

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 20 14

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization UNITED WAY OF CENTRAL INDIANA, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 88409
 City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46208

D Employer identification number
35-1007590

E Telephone number
(317)923-1466

G Gross receipts \$ 122,009,376

F Name and address of principal officer: ANN MURTLow
3901 NORTH MERIDIAN STREET, INDIANAPOLIS, IN 46208

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

H(c) Group exemption number ▶ _____

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

J Website: ▶ WWW.UWCI.ORG

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF CENTRAL INDIANA, INC. HELPS PEOPLE LEARN MORE, EARN MORE AND LEAD SAFE AND HEALTHY LIVES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>78</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>76</u>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	<u>176</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>19,805</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>60,198,558</u>	<u>62,749,561</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,064,531</u>	<u>1,150,874</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,127,299</u>	<u>4,979,233</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-140,787</u>	<u>-166,604</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>64,249,601</u>	<u>68,713,064</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>37,991,101</u>	<u>35,663,934</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>7,699,448</u>	<u>7,860,842</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,049,452</u>	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>6,271,583</u>	<u>7,115,880</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>51,962,132</u>	<u>50,640,656</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>12,287,469</u>	<u>18,072,408</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>140,679,184</u>	<u>162,495,958</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>9,647,197</u>	<u>8,606,072</u>
		<u>131,031,987</u>	<u>153,889,886</u>	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
GINA A. MILLER, VP OPERATIONS & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
RACHEL SPURLOCK _____ _____ P00520729

Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122 Phone no. (502)326-3996

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

THE MISSION OF THE UNITED WAY OF CENTRAL INDIANA, INC. IS TO PROVIDE NEEDED HUMAN SERVICES TO THOSE WHO NEED HELP MOST, WHILE REDUCING SUCH NEEDS FOR FUTURE GENERATIONS.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 33,751,336 including grants of \$ 32,152,040) (Revenue \$ 1,002,304)

THE UNITED WAY OF CENTRAL INDIANA, INC. (UWCI) ADDRESSES TODAY'S MOST CRITICAL NEEDS IN EDUCATION, INCOME, HEALTH AND BASIC NEEDS THROUGH DISTRIBUTIONS OF DONOR ADVISED, DONOR DESIGNATED, AND GENERAL CONTRIBUTIONS TO 93 AFFILIATED AND 1,083 UNAFFILIATED ORGANIZATIONS. THROUGH THIS SUPPORT, UWCI FACILITATES HEALTH PROGRAMS FOR TENS OF THOUSANDS OF ADULTS INCLUDING MEALS, EDUCATION AND HEALTH SERVICES; EDUCATION PROGRAMS FOR HUNDREDS OF THOUSANDS OF CHILDREN INCLUDING QUALITY CHILD CARE, READING, AND YOUTH DEVELOPMENT PROGRAMS; BASIC NEEDS PROGRAMS FOR HUNDREDS OF THOUSANDS OF INDIVIDUALS AND FAMILIES INCLUDING FOOD, SHELTER AND COMMUNITY CENTER SERVICES; AND INCOME PROGRAMS SUCH AS EMPLOYMENT SERVICES AND COUNSELING.

4b (Code:) (Expenses \$ 5,074,923 including grants of \$ 2,752,219) (Revenue \$ 1,822)

UNITED WAY OF CENTRAL INDIANA FOCUSES ON EDUCATION BECAUSE IT IS THE BEST PATH OUT OF POVERTY. IN 2013, WE ACHIEVED MANY MILESTONES IN OUR RTL/E (OR OUR EDUCATION) WORK. 40 CHILD CARE SITES REACHED LEVEL 1 OR HIGHER IN THE PATHS TO QUALITY (PTQ) RATING SYSTEM. 4,300 LOW-INCOME CHILDREN RECEIVED HIGH-QUALITY CHILD CARE. 3RD, 4TH, AND 5TH GRADERS PARTICIPATING IN OUR READUP TUTORING PROGRAM IMPROVED THEIR READING SKILLS 37% MORE THAN THEIR PEERS NOT PARTICIPATING IN READUP. AND THROUGH OUR BRIDGES TO SUCCESS INITIATIVE, WE WITH 500 COMMUNITY PARTNERS PROVIDED ADDITIONAL RESOURCES TO 20 SCHOOLS TO HELP REMOVE THE BARRIERS TO LEARNING, DIRECTLY IMPACTING 2,700 STUDENTS.

4c (Code:) (Expenses \$ 2,712,758 including grants of \$) (Revenue \$ 167,520)

OTHER PROGRAM SERVICES INCLUDE ASSESSING COMMUNITY NEEDS, HUMAN SERVICES PLANNING AND RESEARCH, VOLUNTEER (YOUTH AND ADULT) TRAINING & DEVELOPMENT, AND DIVERSITY AND LABOR INITIATIVES. THE NONPROFIT TRAINING CENTER HELPS NONPROFIT ORGANIZATION IN CENTRAL INDIANA LEARN HOW TO GOVERN AND MANAGE THEMSELVES EFFECTIVELY. COMMUNITY ASSESSMENTS HELP US UNDERSTAND OUR COMMUNITY'S OVERALL CONDITIONS AND CONCERNS TO HELP DEVELOP REGIONAL POLICIES, SET PRIORITIES, AND MAKE FUNDING DECISIONS. THE VOLUNTEER CENTER ENGAGES VOLUNTEER THROUGHOUT THE COMMUNITY TO FURTHER OUR IMPACT IN EDUCATION, INCOME, HEALTH AND BASIC NEEDS BEYOND THE FINANCIAL INVESTMENT THROUGH DAYS OF CARING AND OTHER PROGRAMS. AGENCY EVALUATIONS HOLD UNITED WAY AGENCIES ACCOUNTABLE AND GET THE COMMUNITY INVOLVED THROUGH VOLUNTEER EVALUATORS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 759,675 including grants of \$ 759,675) (Revenue \$ 253)

4e Total program service expenses **42,298,692**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

Section 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 78 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 76		
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?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
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?		

Section 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► GINA A. MILLER, 3901 N. MERIDIAN STREET, INDIANAPOLIS, IN 46208, (317)921-1245

