNERY WAY ORLANDO, FL 32804

STE 1 WESTFIELD, IN 46074					
HEART OF FLORIDA UNITED WAY DR NELSON YING CENTER	59-0808854	501(c)3	7,047		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 38-1360923 501(c)3 5.014 DONOR CHOICE HEART OF WEST MICHIGAN UNITED WAY 1940 TRAYLOR BLVD GRAND RAPIDS, MI 49503

DONOR CHOICE

773

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

501(c)3

HENDRICKS COUNTY

AVON, IN 46123

COMMUNITY FOUNDATION 6319 F US HWY 36 STF 211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1878973 501(c)3 30.000 IGENERAL SUPPORT HENDRICKS COUNTY COMMUNITY FOUNDATION 6319 F US HWY 36 STF 211

DONOR CHOICE

17.260

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

501(c)3

AVON, IN 46123

SERVICES PO BOX 448 DANVILLE, IN 46122

HENDRICKS COUNTY SENIOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1445497 501(c)3 248.397 IGENERAL SUPPORT HENDRICKS COUNTY SENIOR SERVICES DONOR CHOICE

PO BOX 448 DANVILLE, IN 46122 HERITAGE PLACE OF 35-1436580 501(c)3 1.957 INDIANAPOLIS

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

4550 N ILLINOIS ST INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1436580 501(c)3 52,135 HERITAGE PLACE OF IGENERAL SUPPORT

DONOR CHOICE

INDIANAPOLIS 4550 N ILLINOIS ST INDIANAPOLIS, IN 46208					
HOLY NAME SCHOOL	35-0874514	501(c)3	120		

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

89 N 17TH AVE BEECH GROVE, IN 46107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-0874514 501(c)3 8.404 HOLY NAME SCHOOL IGENERAL SUPPORT 89 N 17TH AVE BEECH GROVE, IN 46107

IGENERAL SUPPORT

54.856

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

501(c)3

BEECH GROVE, IN 46107

HOLY SPIRIT CATHOLIC 35-0988729
CHURCH
7243 E 10TH ST

INDIANAPOLIS, IN 46219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

HORIZON HOUSE INC 1033 E WASHINGTON ST INDIANAPOLIS, IN 46202	35-1759503	501(c)3	25,629		DONOR CHOICE
HORIZON HOUSE INC	35-1759503	501(c)3	576,508		GENERAL SUPPORT

1033 E WASHINGTON ST INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HOVEY STREET CHURCH OF 35-1511451 501(c)3 75.000l IGENERAL SUPPORT CHRIST DONOR CHOICE

2338 HOVEY ST INDIANAPOLIS, IN 46218 HUMANE SOCIETY OF 35-0876385 501(c)3 75.378

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

INDIANAPOLIS 7929 MICHIGAN RD

INDIANAPOLIS, IN 46268

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2148108 501(c)3 15.362 DONOR CHOICE HUTSON SCHOOL INC (DBA FORTUNE ACADEMY) 5626 LAWTON LOOP E DR INDIANAPOLIS, IN 462161013

DONOR CHOICE

14.178

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

501(c)3

HVAF OF INDIANA INC.

4702 S EAST ST INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1890547 501(c)3 557.249 HVAF OF INDIANA INC. IGENERAL SUPPORT

4702 S EAST ST INDIANAPOLIS, IN 46204 ICE SKATING CLUB OF 35-1434256 501(c)3 5.435 INDIANAPOLIS

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

DONOR CHOICE 1040 3RD AVE SW CARMEL, IN 46032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-3222424 501(c)3 801 DONOR CHOICE IMMIGRANT WELCOME CENTER 901 SHELBY ST STE 300B INDIANAPOLIS, IN 46203 IMMIGRANT WELCOME 20-3222424 501(c)3 50.000 IGENERAL SUPPORT

CENTER

901 SHELBY ST STE 300B INDIANAPOLIS, IN 46203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government NOR CHOICE

IGENERAL SUPPORT

INDIANA 211 PARTNERSHIP	35-2141347	501(c)3	1,400		DONO
PO BOX 68522					
INDIANAPOLIS, IN 46268					

200,000

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

501(c)3

INDIANA 211 PARTNERSHIP

INDIANAPOLIS, IN 46268

PO BOX 68522

35-2141347

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TRIDITABLE DI ACIC EVIDO 25 4 406245 E04/ \2| ---DONOR CHOICE

PO BOX 88244 INDIANAPOLIS, IN 46208	35-1406245	501(c)3	55/		DONOR CHOICE
INDIANA BLACK EXPO	35-1406245	501(c)3	135,000		GENERAL SUPPORT

PO BOX 88244

INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-6059654 501(c)3 4.165 DONOR CHOICE INDIANAPOLIS, IN 462042534

IGENERAL SUPPORT

INDIANA LEGAL SERVICES INC 151 N DELAWARE ST STE 1850

50.726

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

501(c)3

INDIANA LEGAL SERVICES INC

151 N DELAWARE ST STE 1850 INDIANAPOLIS, IN 462042534 35-6059654

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) INDIANA MINORITY HEALTH 35-1924268 501(c)3 100.000 IGENERAL SUPPORT

270

INDIANAPOLIS, IN 46278

COALITION 3737 N MERIDIAN ST STE 300 INDIANAPOLIS, IN 46208		, ,	·		
INDIANA SPECIAL OLYMPICS INC 6100 WEST 96TH ST SUITE	35-1262574	501(c)3	7,029		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government OR CHOICE

INDIANA YOUTH GROUP PO BOX 20716 INDIANAPOLIS, IN 46220	35-1760451	501(c)3	57,447		DONOR CHOICE
INDIANA YOUTH GROUP	35-1760451	501(c)3	168,155		GENERAL SUPPORT

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

PO BOX 20716

INDIANAPOLIS, IN 46220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0976759 501(c)3 24.506 IGENERAL SUPPORT INDIANAPOLIS JUNIOR ACADEMY 2910 F 62ND ST INDIANAPOLIS, IN 46220 INDIANAPOLIS LEGAL AID 35-1045153 501(c)3 15.581 DONOR CHOICE SOCIETY INC

615 N ALABAMA ST STE 228 INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) INDIANAPOLIS LEGAL AID 35-1045153 501(c)3 149.999 IGENERAL SUPPORT SOCIETY INC

615 N ALABAMA ST STE 228 INDIANAPOLIS, IN 46204					
INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER	35-1909230	501(c)3	1,240		DONOR CHOICE

708 E MICHIGAN ST INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **INDIANAPOLIS** 35-1909230 501(c)3 50.170 IGENERAL SUPPORT NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST INDIANAPOLIS, IN 46202

IGENERAL SUPPORT

50,000

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

501(c)3

47-2400948

AVIVE INC

903 A PRESTWICK LANE INDIANAPOLIS, IN 46214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government CHOICE

IGENERAL SUPPORT

INDIANAPOLIS URBAN LEAGUE	35-6060655	501(c)3	22,676		DONOR CI
777 INDIANA AVE			· ·		
INDIANAPOLIS, IN 46202					

1,098,034

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

501(c)3

INDIANAPOLIS URBAN LEAGUE

777 INDIANA AVE INDIANAPOLIS, IN 46202 35-6060655

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 47-3838695 501(c)3 50.000 IGENERAL SUPPORT INDY BLACK CHAMBER OF COMMERCE PO BOX 40843 INDIANAPOLIS, IN 46240 INDY HUNGER NETWORK 45-4833492 501(c)3 800 DONOR CHOICE

3737 WALDEMERE AVE STE

INDIANAPOLIS, IN 46241

200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 45-4833492 501(c)3 75.000l IGENERAL SUPPORT INDY HUNGER NETWORK

IDONOR CHOICE

3737 WALDEMERE AVE STE 200 INDIANAPOLIS, IN 46241					
INDY PRIDE	35-1951286	501(c)3	240		DONOR CH

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

3733 N MERIDIAN ST INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government INDY PRIDE 35-1951286 501(c)3 35.000l IGENERAL SUPPORT 3733 N MERIDIAN ST INDIANAPOLIS, IN 46208 IPS - EDUCATION 31-1103966 501(c)3 6.054 DONOR CHOICE

FOUNDATION INC 120 E WALNUT STE 114 INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government TANK TECH EQUAD ATTOM THE -7073977 501(c)3 6.825 DONOR CHOICE