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN D. MURTLow PRESIDENT & CEO	50	✓		✓				167,345	0	12,470
(2) SAMUEL L. ODLE BOARD CHAIR	1	✓		✓				0	0	0
(3) STEVEN F. WALKER BOARD CHAIR ELECT	1	✓		✓				0	0	0
(4) MARIA M. QUINTANA SECRETARY	1	✓		✓				0	0	0
(5) GORDON E. SLACK TREASURER	1	✓		✓				0	0	0
(6) DAVID C. LEWIS DIRECTOR	1	✓						0	0	0
(7) MICHAEL R. BECHER DIRECTOR	1	✓						0	0	0
(8) DENNIS C. SASSO DIRECTOR	1	✓						0	0	0
(9) ROBERT L. MANUEL DIRECTOR	1	✓						0	0	0
(10) AMIT THANAWALA DIRECTOR	1	✓						0	0	0
(11) LISA ELLEN HARRIS DIRECTOR	1	✓						0	0	0
(12) MICHAEL BERNARD O'CONNOR DIRECTOR	1	✓						0	0	0
(13) GERALD L. BEPKO DIRECTOR (PART YEAR)	1	✓						0	0	0
(14) TODD J. MAURER DIRECTOR	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) YVONNE H. SHAHEEN DIRECTOR (PART YEAR)	1	<input checked="" type="checkbox"/>						0	0	0
(16) GREGORY A. SCHENKEL DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(17) DENNIS M. SPONSEL DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(18) STEPHANIE C. FUHRMANN DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(19) CLAUDETTE EINHORN DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(20) MICHAEL J. ALLEY DIRECTOR (PART YEAR)	1	<input checked="" type="checkbox"/>						0	0	0
(21) BRUCE KEVIN HETRICK DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(22) JAMES G. TERWILLIGER DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(23) DONALD E. KNEBEL DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(24) WILLIAM R. KLEPPER DIRECTOR	1	<input checked="" type="checkbox"/>						0	0	0
(25) WAYNE PACK DIRECTOR (PART YEAR)	1	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total								167,345	0	12,470
c Total from continuation sheets to Part VII, Section A								625,777	0	186,868
d Total (add lines 1b and 1c)								793,122	0	199,338

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HAGERMAN, INC., 510 WEST WASHINGTON BLVD., FT WAYNE, IN 46861	CAPITAL PROJECTS-CHILDCARE MINISTRIES	671,270
UPIC SOLUTIONS, 2146 CHAMBER CENTER DRIVE, FT MITCHELL, KY 41017	IT SERVICES	527,925
DIRECT PATH, INC, 9425 NORTH MERIDIAN STREET, INDIANAPOLIS, IN 46260	CONSULTING/PLANNING-HEALTH INITIATIVES	449,609
ECHOPOINT MEDIA, 407 N FULTON ST, INDIANAPOLIS, IN 46202	ADVERTISING	381,450
PERFECT IMPRESSIONS, 3901 N MERIDIAN ST, STE 15, INDIANAPOLIS, IN 46202	PRINTING/OFFICE SERVICES	229,873

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 11**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	51,650				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,702,798				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	60,995,113				
	g Noncash contributions included in lines 1a-1f: \$		2,095,239				
	h Total. Add lines 1a-1f		62,749,561				
Program Service Revenue			Business Code				
	2a DONOR DESIGNATION FEES	900099	451,298	451,298			
	b GRANT ADMINISTRATION	900099	551,373	551,373			
	c NONPROFIT TRAINING	900099	89,826	89,826			
	d EDUCATION PROGRAMS	900099	1,822	1,822			
	e OTHER PROGRAM FEES	900099	56,555	56,555			
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		1,150,874					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,938,507			1,938,507	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	306,944				
		(ii) Personal					
		b Less: rental expenses	479,053				
		c Rental income or (loss)	-172,109	0			
	d Net rental income or (loss)		-172,109			-172,109	
	7a Gross amount from sales of assets other than inventory	(i) Securities	55,803,215				
		(ii) Other					
		b Less: cost or other basis and sales expenses	52,762,489				
		c Gain or (loss)	3,040,726	0			
	d Net gain or (loss)		3,040,726			3,040,726	
	8a Gross income from fundraising events (not including \$ 51,650 of contributions reported on line 1c). See Part IV, line 18	a	39,250				
		b Less: direct expenses	54,770				
		c Net income or (loss) from fundraising events .		-15,520			-15,520
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities . .			0				
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a OTHER/MISCELLANEOUS	900099	21,025	21,025				
b		0					
c		0					
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		21,025					
12 Total revenue. See instructions.		68,713,064	1,171,899	0	4,791,604		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	34,904,259	34,904,259		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	759,675	759,675		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	596,559		596,559	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,885,509	2,714,743	1,010,169	2,160,597
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-22,934	3,722	-33,545	6,889
9 Other employee benefits	889,223	358,294	130,159	400,770
10 Payroll taxes	512,485	172,004	150,738	189,743
11 Fees for services (non-employees):				
a Management	0			
b Legal	59,735	18,382	35,714	5,639
c Accounting	130,713		130,713	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	307,058		307,058	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,489,640	1,238,690	188,826	62,124
12 Advertising and promotion	520,385	91,424	82	428,879
13 Office expenses	622,970	378,196	72,160	172,614
14 Information technology	917,952	140,832	205,538	571,582
15 Royalties	0			
16 Occupancy	607,380	134,059	143,417	329,904
17 Travel	81,671	38,040	5,705	37,926
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	381,746	154,750	136,104	90,892
20 Interest	0			
21 Payments to affiliates	518,269	199,928	87,863	230,478
22 Depreciation, depletion, and amortization	378,234	73,770	77,707	226,757
23 Insurance	35,090	7,745	8,286	19,059
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	221,424	221,424		
b CONTRACT SERVICES	633,057	613,894	11,235	7,928
c MATERIAL PRINTING	186,331	59,996	19,160	107,175
d	0			
e All other expenses	24,225	14,865	8,864	496
25 Total functional expenses. Add lines 1 through 24e	50,640,656	42,298,692	3,292,512	5,049,452
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,000	1	1,000
	2 Savings and temporary cash investments	43,261,489	2	34,076,216
	3 Pledges and grants receivable, net	16,143,278	3	16,756,935
	4 Accounts receivable, net	1,017,151	4	684,080
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,113,341	9	1,646,886
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,551,554		
	b Less: accumulated depreciation	10b 10,919,588	1,897,728	10c 1,631,966
	11 Investments—publicly traded securities	77,190,598	11	107,613,541
	12 Investments—other securities. See Part IV, line 11	54,599	12	85,334
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	140,679,184	16	162,495,958	
Liabilities	17 Accounts payable and accrued expenses	1,074,392	17	1,131,380
	18 Grants payable	8,316,838	18	7,205,019
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	255,967	21	269,673
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	9,647,197	26	8,606,072
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,983,443	27	25,389,318
	28 Temporarily restricted net assets	35,726,029	28	47,790,074
	29 Permanently restricted net assets	79,322,515	29	80,710,494
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	131,031,987	33	153,889,886
34 Total liabilities and net assets/fund balances	140,679,184	34	162,495,958	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,713,064
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,640,656
3	Revenue less expenses. Subtract line 2 from line 1	3	18,072,408
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131,031,987
5	Net unrealized gains (losses) on investments	5	6,685,142
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,899,651
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	153,889,886

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARK D. MILES ----- DIRECTOR	1 -----	✓						0	0	0
(27) GREG J. MORRIS ----- DIRECTOR	1 -----	✓						0	0	0
(28) ANDREW F. MOHR ----- DIRECTOR	1 -----	✓						0	0	0
(29) MARY B. BOELKE ----- DIRECTOR	1 -----	✓						0	0	0
(30) N. CLAY ROBBINS ----- DIRECTOR	1 -----	✓						0	0	0
(31) JERRY SEMLER ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(32) ROBERT W. HILLMAN ----- DIRECTOR	1 -----	✓						0	0	0
(33) JILL ROBINSON KRAMER ----- DIRECTOR	1 -----	✓						0	0	0
(34) JAMIE P. MERISOTIS ----- DIRECTOR	1 -----	✓						0	0	0
(35) KATIE E. HOLMES ----- DIRECTOR	1 -----	✓						0	0	0
(36) JAMES P. BOYCE ----- DIRECTOR	1 -----	✓						0	0	0
(37) MARIBETH SMITH ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(38) MARGARET JEAN RICHCREEK ----- DIRECTOR	1 -----	✓						0	0	0
(39) SUE A. BACK ----- DIRECTOR	1 -----	✓						0	0	0
(40) MARY ANN SULLIVAN ----- DIRECTOR	1 -----	✓						0	0	0
(41) PATRICK D. PEREGRIN ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(42) SHELLY M. LANGONA ----- DIRECTOR	1 -----	✓						0	0	0
(43) RICHARD E. HESTER ----- DIRECTOR	1 -----	✓						0	0	0
(44) BRYAN A. MILLS ----- DIRECTOR	1 -----	✓						0	0	0
(45) ELIZABETH C. TATE ----- DIRECTOR	1 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(46) R. JAMES ALERDING ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(47) ROBERT C. BALLARD ----- DIRECTOR	1 -----	✓						0	0	0
(48) KEVIN E. LOLLAR ----- DIRECTOR	1 -----	✓						0	0	0
(49) DONALDSON C. TWYMAN ----- DIRECTOR	1 -----	✓						0	0	0
(50) CONNIE BOND STUART ----- DIRECTOR	1 -----	✓						0	0	0
(51) TANYA BELL ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(52) TERESA A. BENNETT ----- DIRECTOR	1 -----	✓						0	0	0
(53) WILLIAM G. MAYS ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(54) JOSHUA ABEL ----- DIRECTOR	1 -----	✓						0	0	0
(55) JEAN L. WOJTOWICZ ----- DIRECTOR	1 -----	✓						0	0	0
(56) JEFFREY B. MCDONALD ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(57) JOHN T. NEIGHBOURS ----- DIRECTOR	1 -----	✓						0	0	0
(58) JUAN F. GONZALEZ ----- DIRECTOR	1 -----	✓						0	0	0
(59) DENISE K. DANK ----- DIRECTOR	1 -----	✓						0	0	0
(60) MICHAEL T. DILTS ----- DIRECTOR	1 -----	✓						0	0	0
(61) RAFAEL A. SANCHEZ ----- DIRECTOR	1 -----	✓						0	0	0
(62) CAREY B. LYKINS ----- DIRECTOR	1 -----	✓						0	0	0
(63) KAREN L. GENTLEMAN ----- DIRECTOR	1 -----	✓						0	0	0
(64) MATTHEW A. COHOAT ----- DIRECTOR	1 -----	✓						0	0	0
(65) VINCENT C. CAPONI ----- DIRECTOR	1 -----	✓						0	0	0
(66) MURVIN S. ENDERS ----- DIRECTOR	1 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) MICHAEL R. ROSIELLO ----- DIRECTOR	1 -----	✓						0	0	0
(68) MARK A. RATEKIN ----- DIRECTOR	1 -----	✓						0	0	0
(69) DAVID A. RESNICK ----- DIRECTOR	1 -----	✓						0	0	0
(70) OWEN B. MELTON ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(71) GREGORY L. PEMBERTON ----- DIRECTOR	1 -----	✓						0	0	0
(72) KALEN IRSAY ----- DIRECTOR	1 -----	✓						0	0	0
(73) MOLLY WILKINSON CHAVERS ----- DIRECTOR	1 -----	✓						0	0	0
(74) RODNEY D. COTTON ----- DIRECTOR	1 -----	✓						0	0	0
(75) JAMES S. IRSAY ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(76) KATHRYN G. BETLEY ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(77) PATRICIA P. MCCRORY ----- DIRECTOR	1 -----	✓						0	0	0
(78) SCOTT S. LUC ----- DIRECTOR	1 -----	✓						0	0	0
(79) ZACHARY B. SCOTT ----- DIRECTOR	1 -----	✓						0	0	0
(80) DEBORAH J. DANIELS ----- DIRECTOR	1 -----	✓						0	0	0
(81) GEOFFREY M. GALEY ----- DIRECTOR	1 -----	✓						0	0	0
(82) ROBERT S. POTTS ----- DIRECTOR	1 -----	✓						0	0	0
(83) CHARLES RICHARD BANTZ ----- DIRECTOR	1 -----	✓						0	0	0
(84) LAWRENCE DELIA ----- DIRECTOR	1 -----	✓						0	0	0
(85) TERRY L. MILLER ----- DIRECTOR	1 -----	✓						0	0	0
(86) PATZETTA M. TRICE ----- DIRECTOR	1 -----	✓						0	0	0
(87) ABIGAIL W. HOHMANN ----- DIRECTOR	1 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(88) SUSAN M. MAHONY ----- DIRECTOR	1 -----	✓						0	0	0
(89) DONALD W. TANSELL ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(90) TIMOTHY SMITH ----- DIRECTOR (PART YEAR)	1 -----	✓						0	0	0
(91) TERRENCE T. YEN ----- DIRECTOR	1 -----	✓						0	0	0
(92) MARY ELIZABETH BIKOFF ----- DIRECTOR	1 -----	✓						0	0	0
(93) MARIANNE GLICK ----- DIRECTOR	1 -----	✓						0	0	0
(94) JONATHAN KROEHLER ----- DIRECTOR	1 -----	✓						0	0	0
(95) DALE DEPOY ----- SR. VP OF OPERATIONS	50 -----			✓				154,020	0	51,391
(96) GINA A. MILLER ----- SR. VP OF OPERATIONS & CFO	50 -----			✓				77,629	0	11,192
(97) JAY GESHA ----- SR. VP OF COMMUNITY PLANNING AND STRATEGIC INITIATIVES	50 -----					✓		134,889	0	49,279
(98) ANGELA DABNEY ----- SR. VP OF RESOURCE DEVELOPMENT	50 -----					✓		147,257	0	52,724
(99) KENNETHE VAUGHN ----- VP OF TALENT MANAGEMENT & DIVERSITY	50 -----					✓		111,982	0	22,282

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,232,893	49,209,628	57,678,818	50,198,558	52,749,561	260,069,458
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	50,232,893	49,209,628	57,678,818	50,198,558	52,749,561	260,069,458
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						62,398,030
6 Public support. Subtract line 5 from line 4.						197,671,428

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	50,232,893	49,209,628	57,678,818	50,198,558	52,749,561	260,069,458
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,683,109	2,584,858	2,406,766	1,928,716	2,244,515	10,847,964
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	356,940	125,928	61,751	47,358	60,275	652,252
11 Total support. Add lines 7 through 10						271,569,674
12 Gross receipts from related activities, etc. (see instructions)					12	5,472,657
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	72.78 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	70.9 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
		Description	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
SCHEDULE A, PART II, LINE 10	OTHER INCOME	OTHER INCOME	356,940	125,928	61,751	47,358	21,025	613,002
		FUNDRAISING REVENUE					39,250	39,250
		Total	356,940	125,928	61,751	47,358	60,275	652,252

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,558													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,703													
c	Total lobbying expenditures (add lines 1a and 1b)	14,261	0												
d	Other exempt purpose expenditures	50,626,395													
e	Total exempt purpose expenditures (add lines 1c and 1d)	50,640,656	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000
c Total lobbying expenditures		604	1,064	14,261	15,929
d Grassroots nontaxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures		604	473	5,558	6,635

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

UNITED WAY OF CENTRAL INDIANA, INC.