IDONOR CHOICE

24.382

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

501(c)3

IVY TECH FOUNDATION INC	23-
50 W FALL CREEK PKWY N DR	
INDIANAPOLIS, IN 46208	

35-1156756

JAMESON CAMP

2001 BRIDGEPORT RD INDIANAPOLIS, IN 46231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1156756 501(c)3 33.733 JAMESON CAMP IGENERAL SUPPORT 2001 BRIDGEPORT RD INDIANAPOLIS, IN 46231 JANE PAULEY COMMUNITY 01-0945309 501(c)3 45.355 IGENERAL SUPPORT HEALTH CENTER

1503 N MITTHOEFFER RD INDIANAPOLIS, IN 46229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2323157 13.500 JANGEE'S CHILDCARE IGENERAL SUPPORT 8115 LOVERIDGE DR INDIANAPOLIS, IN 46268

DONOR CHOICE

815

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

501(c)3

JANUS DEVELOPMENTAL

1555 WESTFIELD RD NOBLESVILLE, IN 46062

SERVICES

31-0963175

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-0963175 501(c)3 20.000 GENERAL SUPPORT JANUS DEVELOPMENTAL SERVICES 1555 WESTEIELD RD NOBLESVILLE, IN 46062

DONOR CHOICE

50.127

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

501(c)3

JEFFERSON COUNTY UNITED

100 E 2ND ST STE B MADISON, IN 47250

WAY INC

35-6006467

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7099138 501(c)3 12.739 DONOR CHOICE JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD INDIANAPOLIS, IN 46260

JEWISH COMMUNITY CENTER 23-7099138 501(c)3 141.311 IGENERAL SUPPORT OF INDIANAPOLIS

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

6701 HOOVER RD INDIANAPOLIS, IN 46260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JEWISH FEDERATION OF 35-0888017 501(c)3 8.931 DONOR CHOICE GREATER INDIANAPOLIS 6705 HOOVER RD INDIANAPOLIS, IN 462604120

35-0888017 501(c)3 30.000 JEWISH FEDERATION OF IGENERAL SUPPORT GREATER INDIANAPOLIS

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

6705 HOOVER RD

INDIANAPOLIS, IN 462604120

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7204495 501(c)3 6.442 DONOR CHOICE JOHN H BONER COMMUNITY CENTER 2236 F 10TH ST INDIANAPOLIS, IN 46201 IGENERAL SUPPORT

JOHN H BONER COMMUNITY 23-7204495 501(c)3 1.987.370 CENTER

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

2236 F 10TH ST INDIANAPOLIS, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 16-1616713 501(c)3 108.965 JUDAH MINISTRIES (PRIDE IGENERAL SUPPORT ACADEMY) 9052 FOREST WILLOW DR

INDIANAPOLIS, IN 46234

JULIAN CENTER THE 35-1346514 501(c)3 84.147 DONOR CHOICE 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1346514 501(c)3 384.179 JULIAN CENTER THE IGENERAL SUPPORT

2011 N MERIDIAN ST INDIANAPOLIS, IN 46202 KENNETH BUTLER MEMORIAL 80-0321185 501(c)3 970 DONOR CHOICE

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

SOUP KITCHEN 202 E MAIN ST GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 80-0321185 501(c)3 27.500 KENNETH BUTLER MEMORIAL IGENERAL SUPPORT

SOUP KITCHEN 202 F MAIN ST GREENFIELD, IN 46140

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

20-0820589 501(c)3 120 DONOR CHOICE

KHEPRW INSTITUTE PO BOX 88856 INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-0820589 501(c)3 180,000 IGENERAL SUPPORT KHEPRW INSTITUTE

PO BOX 88856 INDIANAPOLIS, IN 46208					
KIDS' VOICE OF INDIANA 9150 HARRISON PARK CT STE	35-1656579	501(c)3	5,641		DONOR CHOICE

INDIANAPOLIS, IN 46216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1656579 501(c)3 65.622 IGENERAL SUPPORT KIDS' VOICE OF INDIANA 9150 HARRISON PARK CT STE INDIANAPOLIS, IN 46216 KIDZ LUV FARLY LEARNING 81-4411451 501(c)3 43.698 IGENERAL SUPPORT MINISTRY

4118 N SHERIDAN AVE INDIANAPOLIS, IN 46226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-4478313 754.956 KINDERCARE IGENERAL SUPPORT 650 NE HOLLADAY ST STE 1400 PORTLAND, OR 97232 LA PETITE ACADEMY 43-1243221 140.905 IGENERAL SUPPORT

8860 E 10TH ST INDIANAPOLIS, IN 46219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government OR CHOICE

8902 E 38TH ST INDIANAPOLIS, IN 462266073					
LA PLAZA INC	30-0029575	501(c)3	12,017		DONOR

INDIANAPOLIS, IN 462266073

IGENERAL SUPPORT LA PLAZA INC 30-0029575 501(c)3 381.7341 8902 F 38TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LAKE AREA UNITED WAY 23-7170019 501(c)3 5,877 DONOR CHOICE

221 W RIDGE ROAD GRIFFITH, IN 46319		. ,			
LEGAL AID SOCIETY OF EVANSVILLE	35-1035547	501(c)3	160,246		GENERAL SUPPORT

1 NW MLK JR BLVD RM 105

EVANSVILLE, IN 47708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1059740 501(c)3 6.613 DONOR CHOICE LIFE CENTERS INC. 3901 W 86TH ST STE 111

IGENERAL SUPPORT

180.310

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

501(c)3

INDIANAPOLIS, IN 46268
LITTLE DUCKLING DAYCARE

INDIANAPOLIS, IN 46218

5350 F 38TH ST

35-1754899

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-1713081 7.579 LITTLE LIFE ACADEMY LLC IGENERAL SUPPORT 621 DELRAY DR INDIANAPOLIS, IN 46241 LITTLE RED DOOR CANCER 35-0914096 501(c)3 54.998 DONOR CHOICE

AGENCY

1801 N MERIDIAN ST INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0914096 501(c)3 289.247 IGENERAL SUPPORT LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST INDIANAPOLIS, IN 46202 LITTLE SCHOLARS CHILDCARE 27-1122413 125.964 IGENERAL SUPPORT

& PRESCHOOL ACADEMY

INDIANAPOLIS, IN 46253

PO BOX 53791

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ----

2345 W 86TH ST INDIANAPOLIS, IN 46260	35-1007/34	501(c)3	8,408		DONOR CHOICE
LITTLE STEPS CHILDCARE	90-0764506		58,590		GENERAL SUPPORT

9425 F 30TH ST

INDIANAPOLIS, IN 46229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-2153771 501(c)3 2.510 DONOR CHOICE LORD'S PANTRY AT ANNA'S HOUSE INC 303 N FLDER AVE INDIANAPOLIS, IN 46222

IGENERAL SUPPORT

5.000

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

501(c)3

LORD'S PANTRY AT ANNA'S

HOUSE INC 303 N ELDER AVE INDIANAPOLIS, IN 46222 35-2153771

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-5072512 501(c)3 40.000 LOVE INC OF BOONE CO INC IGENERAL SUPPORT 701 N LEBANON ST LEBANON, IN 46052

701 N LEBANON ST
LEBANON, IN 46052

LOVE INC OF GREATER 20-0503268 501(c)3 15,500

HANCOCK COUNTY
630 N STATE ST

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

GREENFIELD, IN 46140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 27-1522513 10.010 LOVE YOUR CHILD'S CARE IGENERAL SUPPORT 2220 SLOAN AVE INDIANAPOLIS, IN 46203

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

RQ

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0868123 501(c)3 56.822 DONOR CHOICE LUTHERAN CHILD & FAMILY

SERVICES OF INDIANA 1525 N RITTER AVE INDIANAPOLIS, IN 46219 35-0868123 501(c)3 672.910 LUTHERAN CHILD & FAMILY IGENERAL SUPPORT

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

SERVICES OF INDIANA 1525 N RITTER AVE INDIANAPOLIS, IN 46219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LYNHURST BAPTIST CHURCH 35-2256878 501(c)3 36.095 IGENERAL SUPPORT PRESCHOOL MINISTRY 1250 S LYNHURST DR

INDIANAPOLIS, IN 46241 MARION SUPERIOR COURT 35-6000172 Marion County 6.625

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

INDIANAPOLIS, IN 46204

IGENERAL SUPPORT 200 E WASHINGTON ST T-1221

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MARTIN CENTER INC. 23-7058960 501(c)3 5.830 DONOR CHOICE 3549 N COLLEGE AVE

158.746

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

501(c)3

INDIANAPOLIS, IN 46205
MARTIN CENTER INC

3549 N COLLEGE AVE INDIANAPOLIS, IN 46205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MARTIN LUTHER KING 23-7415846 501(c)3 11.099 DONOR CHOICE COMMUNITY CENTER 40 W 40TH ST INDIANAPOLIS, IN 46208