35-1007590

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about conservation easement purposes, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	70,793,827	64,319,834	67,748,821	57,900,508	53,314,348
b Contributions	148,866	1,950,869	51,532	52,671	551,317
c Net investment earnings, gains, and losses	10,681,934	6,422,944	-1,428,118	11,156,642	5,399,173
d Grants or scholarships					0
e Other expenditures for facilities and programs	1,503,127	1,899,820	2,052,401	1,361,000	1,364,330
f Administrative expenses					0
g End of year balance	80,121,500	70,793,827	64,319,834	67,748,821	57,900,508

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 99.3 %
- c** Temporarily restricted endowment ▶ 0.7 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		✓
(ii) related organizations		✓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		✓

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		193,984		193,984
b Buildings		3,410,719	2,550,255	860,464
c Leasehold improvements		4,094,180	3,879,797	214,383
d Equipment		4,852,671	4,489,536	363,135
e Other				0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,631,966

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

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

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

Part XIII

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

Return Reference	Identifier	Explanation						
SCHEDULE D, PART IV, LINE 2B	EXPLANATION OF ESCROW AGREEMENT	THE UNITED WAY OF CENTRAL INDIANA ACTS AS A FISCAL AGENT AS WELL AS AN EMPLOYEE AGENT FOR THE COALITION FOR HOMELESS INTERVENTION AND PREVENTION INCORPORATED, A 501(C)(3) ORGANIZATION.						
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	MAJORITY OF ENDOWED FUNDS ARE INTENDED FOR UNITED WAY OF CENTRAL INDIANA OPERATING AND FUNDRAISING EXPENSES SO THAT A LARGER PORTION OF OTHER DONOR DOLLARS CAN GO DIRECTLY TO FUND PROGRAMS. A SMALL PORTION OF ENDOWED FUNDS ARE INTENDED FOR SPECIFIC UNITED WAY OF CENTRAL INDIANA PROGRAMS.						
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>GUIDANCE ISSUED BY THE FASB REQUIRES UNITED WAY AND UWCI, LLC TO RECOGNIZE A TAX LIABILITY ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX LIABILITY THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX LIABILITY IS RECORDED. UNITED WAY AND UWCI, LLC HAVE EXAMINED THIS ISSUE AND HAVE DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES OR QUESTIONABLE TAX POSITIONS.</p> <p>UNITED WAY AND UWCI, LLC ARE NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2011. UNITED WAY AND UWCI, LLC DO NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX LIABILITIES TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. UNITED WAY AND UWCI, LLC RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. UNITED WAY AND UWCI, LLC DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2014 OR 2013.</p>						
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>FUNDRAISING EVENT EXPENSE</td> <td>54,770</td> </tr> </tbody> </table>	(a) Description	(b) Amount	FUNDRAISING EVENT EXPENSE	54,770		
(a) Description	(b) Amount							
FUNDRAISING EVENT EXPENSE	54,770							
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>NET DONOR DESIGNATED PLEDGES</td> <td>6,243,398</td> </tr> <tr> <td>PROVISION FOR UNCOLLECTABLE PLEDGES</td> <td>2,036,034</td> </tr> </tbody> </table>	(a) Description	(b) Amount	NET DONOR DESIGNATED PLEDGES	6,243,398	PROVISION FOR UNCOLLECTABLE PLEDGES	2,036,034
(a) Description	(b) Amount							
NET DONOR DESIGNATED PLEDGES	6,243,398							
PROVISION FOR UNCOLLECTABLE PLEDGES	2,036,034							
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>FUNDRAISING EVENT EXPENSE</td> <td>54,770</td> </tr> </tbody> </table>	(a) Description	(b) Amount	FUNDRAISING EVENT EXPENSE	54,770		
(a) Description	(b) Amount							
FUNDRAISING EVENT EXPENSE	54,770							
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>NET DONOR DESIGNATED PLEDGES</td> <td>6,243,398</td> </tr> </tbody> </table>	(a) Description	(b) Amount	NET DONOR DESIGNATED PLEDGES	6,243,398		
(a) Description	(b) Amount							
NET DONOR DESIGNATED PLEDGES	6,243,398							

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				0	0	0

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>OSCAR NIGHT</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	90,900			90,900
	2 Less: Contributions	51,650			51,650
	3 Gross income (line 1 minus line 2)	39,250	0	0	39,250
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages	37,119			37,119
	8 Entertainment	1,750			1,750
	9 Other direct expenses	15,901			15,901
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				54,770
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-15,520	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

35-1007590

UNITED WAY OF CENTRAL INDIANA, INC.

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WEST VIGO COUNTY COMMUNITY CENTER 127 W. JOHNSON ST., WEST TERRE HAUTE, IN 47885	35-1485844	501(C)3	5,240				GENERAL SUPPORT
(2) UNITED WAY OF GREATER KALAMAZOO 709 S. WESTNEDGE AVE., KALAMAZOO, MI 49007	38-1359193	501(C)3	5,260				GENERAL SUPPORT
(3) UNITED WAY OF BARTHOLOMEW COUNTY, INC. 1531 13TH ST., STE. 1100, COLUMBUS, IN 47201	35-1132860	501(C)3	5,312				GENERAL SUPPORT
(4) SPECIAL OLYMPICS OF INDIANA 6200 TECHNOLOGY CENTER DR., SUITE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)3	5,358				GENERAL SUPPORT
(5) MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD., NOBLESVILLE, IN 46060	35-1344488	501(C)3	5,398				GENERAL SUPPORT
(6) CALVARY TEMPLE CARING PLACE 2901 N. POST RD., INDIANAPOLIS, IN 46219	35-1181579	501(C)3	21,169				GENERAL SUPPORT
(7) INDY READS 2450 N. MERIDIAN ST., INDIANAPOLIS, IN 46206	31-1227489	501(C)3	5,555				GENERAL SUPPORT
(8) IPS-EDUCATION FOUNDATION 120 E. WALNUT ST., #114E, INDIANAPOLIS, IN 46204	31-1103966	501(C)3	5,808				GENERAL SUPPORT
(9) JOY'S HOUSE 2028 E. BROAD RIPPLE AVE., INDIANAPOLIS, IN 46220	35-0283290	501(C)3	5,810				GENERAL SUPPORT
(10) PROJECT HOME INDY P.O. BOX 683, INDIANAPOLIS, IN 46206	20-5045345	501(C)3	5,810				GENERAL SUPPORT
(11) AGAPE THERAPEUTIC RIDING CENTER PO BOX 207, CICERO, IN 46034-0207	31-1193132	501(C)3	5,921				GENERAL SUPPORT
(12) THE SALVATION ARMY 960 MAIN ST., BUFFALO, NY 14202	13-5562351	501(C)3	5,977				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 232

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

Part IV**Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>THE UNITED WAY HELPS THOSE WHO NEED HELP MOST THROUGH A NETWORK OF APPROVED (AFFILIATED) 501 (C)(3) ORGANIZATIONS. THE AGENCIES ARE SELECTED BASED UPON GEOGRAPHIC LOCATION, POPULATION SERVICES AND PROGRAMS OFFERED. UNITED WAY MONITORS EACH AGENCY'S PROGRAM OUTCOMES, GOVERNANCE, FINANCIAL OPERATIONS AND OTHER OPERATIONAL CRITERIA. VOLUNTEERS FORMALLY REVIEW CRITERIA WITH AGENCY VOLUNTEERS BI-ANNUALLY (OR ANNUALLY IF NEEDED).</p> <p>THE UNITED WAY ALSO PROVIDES ASSISTANCE TO INDIVIDUALS IN NEED. INDIVIDUALS SEEKING ASSISTANCE COMPLETE AN APPLICATION AND SUBMIT IT TO MULTI-SERVICE ENTITIES WORKING WITH THE UNITED WAY. CASE WORKERS REVIEW THE APPLICATIONS AND ASSISTANCE IS PROVIDED BASED ON CERTAIN QUALIFICATIONS. THE UNITED WAY MONITORS THE ASSISTANCE PROVIDED TO ENSURE THAT THE APPLICANTS DO NOT RECEIVE FUNDS MORE THAN ONCE.</p>