557.542

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

501(c)3

MARTIN LUTHER KING

INDIANAPOLIS, IN 46208

COMMUNITY CENTER 40 W 40TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0868954 501(c)3 23.458 DONOR CHOICE MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST INDIANAPOLIS, IN 46221 MARY RIGG NEIGHBORHOOD 35-0868954 501(c)3 583.792 IGENERAL SUPPORT

CENTER

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

1920 W MORRIS ST INDIANAPOLIS, IN 46221

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) MARY RIGG NEIGHBORHOOD 35-0868954 501(c)3 5,000 (blank) CENTED

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

1000 CAPITOL DRIVE WHEELING, IL 60090

1920 W MORRIS ST INDIANAPOLIS, IN 46221					
MCCORMICK CENTER FOR EARLY CHILDHOOD LEADERSHIP	36-2167804	501(c)3	16,932		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government IOR CHOICE

MCCOY 1375 W 16TH ST	35-1900516	501(c)3	5,714		DONOR CHOICE
INDIANAPOLIS, IN 462022111					
MCCOY	35-1900516	501(c)3	152,138		GENERAL SUPPORT

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

INDIANAPOLIS, IN 462022111

1375 W 16TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1344488 501(c)3 300 DONOR CHOICE MEALS ON WHEELS HAMILTON COUNTY 395 WESTEIELD RD

NOBLESVILLE, IN 46060 MEALS ON WHEELS HAMILTON 35-1344488 501(c)3 21.000

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

NOBLESVILLE, IN 46060

IGENERAL SUPPORT COUNTY 395 WESTEIELD RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-2117913 501(c)3 5.020 DONOR CHOICE MEALS ON WHEELS OF HANCOCK COUNTY 1133 W MAIN ST STE C

10.000

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

501(c)3

1133 W MAIN ST STE C GREENFIELD, IN 46140 MEALS ON WHEELS OF HENDRICKS COUNTY

1000 E MAIN ST DANVILLE, IN 46122

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1182075 501(c)3 23.891 DONOR CHOICE MEALS ON WHEELS INC. PO BOX 40969

101.954

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

501(c)3

INDIANAPOLIS, IN 462400469
MEALS ON WHEELS INC

INDIANAPOLIS, IN 462400469

PO BOX 40969

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MENTAL HEALTH AMERICA OF 35-1078402 501(c)3 160 l DONOR CHOICE BOONE COUNTY 1122 N LEBANON ST STE A LEBANON, IN 46052 35-1078402 501(c)3 7.500 IGENERAL SUPPORT

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

MENTAL HEALTH AMERICA OF BOONE COUNTY

1122 N LEBANON ST STE A LEBANON, IN 46052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MENTAL HEALTH AMERICA OF 23-7038692 501(c)3 23.687 IGENERAL SUPPORT HENDRICKS COUNTY

75 OUEENSWAY DR AVON, IN 46123 MEPHIBOSHETH MINISTRIES 35-2135547 501(c)3 6.000 DONOR CHOICE INC 1715 STRINGTOWN PIKE

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

CICERO, IN 46034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 61-0444680 501(c)3 5.232 DONOR CHOICE METRO UNITED WAY INC.

IDONOR CHOICE

6.600

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

501(c)3

41-2120170

334 E BROADWAY LOUISVILLE, KY 40202 MIDWEST FOOD BANK

6450 S BELMONT AVE INDIANAPOLIS, IN 46217

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 41-2120170 501(c)3 1.350.000 MIDWEST FOOD BANK IGENERAL SUPPORT 6450 S BELMONT AVE

IDONOR CHOICE

6.233

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

501(c)3

INDIANAPOLIS, IN 46217
MILE HIGH UNITED WAY INC

711 PARK AVENUE WEST DENVER, CO 80205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1929560 501(c)3 16.649 DONOR CHOICE MINORITY ENGINEERING PROGRAM OF INDIANAPOLIS 8909 PURDUE RD STE 130 INDIANAPOLIS, IN 46268

15.000l

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

501(c)3

8909 PURDUE RD STE 130 INDIANAPOLIS, IN 46268 MORGAN COUNTY SENIOR ADVOCATES

MARTINSVILLE, IN 46151

56 N MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MOTHER THEODORE 27-1010344 501(c)3 34.074 GENERAL SUPPORT CATHOLIC ACADEMY 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202 MOUNT CARMEL COMMUNITY 30-0555664 501(c)3 77.419 IGENERAL SUPPORT

ACADEMY

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

9610 F 42ND ST INDIANAPOLIS, IN 46235

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-2025644 501(c)3 2.400 DONOR CHOICE MOZEL SANDERS FOUNDATION 709 N BELMONT AVE INDIANAPOLIS, IN 46222 MOZEL SANDERS 35-2025644 501(c)3 60.000 IGENERAL SUPPORT

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

FOUNDATION
709 N BELMONT AVE
INDIANAPOLIS, IN 46222

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1097820 SECTION 115 9.522 MSD OF DECATUR TOWNSHIP IGENERAL SUPPORT 5275 KENTUCKY AVE INDIANAPOLIS, IN 46221 MSD OF LAWRENCE 35-6006802 SECTION 115 158.528 IGENERAL SUPPORT TOWNSHIP 6501 SUNNYSIDE RD

INDIANAPOLIS, IN 46236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MSD OF WARREN TOWNSHIP 35-6006000 SECTION 115 339.647 IGENERAL SUPPORT

303,694

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

SECTION 115

975 N POST RD INDIANPAOLIS, IN 46219

35-1072270

MSD OF WAYNE TOWNSHIP

1220 S HIGH SCHOOL RD INDIANAPOLIS, IN 46241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MT CARMEL BAPTIST CHURCH 35-1631484 501(c)3 50.000 IGENERAL SUPPORT

10.000

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

501(c)3

9610 E 42ND ST INDIANAPOLIS, IN 46235 MT OLIVE UMC FOOD PANTRY

2720 WILBUR RD MARTINSVILLE, IN 46151 35-1631484

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1765002 501(c)3 5.535 MT ZION DAY CARE CENTER IGENERAL SUPPORT INC

3549 BOULEVARD PL INDIANAPOLIS, IN 46208 23-7438282 501(c)3 55.543 IGENERAL SUPPORT

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

MT ZION'S LOVING DAYCARE 4900 E 38TH ST

INDIANAPOLIS, IN 46218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1773100 501(c)3 66.152 MTI SCHOOL OF KNOWLEDGE IGENERAL SUPPORT 2850 COLD SPRING RD INDIANAPOLIS, IN 46224 MY SECOND HOME CHILD 26-0584073 51.136 IGENERAL SUPPORT CARE AND PRESCHOOL

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

8050 NUCKOLS LN INDIANAPOLIS, IN 46237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2052230 501(c)3 1.200 DONOR CHOICE NAMI INDIANAPOLIS 911 E 86TH ST STE 70 INDIANAPOLIS, IN 46240

25,000

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

501(c)3

NAMI INDIANAPOLIS

911 E 86TH ST STE 70 INDIANAPOLIS, IN 46240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 90-0754857 7.579 IGENERAL SUPPORT NANA'S CHILDCARE & PRESCHOOL 2308 Fast 36th Street INDIANAPOLIS, IN 46218 NEIGHBORHOOD CHRISTIAN 35-1916572 501(c)3 16.160 DONOR CHOICE

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

LEGAL CLINIC 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1916572 501(c)3 193.692 NEIGHBORHOOD CHRISTIAN IGENERAL SUPPORT LEGAL CLINIC 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208

DONOR CHOICE

2.140

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

501(c)3

NEW BEGINNINGS

2132 W MICHIGAN ST INDIANAPOLIS, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NEW BEGINNINGS 90-0936324 501(c)3 50.000 IGENERAL SUPPORT 2132 W MICHIGAN ST INDIANAPOLIS, IN 46222

IDONOR CHOICE

650 l

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

501(c)3

NEW HOPE OF INDIANA

8450 N PAYNE RD STE 300 INDIANAPOLIS, IN 46268

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 35-1733591 501(c)3 200.000 NEW HOPE OF INDIANA IGENERAL SUPPORT 8450 N PAYNE RD STE 300

INDIANAPOLIS, IN 46268

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

INDIANAPOLIS, IN 46219

NOBLE 35-0924720 501(c)3 59.579 IDONOR CHOICE 7701 F 21ST ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NOBLE 35-0924720 501(c)3 459.014 IGENERAL SUPPORT