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) UNITED WAY OF FRANKLIN COUNTY, INC. (IN) 527 MAIN ST., #1, BROOKVILLE, IN 47012	35-1804947	501(C)3	5,981				GENERAL SUPPORT
(14) ST.VINCENT HOSPITAL FOUNDATION, INC. 8402 HARCOURT RD. #210, INDIANAPOLIS, IN 46260	35-6088862	501(C)3	5,990				GENERAL SUPPORT
(15) SAGAMORE INSTITUTE SGO 2902 NORTH MERIDIAN STREET, INDIANAPOLIS, IN 46208	20-1161578	501(C)3	6,000				GENERAL SUPPORT
(16) INDIANA UNIVERSITY-PURDUE UNIVERSITY INDIANA UNIV ACCTS RECEIVABLE, DEPT 78920, DETROIT, MI 48278-0920	35-6001673	501(C)3	6,063				GENERAL SUPPORT
(17) CAMPTOWN 7998 GEORGETOWN ROAD, SUITE 700, INDIANAPOLIS, IN 46268	35-1823496	501(C)3	6,114				GENERAL SUPPORT
(18) UNITED CATHOLIC APPEAL 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46203	35-1018460	501(C)3	6,160				GENERAL SUPPORT
(19) ICE SKATING CLUB OF INDIANAPOLIS 1040 3RD AVE SW, CARMEL, IN 46032	35-1434256	501(C)3	6,198				GENERAL SUPPORT
(20) LITTLE SISTERS OF THE POOR ST AUGUSTINES HOME, 2345 W 86TH ST, INDIANAPOLIS, IN 46260	35-1007734	501(C)3	6,300				GENERAL SUPPORT
(21) FORTUNE ACADEMY (FORMERLY HUTSON SCHOOL, INC.) 5626 LAWTON LOOP EAST DRIVE, INDIANAPOLIS, IN 46216-1013	35-2148108	501(C)3	6,481				GENERAL SUPPORT
(22) METHODIST HEALTH FOUNDATION 1800 N. CAPITOL AVE., INDIANAPOLIS, IN 46207-7168	35-6043086	501(C)3	6,560				GENERAL SUPPORT
(23) WOUNDED WARRIORS PROJECT (WWP) P.O. BOX 758516, TOPEKA, KS 66675	20-2370934	501(C)3	6,562				GENERAL SUPPORT
(24) INDIANA UNIVERSITY CENTER FOR URBAN POLICY, AND THE ENVIRONMENT, INDIANAPOLIS, IN 46204-1708	35-6001673	501(C)3	6,563				GENERAL SUPPORT
(25) STONE BELT ARC, INC 2815 E. 10TH ST., BLOOMINGTON, IN 47408	35-1059827	501(C)3	6,600				GENERAL SUPPORT
(26) HANCOCK COUNTY FOOD PANTRY, INC. 1810 E. MAIN, GREENFIELD, IN 46140	35-1923567	501(C)3	6,747				GENERAL SUPPORT
(27) CHILD CARE ANSWERS 615 N ALABAMA ST, STE 300, INDIANAPOLIS, IN 46204	35-0888763	501(C)3	6,814				GENERAL SUPPORT
(28) THE JACKSON GROUP 5804 CHURCHMAN BY PASS, INDIANAPOLIS, IN 46203	35-1901019	501(C)3	6,952				GENERAL SUPPORT
(29) UNITED WAY OF THE WABASH VALLEY,	35-1008531	501(C)3	6,976				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INC. 2901 OHIO BLVD., #215, TERRE HAUTE, IN 47803-2239							
(30) UNITED NEGRO COLLEGE FUND 1805 7TH ST NW, WASHINGTON, DC 20001	13-1624241	501(C)3	6,985				GENERAL SUPPORT
(31) GLOBAL IMPACT 66 CANAL CENTER PLAZA, #310, C/O RENEE ACOSTA, ALEXANDRIA, VA 22314	52-1273585	501(C)3	7,132				GENERAL SUPPORT
(32) HARRISON COLLEGE SCHOLARSHIP FOUNDATION 500 N. MERIDIAN STREET, SUITE 500, INDIANAPOLIS, IN 46204	46-0928614	501(C)3	7,278				GENERAL SUPPORT
(33) EDELWEISS EQUINE ASSISTED THERAPY CENTER INC. 531 W. 100 S., GREENFIELD, IN 46140	20-0577065	501(C)3	7,347				GENERAL SUPPORT
(34) THE O'CONNOR HOUSE PO BOX 1061, CARMEL, IN 46082-1061	20-5533460	501(C)3	7,400				GENERAL SUPPORT
(35) FUSE, INC. 1133 W MAIN ST STE E, GREENFIELD, IN 46140	35-2106430	501(C)3	7,513				GENERAL SUPPORT
(36) COMMUNITY HEALTH CHARITIES OF IN, INC. 941 E. 86TH STREET, SUTIE 100, INDIANAPOLIS, IN 46240-1842	51-0213521	501(C)3	8,210				GENERAL SUPPORT
(37) LUTHERAN DISABILITY MINISTRIES (LDM) 6720 RIDGEVIEW RD., ANDERSON, IN 46013	35-2040618	501(C)3	8,428				GENERAL SUPPORT
(38) BETHLEHEM HOUSE 130 E 30TH ST, INDIANAPOLIS, IN 46205	35-2119786	501(C)3	8,500				GENERAL SUPPORT
(39) THE LEUKEMIA & LYMPHOMA SOCIETY - INDIANA CHAPTER 941 E. 86TH ST., SUITE 100, INDIANAPOLIS, IN 46240	13-5644916	501(C)3	8,701				GENERAL SUPPORT
(40) FRANCISCAN ALLIANCE FOUNDATION, INC. 5255 E STOP 11 RD, STE 245, INDIANAPOLIS, IN 46237	35-1955283	501(C)3	9,000				GENERAL SUPPORT
(41) RIGHT TO LIFE OF INDIANAPOLIS 1060 E 86TH ST, STE 61-B, INDIANAPOLIS, IN 46240	23-7382771	501(C)3	9,000				GENERAL SUPPORT
(42) THE OAKS ACADEMY, INC. 2301 N PARK AVE, INDIANAPOLIS, IN 46205	35-2050595	501(C)3	9,000				GENERAL SUPPORT
(43) PREVAIL, INC. 1100 S. 9TH ST., #100, NOBLESVILLE, IN 46060-3745	35-1681864	501(C)3	9,083				GENERAL SUPPORT
(44) ST. JUDE CHILDRENS RESEARCH HOSPITAL - TN 501 ST. JUDE PL., MEMPHIS, TN 38105	62-0646012	501(C)3	9,375				GENERAL SUPPORT
(45) SHELBY COUNTY UNITED FUND FULLER CENTER, 126 N. HARRISON ST., SHELBYVILLE, IN 46176	35-0953458	501(C)3	9,472				GENERAL SUPPORT
(46) HEIFER PROJECT INTERNATIONAL 1 WORLD AVE., LITTLE ROCK, AR 72202	35-1019477	501(C)3	9,758				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) SHEPHERD'S GATE PANTRY FOOD & BABY SUPPLIES C/O ST. MARIA GORETTI PARISH, 17102 SPRINGMILL RD., WESTFIELD, IN 46074	35-1950891	501(C)3	9,886				GENERAL SUPPORT
(48) ALS ASSOCIATION - IN CHAPTER 6525 E 82ND ST., #115, INDIANAPOLIS, IN 46250	35-2029321	501(C)3	10,000				GENERAL SUPPORT
(49) UNITED WAY OF PUTNAM COUNTY 2 S. JACKSON ST., GREENCASTLE, IN 46135	35-6074100	501(C)3	10,121				GENERAL SUPPORT
(50) INDIANAPOLIS CHINESE COMMUNITY CENTER, INC. P.O. BOX 50914, INDIANAPOLIS, IN 46250	35-1961180	501(C)3	10,261				GENERAL SUPPORT
(51) CRISTEL HOUSE 10 W. MARKET ST., #1990, INDIANAPOLIS, IN 46204	35-2051932	501(C)3	10,450				GENERAL SUPPORT
(52) YOUNG LIFE OF INDIANAPOLIS 4631 LISBORN DRIVE, CARMEL, IN 46033	84-0385934	501(C)3	10,460				GENERAL SUPPORT
(53) ESKENAZI HEALTH FOUNDATION 1001 W. 10TH ST., OTT, 1ST FLOOR, INDIANAPOLIS, IN 46202	31-1132066	501(C)3	10,507				GENERAL SUPPORT
(54) MENTAL HEALTH AMERICA OF BOONE COUNTY 1122 N. LEBANON ST., #A, LEBANON, IN 46052	35-1078402	501(C)3	10,845				GENERAL SUPPORT
(55) JUVENILE DIABETES RESEARCH FOUNDATION 10401 N. MERIDIAN ST., SUITE 150, INDIANAPOLIS, IN 46290-0901	23-1907729	501(C)3	11,107				GENERAL SUPPORT
(56) OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 804 W. DIAMOND AVE., #210, GAITHERSBURG, MD 20878	23-7076021	501(C)3	11,240				GENERAL SUPPORT
(57) DAMAR SERVICES, INC. 6067 DECATUR BLVD., INDIANAPOLIS, IN 46241	35-1168048	501(C)3	11,401				GENERAL SUPPORT
(58) GOOD NEWS MINISTRIES 2716 E. WASHINGTON ST., INDIANAPOLIS, IN 46201	35-0999233	501(C)3	11,423				GENERAL SUPPORT
(59) FOOD FOR THE POOR, INC. 6401 LYONS RD., COCONUT CREEK, FL 33073	59-1274510	501(C)3	11,680				GENERAL SUPPORT
(60) GREENFIELD-CENTRAL SCHOOL CORPORATION 110 W. NORTH ST., GREENFIELD, IN 46140	35-1100181	501(C)3	11,700				GENERAL SUPPORT
(61) RILEY CHILDREN'S FOUNDATION RILEY CHILDREN'S FOUNDATION, 30 S. MERIDIAN STREET, SUITE 200, INDIANAPOLIS, IN 46204	35-0868147	501(C)3	11,710				GENERAL SUPPORT
(62) DRESS FOR SUCCESS INDIANAPOLIS, INC. 820 N. MERIDIAN ST., INDIANAPOLIS, IN 46204	35-2078412	501(C)3	11,727				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(63) UNITED WAY OF GREATER CINCINNATI 2400 READING RD., CINCINNATI, OH 45202-1478	31-0537502	501(C)3	11,731				GENERAL SUPPORT
(64) TRUSTED MENTORS, INC. 872 VIRGINIA AVE., INDIANAPOLIS, IN 46203	26-2661973	501(C)3	11,800				GENERAL SUPPORT
(65) TIMMY GLOBAL HEALTH, INC. 22 E. 22ND ST., INDIANAPOLIS, IN 46202	35-2012757	501(C)3	12,175				GENERAL SUPPORT
(66) DYSLEXIA INSTITUTE OF INDIANA, INC. 8395 KEYSTONE CROSSING, STE 102, INDIANAPOLIS, IN 46240	35-1780312	501(C)3	12,280				GENERAL SUPPORT
(67) MILLER TRANSPORTATION 111 OUTER LOOP, LOUISVILLE, KY 40214	61-1196769	501(C)3	12,375				GENERAL SUPPORT
(68) DAY STAR CHILD CARE 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	12,492				GENERAL SUPPORT
(69) UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY 1114 E. STATE ST., #200, LAFAYETTE, IN 47905	35-0891621	501(C)3	12,573				GENERAL SUPPORT
(70) PERRY SENIOR CITIZENS SERVICES 6901 DERBYSHIRE RD., INDIANAPOLIS, IN 46227	35-1416248	501(C)3	12,633				GENERAL SUPPORT
(71) LIFE CENTERS, INC. 8902 VINCENNES CIR SUITE A, INDIANAPOLIS, IN 46268-3019	31-1059740	501(C)3	12,921				GENERAL SUPPORT
(72) UNITED WAY OF JOHNSON COUNTY - SERVICE CATEGORY P.O. BOX 153, FRANKLIN, IN 46131	35-1082600	501(C)3	12,968				GENERAL SUPPORT
(73) CLAUDE MCNEAL PRODUCTIONS PO BOX 441130, INDIANAPOLIS, IN 46244-1130	26-0118022	501(C)3	13,000				GENERAL SUPPORT
(74) INDIANAPOLIS PARKS FOUNDATION 615 N ALABAMA ST, STE 119, INDIANAPOLIS, IN 46204	35-1860468	501(C)3	13,000				GENERAL SUPPORT
(75) THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION 2450 N MERIDIAN ST, INDIANAPOLIS, IN 46208	23-7016089	501(C)3	13,000				GENERAL SUPPORT
(76) AFRICAN COMMUNITY INTERNATIONAL, INC. (THE AFRICAN CENTER) 3737 N. MERIDAN ST., #507, INDIANAPOLIS, IN 46208	35-2136436	501(C)3	13,252				GENERAL SUPPORT
(77) FLETCHER PLACE COMMUNITY CENTER PO BOX 825, INDIANAPOLIS, IN 46206	35-1966882	501(C)3	25,455				GENERAL SUPPORT
(78) PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST., OAKLAND, CA 94607	94-3251867	501(C)3	13,500				GENERAL SUPPORT
(79) AMERICAN HEART ASSOCIATION, GREATER MIDWEST AFFILIATE 6100 W. 96TH ST., #200, INDIANAPOLIS, IN 46278	13-5613797	501(C)3	13,599				GENERAL SUPPORT
(80) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN, NO 200, CARMEL, IN 46032	35-0230360	501(C)3	14,250				GENERAL SUPPORT

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(81) THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST., INDIANAPOLIS, IN 46208	35-0867985	501(C)3	15,000				GENERAL SUPPORT
(82) OUTREACH, INC. 2822 E. NEW YORK ST., INDIANAPOLIS, IN 46201	35-1989358	501(C)3	15,669				GENERAL SUPPORT
(83) BOONE COUNTY CANCER SOCIETY 117 W. ELM ST., LEBANON, IN 46052	35-6044450	501(C)3	16,278				GENERAL SUPPORT
(84) SCHOOL ON WHEELS 2605 E. 62ND ST., SUITE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)3	16,506				GENERAL SUPPORT
(85) COLLEGE MENTORS FOR KIDS, INC. 212 W. 10TH ST., #B260, INDIANAPOLIS, IN 46202	35-2002052	501(C)3	16,958				GENERAL SUPPORT
(86) CATHOLIC RELIEF SERVICES (USCCB) 228 W. LEXINGTON ST., BALTIMORE, MD 21201	13-5563422	501(C)3	17,357				GENERAL SUPPORT
(87) SS PETER & PAUL CATHEDRAL 1347 N. MERIDIAN STREET, INDIANAPOLIS, IN 46202	35-0868029	501(C)3	17,500				GENERAL SUPPORT
(88) ALZHEIMER'S ASSOCIATION OF GREATER INDIA INDIANA CHAPTER 50 E. 91ST ST., #100, INDIANAPOLIS, IN 46240	35-1747836	501(C)3	17,717				GENERAL SUPPORT
(89) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD., INDIANAPOLIS, IN 46260-4120	35-0888017	501(C)3	17,792				GENERAL SUPPORT
(90) JEFFERSON COUNTY UNITED WAY P.O. BOX 193, MADISON, IN 47250	35-6006467	501(C)3	18,000				GENERAL SUPPORT
(91) PEACE LEARNING CENTER 6040 DELONG RD., INDIANAPOLIS, IN 46254	35-2067284	501(C)3	18,104				GENERAL SUPPORT
(92) PURDUE UNIVERSITY 403 WEST WOOD STREET, WEST LAFAYETTE, IN 47907	35-1052049	501(C)3	118,976				GENERAL SUPPORT
(93) AMERICAN DIABETES ASSN. - IN AFFILIATE 8604 ALLISONVILLE RD, STE., 140, INDIANAPOLIS, IN 46250-5541	13-1623888	501(C)3	19,329				GENERAL SUPPORT
(94) INDY CHAMBER FOUNDATION 111 MONUMENT CIRCLE, STE 1950, INDIANAPOLIS, IN 46204	35-6017715	501(C)3	20,000				GENERAL SUPPORT
(95) MENTAL HEALTH AMERICA OF HANCOCK COUNTY 312 E. MAIN STREET SUITE E, GREENFIELD, IN 46140	35-6071251	501(C)3	20,132				GENERAL SUPPORT
(96) CANCER SUPPORT COMMUNITY-CENTRAL INDIANA 5150 W. 71ST ST., INDIANAPOLIS, IN 46268	35-1902427	501(C)3	20,761				GENERAL SUPPORT
(97) TRAINING, INC. 901 SHELBY ST., INDIANAPOLIS, IN 46203	35-1318068	501(C)3	20,908				GENERAL SUPPORT
(98) RUTH LILLY HEALTH EDUCATION	31-1071836	501(C)3	22,000				GENERAL SUPPORT

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CENTER 2055 N. SENATE AVE, INDIANAPOLIS, IN 46202							
(99) RONALD MCDONALD HOUSE OF DURHAM 506 ALEXANDER AVE., DURHAM, NC 27705	56-1220376	501(C)3	22,100				GENERAL SUPPORT
(100) INDIANA CANINE ASSISTANT NETWORK NETWORK, INC. (ICAN) 5610 CRAWFORDSVILLE RD., SUITE 2101, INDIANAPOLIS, IN 46224-3787	35-2144155	501(C)3	23,523				GENERAL SUPPORT
(101) ARCHDIOCESE OF INDIANAPOLIS 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46202	35-1018460	501(C)3	24,702				GENERAL SUPPORT
(102) FRIENDS OF HOLLIDAY PARK 6363 SPRING MILL ROAD, INDIANAPOLIS, IN 46260	35-1816648	501(C)3	25,000				GENERAL SUPPORT
(103) REHABILITATION HOSPITAL OF IN-FOUNDATION 4141 SHORE DR., INDIANAPOLIS, IN 46254-2607	35-1932349	501(C)3	25,000				GENERAL SUPPORT
(104) SOCIETY OF ST. VINCENT DE PAUL 3001 E. 30TH STREET, INDIANAPOLIS, IN 46218	37-1507632	501(C)3	25,211				GENERAL SUPPORT
(105) INDIANAPOLIS ZOOLOGICAL SOCIETY 1200 W. WASHINGTON ST., P.O. BOX 22309, INDIANAPOLIS, IN 46222	35-1074747	501(C)3	25,584				GENERAL SUPPORT
(106) INDIANA REPERTORY THEATRE 140 W WASHINGTON ST., INDIANAPOLIS, IN 46204-3465	35-1186290	501(C)3	26,500				GENERAL SUPPORT
(107) BARBARA B. JORDAN YMCA 2039 E. MORGAN ST., MARTINSVILLE, IN 46151	35-2019312	501(C)3	27,750				GENERAL SUPPORT
(108) THE ENGLEWOOD CHRISTIAN CHURCH 57 NORTH RURAL STREET, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	28,865				GENERAL SUPPORT
(109) 100 BLACK MEN OF INDIANAPOLIS, INC. 3901 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1813852	501(C)3	28,919				GENERAL SUPPORT
(110) MEALS ON WHEELS OF HANCOCK COUNTY 1133 W MAIN ST., SUITE C, GREENFIELD, IN 46140	35-2117913	501(C)3	29,537				GENERAL SUPPORT
(111) PROGRESS HOUSE 201 SHELBY ST, INDIANAPOLIS, IN 46202	35-6042602	501(C)3	32,013				GENERAL SUPPORT
(112) HABITAT FOR HUMANITY OF GREATER INDPLS. 1011 E 22ND ST, INDIANAPOLIS, IN 46202	35-1715910	501(C)3	32,176				GENERAL SUPPORT
(113) DESERT ROSE FOUNDATION P.O. BOX 1754, MARTINSVILLE, IN 46151	35-2129035	501(C)3	32,333				GENERAL SUPPORT
(114) UNITED WAY OF MADISON COUNTY, INC. - IN 1201 E. 5TH ST., #1019, ANDERSON, IN 46012-3481	35-1052350	501(C)3	33,908				GENERAL SUPPORT