NOBLE 35-0924/20 501(c)3 459,014 GENERAL SOPPO 7701 E 21ST ST INDIANAPOLIS, IN 46219 DONOR CHOICE DONOR CHOICE

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

1301 F 16TH ST

INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government OAKS ACADEMY THE 35-2050595 501(c)3 21.648 IGENERAL SUPPORT 1301 E 16TH ST

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

WESTFIELD, IN 46074

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 35-1802571 501(c)3 10.000 IGENERAL SUPPORT OPEN DOORS OF WACLIENCEON TOWNCLIED

PO BOX 196 WESTFIELD, IN 46074					
OPERATION SCHOOL BELL OF ASSISTANCE LEAGUE OF INDIANAPOLIS	35-1635410	501(c)3	8,178		DONOR CHOICE

1475 W 86TH ST INDIANAPOLIS, IN 462602185

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government OUR LADY OF MOUNT CARMEL 35-0996116 501(c)3 2.307 DONOR CHOICE

42,000

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

501(c)3

14598 OAK RIDGE RD CARMEL, IN 46032 OUR LADY OF MOUNT CARMEL

14598 OAK RIDGE RD CARMEL, IN 46032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1989358 501(c)3 6.549 DONOR CHOICE OUTREACH INC. 2416 E NEW YORK ST INDIANAPOLIS, IN 46201

50,000

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

501(c)3

35-1989358

OUTREACH INC

2416 E NEW YORK ST INDIANAPOLIS, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) PACE INC 35-1062235 501(c)3 10.039 DONOR CHOICE 2855 N KEYSTONE AVE STE

170 INDIANAPOLIS, IN 46218 PACE INC 35-1062235 501(c)3 429.754 IGENERAL SUPPORT 2855 N KEYSTONE AVE STE

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

170

INDIANAPOLIS, IN 46218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government R CHOICE

PATACHOU FOUNDATION	46-2741705	501(c)3	1,000		DONOR
4565 MARCY LN					
INDIANAPOLIS, IN 46205					

30,000

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

501(c)3

PATACHOU FOUNDATION 46-2741705

4565 MARCY I N

INDIANAPOLIS, IN 46205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PATHWAY RESOURCE CENTER 38-3681150 501(c)3 100.000 IGENERAL SUPPORT

10119 JOHN MARSHALL DR INDIANAPOLIS, IN 46235

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

INDIANAPOLIS, IN 46254

PEACE LEARNING CENTER 35-2067284 501(c)3 900 IDONOR CHOICE 6040 DELONG RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2067284 501(c)3 25.000 PEACE LEARNING CENTER IGENERAL SUPPORT 6040 DELONG RD INDIANAPOLIS, IN 46254 PERFECTED CHILD CARE 35-1993037 501(c)3 11.334 IGENERAL SUPPORT MINISTRY

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

8736 E 21ST ST INDIANAPOLIS, IN 46219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-6006777 SECTION 115 179.165 PERRY TOWNSHIP SCHOOLS IGENERAL SUPPORT 6548 ORINOCO AVE

DONOR CHOICE

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

NEW YORK, NY 10028

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-2170901 501(c)3 5.120 DONOR CHOICE PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVE 6TH FL

DONOR CHOICE

53.534

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

501(c)3

CHICAGO, IL 60603

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC

INDIANAPOLIS, IN 462060397

PO BOX 397

35-0874276

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) PRECIOUS MOMENTS DAYCARE 35-2155712 146.326 GENERAL SUPPORT MINISTRY

3642 NORTH EMERSON AVENUE INDIANAPOLIS, IN 46218					
PRESBYTERIAN NIGHT SHELTER OF TARRANT	75-1985591	501(c)3	7,500		DONOR

FORT WORTH, TX 76102

OR CHOICE COUNTY 2400 CYPRESS ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government OR CHOICE

PREVAIL INC	35-1681864	501(c)3	1,784		DONOR
1100 S 9TH ST STE 100					
NOBLESVILLE, IN 46060					

NOBLESVILLE, IN 46060

PREVAIL INC 35-1681864 501(c)3 75.000l IGENERAL SUPPORT 1100 S 9TH ST STF 100

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PRIME LIFE ENRICHMENT INC. 35-1411017 501(c)3 1.085 DONOR CHOICE

IGENERAL SUPPORT

1078 THIRD AVE SW CARMEL, IN 46032

PRIME LIFE ENRICHMENT INC 35-1411017 501(c)3 190,771

1078 THIRD AVE SW CARMEL, IN 46032

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government PROACT INDY 27-3951990 501(c)3 240 DONOR CHOICE

4107 E WASHINGTON ST INDIANAPOLIS, IN 46201

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

4107 E WASHINGTON ST INDIANAPOLIS, IN 46201

PROACT INDY 27-3951990 501(c)3 35.000 IGENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PROGRESS HOUSE 35-6042602 501(c)3 710l DONOR CHOICE

201 S SHELBY ST INDIANPOLIS, IN 46202

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

INDIANPOLIS, IN 46202

PROGRESS HOUSE 35-6042602 501(c)3 75.000l IGENERAL SUPPORT 201 S SHELBY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PROJECT AZUL 84-3859092 501(c)3 20.000 IGENERAL SUPPORT 5628 W 74TH ST

IGENERAL SUPPORT

5.720

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

501(c)3

INDIANAPOLIS, IN 46278
PROSPERITY ENRICHMENT INC.

3234 RUCKLE ST INDIANAPOLIS, IN 46205 46-5150303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

IGENERAL SUPPORT

PURPOSE 4 MY PAIN	81-2826631	501(c)3	20,000		GENERAL SUPPORT
8830 E 35TH ST					
INDIANAPOLIS.IN 46226					

50,000

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

501(c)3

PURPOSE OF LIFE ACADEMY

3705 KESSLER BLVD N DR INDIANAPOLIS, IN 46222 68-0558032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government RAPHAEL HEALTH CENTER 35-1948768 501(c)3 50.000 IGENERAL SUPPORT

RAPHAEL HEALTH CENTER 35-1948/68 501(c)3 50,000 GENERAL SUPPO 401 E 34TH ST INDIANAPOLIS, IN 46205

REACH FOR YOUTH INC 23-7456842 501(c)3 2,985 DONOR CHOICE

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

3505 N WASHINGTON BLVD INDIANAPOLIS, IN 462053718

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7456842 501(c)3 374.307 IGENERAL SUPPORT

REACH FOR YOUTH INC. 3505 N WASHINGTON BLVD INDIANAPOLIS, IN 462053718

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

INDIANAPOLIS, IN 46202

RECYCLE FORCE 14-1892402 501(c)3 50,000 IGENERAL SUPPORT 1255 Roosevelt Ave.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-6018517 501(c)3 5.378 DONOR CHOICE RILEY CHEER GUILD INC 702 BARNHILL DRIVE ROOM

4510 INDIANAPOLIS, IN 46202 RILEY CHILDREN'S 35-0868147 501(c)3 22.803 DONOR CHOICE FOUNDATION

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

30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 462043509

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1497202 501(c)3 6.492 DONOR CHOICE RONALD MCDONALD HOUSE CHARITIES OF CENTRAL

DONOR CHOICE

INDIANA 435 LIMESTONE INDIANAPOLIS, IN 46202

8.077

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

501(c)3

35-1153685

RONCALLI HIGH SCHOOL

3300 PRAGUE RD INDIANAPOLIS, IN 46227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2110720 501(c)3 35.000l ROPHE FREE CLINIC (SOLID IGENERAL SUPPORT WORD BIBLE CHURCH)

4734 W 52ND ST INDIANAPOLIS, IN 46254					
ROSS FOUNDATION THE	81-1269156	501(c)3	35.000		GENERAL SUPPORT

3939 N ARLINGTON AVE INDIANAPOLIS, IN 46226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-2167910 501(c)3 71.961 DONOR CHOICE

SALVATION ARMY PO BOX 88517 INDIANAPOLIS, IN 46208

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

PO BOX 88517

INDIANAPOLIS, IN 46208

SALVATION ARMY 36-2167910 501(c)3 784.174 IGENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2151003 501(c)3 6.618 DONOR CHOICE SCHOOL ON WHEELS CORP.

SCHOOL ON WHEELS CORP 35-2151003 501(c)3 6,618
2605 E 62ND ST STE 2005
INDIANAPOLIS, IN 46220 DONOR CHO:

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

INDIANAPOLIS, IN 46202

INDIANAPOLIS, IN 46220

SECOND HELPINGS INC
1121 SOUTHEASTERN AVE

DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1484281 501(c)3 2.023.437 SECOND HELPINGS INC IGENERAL SUPPORT 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 46202 SHALOM HEALTH CARE 06-1645027 501(c)3 50.000 IGENERAL SUPPORT CENTER INC.

3400 LAFAYETTE RD STE 200 INDIANAPOLIS, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 35-0953458 501(c)3 8.946 DONOR CHOICE SHELBY COUNTY UNITED FUND

SHELBYVILLE, IN 46176	
SHELTERING WINGS CENTER FOR WOMEN	

SHELTERING WINGS CENTER 35-2077713 501(c)3 44,915 DONOR CHOICE
FOR WOMEN
PO BOX 92
DANVILLE, IN 461220092

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-2077713 501(c)3 556.458 IGENERAL SUPPORT SHELTERING WINGS CENTER FOR WOMEN PO BOX 92 DANVILLE, IN 461220092

DONOR CHOICE

16.042

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

501(c)3

35-1765846

SHEPHERD COMMUNITY

4107 E WASHINGTON ST INDIANAPOLIS, IN 46201

CENTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1765846 501(c)3 1.059.778 GENERAL SUPPORT SHEPHERD COMMUNITY CENTER 4107 F WASHINGTON ST

INDIANAPOLIS, IN 46201 SHEPHERD'S CENTER OF 31-1131854 501(c)3 800 DONOR CHOICE

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

HAMILTON COUNTY 347 S 8TH ST STE B

NOBLESVILLE, IN 46060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-1131854 501(c)3 100.000 IGENERAL SUPPORT SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S 8TH ST STE B

DONOR CHOICE

6.438

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

501(c)3

347 S 8TH ST STE B NOBLESVILLE, IN 46060 SHEPHERDS GATE FOOD PANTRY & BABY SUPPLIES

17102 SPRING MILL RD WESTFIELD, IN 46074

35-1950891

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-5310121 501(c)3 10.800 SHERIDAN YOUTH IGENERAL SUPPORT ASSISTANCE 24185 HINESLEY RD SHERIDAN, IN 46069

IGENERAL SUPPORT

35.000l

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

501(c)3

STLENT NO MORE

4950 AMARYLLIS CT INDIANAPOLIS, IN 46254 47-4290299

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 80-0268132 16.122 IGENERAL SUPPORT SKOOL KIDZ EARLY EDUCATION ACADEMY 2254 W 86TH ST 35-0869056 501(c)3 3.880 DONOR CHOICE

INDIANAPOLIS, IN 46260 SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N ALABAMA ST STE 228

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

INDIANAPOLIS, IN 46204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-0869056 501(c)3 102.036 IGENERAL SUPPORT SOCIAL HEALTH ASSOCIATION

OF INDIANA INC 615 N ALABAMA ST STE 228 INDIANAPOLIS, IN 46204 SOCIETY OF ST VINCENT DE 37-1507632 501(c)3 23.652 DONOR CHOICE PAUL

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

3001 F 30TH ST

INDIANAPOLIS, IN 46218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SOCIETY OF ST VINCENT DE 37-1507632 501(c)3 150.000 IGENERAL SUPPORT PAUL 3001 F 30TH ST

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

1391 GREENFIELD AVE NOBLESVILLE, IN 46060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1318068 501(c)3 3.239 DONOR CHOICE SOUTHEAST COMMUNITY SERVICES 901 SHELBY ST INDIANAPOLIS, IN 46203 IGENERAL SUPPORT

SOUTHEAST COMMUNITY 35-1318068 501(c)3 957.527 SERVICES

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

901 SHELBY ST

INDIANAPOLIS, IN 46203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SOUTHMINSTER 35-1157652 501(c)3 9.565 GENERAL SUPPORT PRESBYTERIAN LHLP PO BOX 39008 INDIANAPOLIS, IN 46239

IGENERAL SUPPORT

31.675

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

501(c)3

PO BOX 39008 INDIANAPOLIS, IN 4623 SPEEDWAY UNITED METHODIST CHURCH

5011 W 16TH ST SPEEDWAY, IN 46224 35-2078266

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ST JUDE CATHOLIC CHURCH 35-1052777 501(c)3 52 DONOR CHOICE

5353 MCFARLAND RD INDIANAPOLIS, IN 46227

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

INDIANAPOLIS, IN 46227

ST JUDE CATHOLIC CHURCH 35-1052777 501(c)3 114.000 IGENERAL SUPPORT 5353 MCFARLAND RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 62-0646012 501(c)3 28.632 DONOR CHOICE ST JUDE CHILDRENS RESEARCH HOSPITAL - TN 501 ST JUDE PL MEMPHIS.TN 38105 ST LAWRENCE CATHOLIC 35-0919344 501(c)3 134.488 IGENERAL SUPPORT CHURCH

6944 F 46TH ST

INDIANAPOLIS, IN 46226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ST MARY'S CHILD CENTER 35-1141484 501(c)3 166.238 DONOR CHOICE 901 DR MARTIN LUTHER KING JR ST 35-1141484 501(c)3 396.734 IGENERAL SUPPORT

INDIANAPOLIS, IN 46202 ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING

INDIANAPOLIS, IN 46202

JR ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 01-0549010 501(c)3 7.200 IGENERAL SUPPORT ST MARY'S EPISCOPAL CHURCH

1109 E MORGAN ST
MARTINSVILLE, IN 46151

ST MICHAEL - ST GABRIEL
ARCHANGELS ELEMENTARY

DONOR CHOICE

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

3352 W 30TH ST INDIANAPOLIS, IN 46222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ST MICHAEL - ST GABRIEL 35-1096103 501(c)3 12.340 IGENERAL SUPPORT ARCHANGELS ELEMENTARY 3352 W 30TH ST INDIANAPOLIS, IN 46222

35-1009268 501(c)3 38.482 IGENERAL SUPPORT

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

ST MONICA SCHOOL 6131 N MICHIGAN RD

INDIANAPOLIS, IN 46228

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 36-4824421 501(c)3 103.075 IGENERAL SUPPORT ST NICHOLAS EARLY LEARNING 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208 ST THERESE LITTLE FLOWER 20-8934132 501(c)3 25.760 IGENERAL SUPPORT CATHOLIC SCHOOL

1401 N BOSART AVE INDIANAPOLIS, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 33-0492302 501(c)3 13.815 DONOR CHOICE

ST VINCENT DE PAUL VILLAGE 33-0492302 501(c)3 13,815

SAN DIEGO, CA 921023332 DON

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

INDIANAPOLIS, IN 462502040

SAN DIEGO, CA 921023332 STARFIGH TO THE STARFIGHT STARFI

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government SUPPORT

STARFISH INITIATIVE 6958 HILLSDALE CT INDIANAPOLIS, IN 462502040	56-2442758	501(c)3	345,402		GENERAL SUPPOR
STONE BELT	35-1059827	501(c)3	6,667		DONOR CHOICE

STONE BELT 35-1059827 2815 F 10TH ST

BLOOMINGTON, IN 47408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2083350 10.500l IGENERAL SUPPORT SUNRISE CHRISTIAN

ACADEMY 948 W 30TH ST INDIANAPOLIS, IN 46208					
SYCAMORE SERVICES INC	35-1064235	501(c)3	4,364		DONOR CHOICE

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

INDIANAPOLIS, IN 46268

PO BOX 369

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1064235 501(c)3 314.736 SYCAMORE SERVICES INC IGENERAL SUPPORT PO BOX 369 INDIANAPOLIS, IN 46268 SYSLEXIA INSTITUTE OF 35-1780312 501(c)3 8.500 DONOR CHOICE

INDIANA INC

2511 E 46TH ST SUITE O-2 INDIANAPOLIS, IN 46205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government RAL SUPPORT

734

T P KIDDIE ACADEMY	35-2149550	501(c)3	28,110		GENERA
4501 N POST					
INDIANAPOLIS.IN 46226					

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

501(c)3

5155 PENNWOOD DR INDIANAPOLIS, IN 46205 35-1661813

TANGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1661813 501(c)3 422.855 IGENERAL SUPPORT

IGENERAL SUPPORT

TANGRAM 5155 PENNWOOD DR INDIANAPOLIS, IN 46205

7.548

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

TEDDY BEAR DAY CARE

INDIANAPOLIS, IN 46220

2406 F 65TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-2047309 501(c)3 152.545 DONOR CHOICE TEENWORKS INC. 2820 N MERIDIAN ST 1250

IGENERAL SUPPORT

INDIANAPOLIS, IN 46208

35.000

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

501(c)3

THE BLOOM PROJECT

INDIANAPOLIS, IN 46222

PO BOX 68717

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) THE LEUKEMIA & LYMPHOMA 13-5644916 501(c)3 54,025 DONOR CHOICE

SOCIETY	1
3 INTERNATIONAL DRIVE	
SUITE 200	
RYE BROOK, NY 10573	

8,333

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

501(c)3

THE MIND TRUST

1630 N MERIDIAN ST STE 450 INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

THE O'CONNOR HOUSE 45 N VILLAGE DR CARMEL, IN 46032	20-5533460	501(c)3	5,763		DONOR CHOICE
THE REFUGE INC	26-3072986	501(c)3	5,720		DONOR CHOICE

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

65 AIRPORT PKWY STF 114 GREENWOOD, IN 46143

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-5647562 501(c)3 5.900 DONOR CHOICE THE STEM CONNECTION

8407 MOORE RD INDIANAPOLIS, IN 46278

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

INDIANAPOLIS, IN 46220

INDIANAPOLIS, IN 46278

TMP ENTERPRISES INC 35-2083290 501(c)3 5,099

DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-2083290 501(c)3 10.000 TMP ENTERPRISES INC. IGENERAL SUPPORT

2028 EAST BROAD RIPPLE AVE INDIANAPOLIS, IN 46220

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

CARMEL, IN 46032

TRINITY FREE CLINIC INC 35-2120420 501(c)3 2.410 IDONOR CHOICE 1045 W 146TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TRINITY FREE CLINIC INC. 35-2120420 501(c)3 75.000l IGENERAL SUPPORT 1045 W 146TH ST

6.062

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

501(c)3

TRINITY HAVEN INC

3733 N MERIDIAN ST INDIANAPOLIS, IN 46208

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 82-5358554 501(c)3 60.000 GENERAL SUPPORT TRINITY HAVEN INC 3733 N MERIDIAN ST INDIANAPOLIS, IN 46208 TRUTH APOSTOLIC CHURCH 47-4764202 501(c)3 98.598 IGENERAL SUPPORT INDIANAPOLIS INCKINGS KIDS

1241 EAST 54TH STREET INDIANAPOLIS, IN 46220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 94-1312348 501(c)3 12.777 UNITED WAY BAY AREA IDONOR CHOICE 550 KEARNY ST SUITE 1000 SAN FRANCISCO, CA 94108

5.422

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

501(c)3

UNITED WAY FOR CLINTON

COUNTY INC 1100 WALNUT AVE FRANKFORT, IN 46041

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LINITED WAY FOR CREATER 74-1193439 E01/c)3 7 725 IDONOR CHOICE

ONTIED WATTOR GREATER	/	301(0)3	1,,,23		DONOR
AUSTIN					
2000 E MLK JR BLVD					
AUSTIN, TX 78702					

12.125

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

501(c)3

39-0912895

UNITED WAY FOX CITIES INC.

1455 MIDWAY RD MENASHA, WI 54952

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) UNITED WAY OF ALLEN 35-0867932 501(c)3 28,865 DONOR CHOICE

COUNTY INC 334 E BERRY ST FORT WAYNE, IN 46802					
UNITED WAY OF ATLANTA	58-0566194	501(c)3	8,239		DONOR

ATLANTA, GA 30303

OR CHOICE 40 COURTLAND ST NE SUITE 300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 63-0288846 501(c)3 8.185 DONOR CHOICE UNITED WAY OF CENTRAL ALABAMA

PO BOX 320189
BIRMINGHAM, AL 352320189

UNITED WAY OF CENTRAL 56-0529948 501(c)3 8,097

CAROLINAS INC

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

601 EAST 5TH ST SUITE 350 CHARLOTTE, NC 28202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF CENTRAL 42-0680425 501(c)3 15,895 DONOR CHOICE TO 14/6

BOULEVARD SUITE 340 BALTIMORE, MA 21230

10WA 1111 NINTH ST SUITE 100 DES MOINES, IA 50314					
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON	52-0591543	501(c)3	5,062		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF CHATHAM 58-1897275 501(c)3 7,560 DONOR CHOICE

NAPLES, FL 34109

72 HILLSBORO ST SUITE 201 PITTSBORO, NC 27312					
UNITED WAY OF COLLIER AND THE KEYS 9015 STRADA STELL COURT SUITE 204	59-1026096	501(c)3	9,310		DONOR CHOICE

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF DELAWARE 31-4423899 501(c)3 8,464 DONOR CHOICE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

8999 GEMINI PARKWAY SUITE 100 COLUMBUS, OH 43240					
UNITED WAY OF DELAWARE HENRY & RANDOLPH COUNTIES	35-0996148	501(c)3	16,466		DONOR CHOICE

400 NORTH HIGH ST SUITE 300 MUNCIE, IN 47305

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

COUNTY

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7087721 501(c)3 21.136 DONOR CHOICE UNITED WAY OF EFFINGHAM COUNTY 1108 SOUTH WILLOW STREET

8.707

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

501(c)3

UNITED WAY OF GREATER

CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 34-6516654 501(c)3 20.793 DONOR CHOICE UNITED WAY OF GREATER CLEVELAND 1331 FUCLID AVE CLEVELAND, OH 44115

9.819

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

501(c)3

UNITED WAY OF GREATER

801 WEST 47TH ST SUITE 500 KANSAS CITY, MO 64112

KANSAS CITY

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF GREATER 62-0475748 501(c)3 5.720 DONOR CHOICE KNOXVILLE

1301 HANNAH AVENUE KNOXVILLE, TN 37921					
UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY	35-0891621	501(c)3	98,091		DONOR

LAFAYETTE, IN 47905

R CHOICE 1114 E STATE ST STE 200

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF GREATER 39-0806190 501(c)3 27,310 DONOR CHOICE MILWALINEE 9. WALINECHA

PKWY

PHILADELPHIA, PA 19103

COUNTY 225 W VINE ST MILWAUKEE, WI 53212					
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN	23-1556045	501(c)3	35,426		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF GREATER 01-0241767 501(c)3 8,824 DONOR CHOICE

RICHMOND, VA 23230

One Canal Plaza Suite 300 PORTLAND, ME 04101					
UNITED WAY OF GREATER RICHMOND & PETERSBURG 2001 MAYWILL STREET SUITE 201	23-7375346	501(c)3	6,430		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF GREATER ST 43-0714167 501(c)3 18.067 DONOR CHOICE LOUIS INC

17.631

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

501(c)3

910 NORTH 11TH ST ST LOUIS, MO 63101
UNITED WAY OF HOWARD

210 W WALNUT ST KOKOMO, IN 46901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-1087090 501(c)3 23.740 DONOR CHOICE UNITED WAY OF INDIAN RIVER COUNTY 1836 14TH AVENUE

295.091

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

501(c)3

1836 14TH AVENUE VERO BEACH, FL 32960 UNITED WAY OF JOHNSON COUNTY (IN)

PO BOX 153 FRANKLIN, IN 46131

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF KING COUNTY 91-0565555 501(c)3 16.140 DONOR CHOICE 720 SECOND AVENUE SEATTLE, WA 98104 UNITED WAY OF LEE HENDRY 59-1005169 501(c)3 17.801 IDONOR CHOICE GLADES AND OKEECHOBEE COUNTIES

7273 CONCOURSE DR FORT MYERS, FL 33908

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF MADISON 35-1052350 501(c)3 33,237 DONOR CHOICE

COUNTY INC - IN PO BOX 1200 ANDERSON, IN 46015					
UNITED WAY OF MASSACHUSETTS BAY AND	04-2382233	501(c)3	13,924		DONOR CI

BOSTON, MA 02210

CHOICE MERRIMACK VALLEY 51 SLEEPER STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF MEDINA 23-7110762 501(c)3 5,160 DONOR CHOICE COLINITY

728 E SMITH ROAD SUITE D MEDINA, OH 44256					
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE	30-0200478	501(c)3	41,185		DONOR CHOICE

30TH FLOOR CHICAGO, IL 60604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-6005352 501(c)3 9.963 DONOR CHOICE UNITED WAY OF METROPOLITAN DALLAS INC

1800 N LAMAR STREET DALLAS.TX 75202

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

MIAMI, FL 33129

UNITED WAY OF MIAMI-DADE 59-0830840 501(c)3 27.972 DONOR CHOICE ANSIN BLDG 3250 SW THIRD AVENUE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) LINITED WAY OF MONMOLITH 22-1929/25 E01/c)3 E 482 LUCKIOD CHOICE

COUNTY INC (IN)
431 S COLLEGE AVE
BLOOMINGTON, IN 47403

AND OCEAN COUNTIES INC 4814 OUTLOOK DRIVE SUITE 107 WALL TOWNSHIP, NJ 07753	22-1020433	301(c)3	5,462		DONOR CHOICE
UNITED WAY OF MONROE	35-0985959	501(c)3	35,318		DONOR CHOICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) UNITED WAY OF NEW YORK 13-2617681 501(c)3 9.270 DONOR CHOICE CITY

6.002

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

205 E 42ND ST NEW YORK, NY 10017			
UNITED WAY OF NORTHERN NEW JERSEY	22-1487247	501(c)3	

222 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF PIKE COUNTY 35-0868069 501(c)3 157.617 DONOR CHOICE 719 EAST HARFORD ST 35-6074100 501(c)3 11.657 IDONOR CHOICE

PETERSBURG, IN 47567 UNITED WAY OF PUTNAM COUNTY - IN 22 1/2 W WASHINGTON ST STF 208

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

GREENCASTLE, IN 461351568

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LINITED WAY OF SAN DIEGO 05-2212005 E01/c)3 42 692 IDONOR CHOICE

ONLIED WAT OF SAN DIEGO	33-2213333	JU1(C)J	72,032		IDONOR C
COUNTY					1
4699 MURPHY CANYON RD					1
SAN DIEGO, CA 92123					1

8.338

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

501(c)3

42-0680395

UNITED WAY OF SIOUXLAND

701 STEUBEN ST SIOUX CITY, IA 51101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 35-1047413 501(c)3 7.211 DONOR CHOICE UNITED WAY OF SOUTH CENTRAL INDIANA 1502 I ST SUITE 201

1502 I ST SUITE 201
BEDFORD, IN 47421

UNITED WAY OF SOUTHWEST 23-7113221 501(c)3 10,000

DONOR CHOICE
COLORADO

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

281 SAWYER DRIVE SUITE 400 DURANGO, CO 81302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNITED WAY OF ST JOSEPH 35-1063368 501(c)3 13.907 IDONOR CHOICE

COUNTY INC 3517 E JEFFERSON BLVD SOUTH PEND, IN, 46615					
	COUNTY INC				
COUTH DEND IN 1661E	3517 E JEFFERSON BLVD				
300TH BEND, IN 40013	SOUTH BEND, IN 46615				

9.561

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

501(c)3

75-0858360

UNITED WAY OF TARRANT

1500 N MAIN ST SUITE 200 FORT WORTH, TX 76164

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF THE BATTLE 38-1359193 501(c)3 5,454 DONOR CHOICE CREEK AND KALAMAZOO DECTON

709 S WESTNEDGE AVE KALAMAZOO, MI 49007					
UNITED WAY OF THE BLUEGRASS 100 MIDI AND AVENUE SUITE	61-0444679	501(c)3	23,035		DONOR CHOICE

300

LEXINGTON, KY 40508

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 93-0582124 501(c)3 12.808 DONOR CHOICE UNITED WAY OF THE COLUMBIA-WILLAMETTE

619 SW 11TH AVE PORTLAND, OR 97205					
UNITED WAY OF THE GREATER TRIANGLE INC 800 PARK OFFICES DRIVE	56-1949103	501(c)3	7,468		DONOR CHOICE

SUITE 204 DURHAM, NC 27709

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 53-0234290 501(c)3 34.800 DONOR CHOICE UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420 VIENNA. VA 221822223 UNITED WAY OF THE OHIO 61-0435444 501(c)3 5.504 DONOR CHOICE VALLEY

403 PARK PLAZA DRIVE OWENSBORO, KY 42301

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF THE WABASH 35-1008531 501(c)3 40.148 DONOR CHOICE VALLEY INC

2901 OHIO BLVD STE 215 TERRE HAUTE, IN 478032239					
UNITED WAY OF TUCSON AND SOUTHERN ARIZONA 330 N COMMERCE PARK LOOK	86-0098932	501(c)3	6,300		DONOR CHOICE

SUITE 200 TUCSON, AZ 85745

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF WASHINGTON 41-0855267 501(c)3 10,000 DONOR CHOICE

COUNTY - EAST 1825 CURVE CREST BLVD STILLWATER, MN 55082					
UNITED WAY OF WILLIAMSON	62-6049469	501(c)3	5,400		DONOR

ROUND ROCK, TX 78664

OR CHOICE COUNTY 1111 NORTH IH-35 SUITE 220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-3725701 501(c)3 33.556 DONOR CHOICE UNITED WAY SUNCOAST 5201 W KENNEDY BOULEVARD SUITE 600

DONOR CHOICE

200.000

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

501(c)3

13-1635294

TAMPA, FL 33609
UNITED WAY WORLDWIDE

PO BOX 418607 BOSTON, MA 02241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) UNIVERSITY HEIGHTS UNITED 35-0985956 501(c)3 16.906l IGENERAL SUPPORT

DONOR CHOICE

10.000

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

501(c)3

METHODIST CHUR	CH
4002 OTTERBEIN A	AVE
INDIANAPOLIS, IN	46227

UNLIMITED POTENTIAL INC 3146 E WIER AVE PHOENIX, AZ 85040

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 86-0104419 501(c)3 21.860 DONOR CHOICE VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018

GENERAL SUPPORT

220,818

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

501(c)3

VILLA MISSIONARY BAPTIST

INDIANAPOLISWEE CARE 2650 VILLA AVE INDIANAPOLIS, IN 46203

CHURCH OF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 35-1818697 501(c)3 35.738 VILLAGES OF INDIANA IGENERAL SUPPORT

FOUNDATION INC THE 3833 N MERIDIAN ST STE 101 INDIANAPOLIS, IN 46208

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

INDIANAPOLIS, IN 46208

VILLAGES OF INDIANA THE 35-1708240 501(c)3 19.929 DONOR CHOICE 3833 N MERIDIAN ST STE 101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 35-1708240 501(c)3 315.073 VILLAGES OF INDIANA THE IGENERAL SUPPORT 3833 N MERIDIAN ST STE 101 INDIANAPOLIS, IN 46208

DONOR CHOICE

1.025

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

501(c)3

VISUALLY IMPAIRED

PRESCHOOL SERVICES 1906 GOLDSMITH LN LOUISVILLE, KY 40218

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 61-1061973 501(c)3 25.000 IGENERAL SUPPORT VISUALLY IMPAIRED PRESCHOOL SERVICES

1906 GOLDSMITH LN
LOUISVILLE, KY 40218

VOLUNTEERS OF AMERICA 35-1914815 501(c)3 6,292

INDIANA

DONOR CHOICE

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

927 N PENNSYLVANIA ST INDIANAPOLIS, IN 462041020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government VOLUNTEERS OF AMERICA 35-1914815 501(c)3 734.519 IGENERAL SUPPORT INDIANA 927 N PENNSYI VANTA ST INDIANAPOLIS, IN 462041020

IGENERAL SUPPORT

49.876

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

WATCH ME GROW CHILDCARE

4740 CENTURY PLAZA RD INDIANAPOLIS, IN 46254

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government RAL SUPPORT

525 S MERIDIAN ST STE 1C INDIANAPOLIS, IN 46225					
WE BLOOM	82-2859964	501(c)3	10,000		GENERA

IDONOR CHOICE 31-1255091 501(c)3 1.378 WELLSPRING CENTER

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

301 W HARRISON ST MARTINSVILLE, IN 46151

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1255091 501(c)3 111.407 WELLSPRING CENTER IGENERAL SUPPORT 301 W HARRISON ST MARTINSVILLE, IN 46151 46-3757511 501(c)3 10.000 IGENERAL SUPPORT

WESTMINSTER NEIGHBORHOOD SERVICES 2325 E NEW YORK ST

INDIANAPOLIS, IN 46201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 35-1813244 501(c)3 144.000 IGENERAL SUPPORT WESTSIDE MISSIONARY DARTICE CHURCHWESTSIDE

LITTLE WONDERS 6321 LA PAS TRAIL INDIANAPOLIS, IN 46268					
WHEELER MISSION MINISTRIES	35-0888771	501(c)3	62,078		DONOR CHOICE

205 E NEW YORK ST INDIANAPOLIS, IN 46204

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) WHEELER MISSION 35-0888771 501(c)3 275,000 GENERAL SUPPORT MINICEDIEC

205 E NEW YORK ST INDIANAPOLIS, IN 46204					
WHITE COUNTY UNITED WAY	35-1137113	501(c)3	5,850		DONOR CHOICE

TINC 1001 S AIRPORT RD

MONTICELLO, IN 47960

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-4079714 501(c)3 17.500 WOMEN'S RESOURCE CENTER IGENERAL SUPPORT

OF HANCOCK COUNTY 312 F MAIN ST STE F GREENFIELD, IN 46140

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

MARTINSVILLE, IN 46151

WORKMAN SERVICES 20-2362195 501(c)3 13.958 IGENERAL SUPPORT 8143 OLD SR 37 N

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 06-0646973 501(c)3 5.001 YALE UNIVERSITY IDONOR CHOICE 246 CHURCH ST NEW HAVEN, CO 06510 YMCA OF GREATER 35-0868211 501(c)3 64.587 DONOR CHOICE

INDIANAPOLIS

615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) YMCA OF GREATER 35-0868211 501(c)3 902.305 IGENERAL SUPPORT INDIANAPOLIS 615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359 YMCA OF GREATER 35-0868211 501(c)3 1.500l (blank)

INDIANAPOLIS

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

615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-3760453 501(c)3 50.000 YOU YES YOU PROJECT IGENERAL SUPPORT 1857 BROOK CROSSING CT INDIANAPOLIS, IN 46229

IDONOR CHOICE

3.458

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

501(c)3

YOUTH CONNECTIONS

1195 N MORTON ST STE A FRANKLIN, IN 46131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance assistance other) or government IGENERAL SUPPORT

31-0900601 501(c)3 21.814 YOUTH CONNECTIONS

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

1195 N MORTON ST STE A FRANKLIN, IN 46131

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49332	21082	:580
Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(For	n 990)	For certain Office	20					
	Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							•
Depar	tment of the Treasury	▶ Go to <u>www.irs.go</u>		to Form 990. instructions and the latest inforn	nation.	Open 1	to Pul	blic
Interna	al Revenue Service	4:		T		Insp	ectio	n
	ne of the organiza ed Way of Central Ir				Employer identifica	tion ni	ımber	
Do.	et I Ougstie	ons Regarding Compensat	tion		35-1007590			
Pa	rt I Questi	ons Regarding Compensat	tion				Yes	No
<b>1</b> a				the following to or for a person listery relevant information regarding thes				
	First-class	or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of person				
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding payive? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ie la?			
3				d to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	✓ Compensa	ation committee		Written employment contract				
		ent compensation consultant	<b>\overline{\sqrt{2}}</b>	Compensation survey or study				
		of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b		• •		ified retirement plan?		4b		No
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	olicable amounts for each item in Part	: III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
_	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section on the net earnings of		the organization pay or accrue any				
a	-	1?				6a		No
b		anization?				<b>6</b> b		No
7	•	·	n A line to didu	the organization provide any nonfixed	4			
,				rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 				
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	8		No
For F		iction Act Notice, see the Ins			0053T Schedule		1 990)	2019

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 (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Ann Murtlow 341,632 0 (i) 53,824 1,632 63,725 24,306 485,119 President and Chief 0 0 0 0 0 0 0 (ii) **Executive Officer** 2 Gina Miller (i) 204,658 0 21,807 960 36,107 23,666 287,198 Chief Operating Officer and 0 0 0 0 0 0 0 (ii) Chief Financial Officer 3 Angela Dabney 139,796 (i) 15,512 3,648 98,432 27,993 285,381 0 Vice President, 0 0 0 0 0 0 0 (ii) Transformational Gifts 4 Julianne Burns 177,263 (i) 25,000 6,269 34,591 13,564 256,687 0 CEO, JumpIN 0 0 0 0 0 0 0 (ii) 5 Sara VanSlambrook 144,885 (i) 26,094 774 16,144 19,776 207,673 0 Chief Impact Officer 0 0 0 0 0 0 0 (ii) 6 Penny Lee 147,742 (i) 14,911 1,152 16,942 14,526 195,273 0 Chief Fundraising Officer 0 0 0 0 0 0 0 (ii) 7 Gregory Fennig 136,788 (i) 6,405 1,840 8,122 14,529 167,684 0 Chief Marketing, 0 0 0 0 0 0 0 (ii) Communications and Community Relations Officer



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321082580 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** United Way of Central Indiana Inc 35-1007590 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1,277,103 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ ( \_\_\_\_\_\_ Other ▶ ( \_\_\_\_\_\_) 26 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>
	Ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - NUMBER OF CONTRIBUTIONS
	Schedule M (Form 990) (2019)

efile GRAPH	IIC prir	nt - DO NOT PROCESS	As Filed Data -		DLN:	93493321082580
SCHEDUL (Form 990 or EZ)	• 990-	Complete to prov Form 990 o	vide information fo r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific quest ide any additional information n 990 or 990-EZ. 90 for the latest information	OMB No. 1545-0047  2019 Open to Public Inspection	
Department of the Treasury  Name! & the of game attention  United Way of Central Indiana Inc    Employer identification   35-1007590						
Return Reference				Explanation		
Form 990, Part III, Line 4d Description of other program services	rvices i impact resource policy ducation resource the strates are suited to 14 on hese of sestivity address and en ving teat.	include a number of programs decisions, implementing them bes in our community. These is advocacy; volunteer training on and training; and serving as urces around shared communitategies and infrastructure to supproviding comprehensive data consulting firm to implementily Opportunity Fund families rganizations through our first organizations are new partners the those in need in our community is old trepreneurial spirit, creating specifications are new partners.	designed to ensure to with fidelity, and level nelude: community not development, and do a convener for community goals. This year, Lupport our and our part a sophisticated system of the county. This fund seeks dest problems by hard pace for exchanging a pressful small-scale problems and levels of the county.	pact initiatives, and working wi	nunity publi e g nts in	

Return Reference	<b>Explanation</b>
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall, from time to time, consist of the following members of the Board of Directors: the Board Chair, Chair-Elect, immediate past Board Chair, Secretary, T reasurer, 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 Pr esident 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 I imitations 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.

Return Explanation
Reference

Form 990, Part VI, Line 2
Family/business relationships amongst interested persons

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Form 990 is prepared by UWCl's Senior Director of Finance and its COO/CFO and reviewed by an independent accounting firm prior to submission to UWCl's Audit and Finance Committee.  The Audit and Finance Committee all review Form 990 in their October meeting each year pri or to the October Board meeting. Chair of the Audit Committee presented Form 990 informati on to the Board of Directors on October 28, 2020. The form was electronically provided to each board member before the (virtual) meeting. A representative of the independent accounting firm was also present at the board meeting.

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 standing commi ttees, special committees, work groups, officers, key employees, and highly compensated em ployees 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 the re 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 ethics concerns that may arise.

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, inc luding studies provided by the United Way of America and other relevant benchmarks, are us ed to determine compensation. The process and decisions are documented in the committee mi nutes. A full independent compensation study is conducted every two years.

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 provide d by the United Way of America and other relevant benchmarks, is used to determine compens ation. 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 two years.

Reference

the public

# Explanation

Form 990,
Part VI, Line
19 Required documents available to

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 (loss)160765; Adjustment to prior year uncollectible pledges - 1926;

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

United Way of Central Indiana Inc

Internal Revenue Service Name of the organization

#### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493321082580

2019

Open to Public Inspection

**Employer identification number** 

Part I Identification of Disregarded Entities. Complete if the	e organization answ	ered "Yes" on Forn	n 990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (s or foreign count	itate Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity	I	
(1) UNITED WAY OF CENTRAL INDIANA LLC 2955 North Meridian Street Suite 300 INDIANAPOLIS, IN 46208 03-5087427	PROPERTY HOLDING C	CO. DE		0	UNITED WAY OF CENTRAL :	INDIANA	_
							_
							_
Part II Identification of Related Tax-Exempt Organizations. related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	d "Yes" on Form 99	0, Part IV, line 34	because it had one or	r more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co ent	ontrolled tity?
						Yes	No
						+	
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat. No. 5013	35Y		Schedule R (Form	990) 2	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a)  Name, address, and EIN of related organization			(b) (c) (d) Primary Legal activity domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	f) (g) Share of ncome end-of-year assets	(h) Disproprtionate ar allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	alor Pe	<b>(k)</b> ercentage wnership		
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	or Trus n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	<b>/</b> E	- 000)	2010

chedule R (Form 990) 2019					Pa	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered	Yes" on Form 990, Pa	rt IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations listed ir	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
${f b}$ Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				<b>1</b> d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				<b>1</b> g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		
r Other transfer of cash or property to related organization(s)				1r		
<b>s</b> Other transfer of cash or property from related organization(s)				1s		
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 tra	nsaction thresholds.			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	volved	
						_

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019										
Part VII	Supplemental Info	pplemental Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).									
Return Reference		Explanation								