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(115) DAYSPRING CENTER P.O. BOX 44105, INDIANAPOLIS, IN 46244-0105	35-1618998	501(C)3	36,238				GENERAL SUPPORT
(116) THE MIND TRUST 1630 N. MERIDIAN ST. SUITE 330, INDIANAPOLIS, IN 46202	20-4560286	501(C)3	36,500				GENERAL SUPPORT
(117) PLANNED PARENTHOOD OF INDIANA 200 S. MERIDIAN ST., #400, INDIANAPOLIS, IN 46225	35-0874276	501(C)3	37,051				GENERAL SUPPORT
(118) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE., INDIANAPOLIS, IN 46241	35-1483868	501(C)3	37,066				GENERAL SUPPORT
(119) PROMISING FUTURES OF CENTRAL INDIANA 15530 HERRIMAN BLVD, NOBLESVILLE, IN 46060-4217	35-1305755	501(C)3	38,331				GENERAL SUPPORT
(120) ASSISTANCE LEAGUE OF INDIANAPOLIS OPERATION SCHOOL BELL 1475 W. 86TH ST., SUITE E, INDIANAPOLIS, IN 46260-2185	35-1635410	501(C)3	38,720				GENERAL SUPPORT
(121) ARC OF GREATER BOONE COUNTY (THE) 900 W. MAIN ST., LEBANON, IN 46052	35-1333698	501(C)3	39,289				GENERAL SUPPORT
(122) GENNESARET FREE CLINIC 615 N. ALABAMA ST., GROUND FLOOR, SUITE B, INDIANAPOLIS, IN 46204-1414	35-1776518	501(C)3	39,768				GENERAL SUPPORT
(123) YOUTH CONNECTIONS 460 N. MORTON ST., STE. A, P.O. BOX 115, FRANKLIN, IN 46131	31-0900601	501(C)3	41,738				GENERAL SUPPORT
(124) PATHWAY TO RECOVERY, INC. 2135 N. ALABAMA ST., INDIANAPOLIS, IN 46202	35-1820889	501(C)3	43,513				GENERAL SUPPORT
(125) TRINITY FREE CLINIC, INC. 1045 W. 146TH ST., SUITE B, CARMEL, IN 46032	35-2120420	501(C)3	47,382				GENERAL SUPPORT
(126) CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR. MARTIN LUTHER KING JR. ST., INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	48,943				GENERAL SUPPORT
(127) MCCOY INC. - MARION COUNTY COMMISSION ON YOUTH, INC. 3901 N. MERIDIAN ST., #201, INDIANAPOLIS, IN 46208	35-1900516	501(C)3	50,883				GENERAL SUPPORT
(128) THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNE RD., CARMEL, IN 46032	35-2121568	501(C)3	52,289				GENERAL SUPPORT
(129) MSD OF PIKE TOWNSHIP 6901 ZIONSVILLE RD, INDIANAPOLIS, IN 46268	35-6006872	501(C)3	62,838				GENERAL SUPPORT
(130) COBURN PLACE SAFE HAVEN 604 E. 38TH ST., INDIANAPOLIS, IN 46205-2747	37-1421922	501(C)3	64,577				GENERAL SUPPORT

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(131) HERITAGE PLACE OF INDIANAPOLIS, INC. 4550 N. ILLINOIS ST., INDIANAPOLIS, IN 46208	35-1436580	501(C)3	70,182				GENERAL SUPPORT
(132) CONNECTED BY 25 2625 N. MERIDIAN ST., #48, INDIANAPOLIS, IN 46208	45-5056874	501(C)3	70,255				GENERAL SUPPORT
(133) BOSMA ENTERPRISES 8020 ZIONSVILLE RD., INDIANAPOLIS, IN 46268	31-1246086	501(C)3	70,412				GENERAL SUPPORT
(134) KALEIDOSCOPE YOUTH CENTER 40 W. 40TH ST, INDIANAPOLIS, IN 46208-4002	35-1871411	501(C)3	72,543				GENERAL SUPPORT
(135) AYS, INC. 4755 KINGSWAY DR., #300, INDIANAPOLIS, IN 46205	31-0989270	501(C)3	72,898				GENERAL SUPPORT
(136) KIDS VOICE OF INDIANA, INC. 9150 HARRISON PARK CT., STE. C, INDIANAPOLIS, IN 46216	35-1656579	501(C)3	73,303				GENERAL SUPPORT
(137) MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR., STE. A, AVON, IN 46123	80-0878864	501(C)3	75,290				GENERAL SUPPORT
(138) STARFISH INITIATIVE 814 N. DELAWARE ST., INDIANAPOLIS, IN 46204-1127	56-2442758	501(C)3	76,565				GENERAL SUPPORT
(139) LEBANON AREA BOYS & GIRLS CLUB 403 W. MAIN ST., LEBANON, IN 46052	35-6041946	501(C)3	79,426				GENERAL SUPPORT
(140) SHEPHERD COMMUNITY CENTER 4107 E. WASHINGTON ST., INDIANAPOLIS, IN 46201	35-1765846	501(C)3	79,832				GENERAL SUPPORT
(141) JAMESON CAMP 2001 BRIDGEPORT RD., INDIANAPOLIS, IN 46231	35-1156756	501(C)3	82,004				GENERAL SUPPORT
(142) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR., LEBANON, IN 46052-8335	35-1445498	501(C)3	82,650				GENERAL SUPPORT
(143) BOYS & GIRLS CLUB OF ZIONSVILLE 1575 MULBERRY ST., ZIONSVILLE, IN 46077	35-1750659	501(C)3	94,149				GENERAL SUPPORT
(144) WHEELER MISSION MINISTRIES 205 E. NEW YORK ST., INDIANAPOLIS, IN 46204-2114	35-0888771	501(C)3	95,417				GENERAL SUPPORT
(145) MEALS ON WHEELS OF CENTRAL INDIANA 708 E. MICHIGAN, INDIANAPOLIS, IN 46204	35-1182075	501(C)3	97,043				GENERAL SUPPORT
(146) VISITING NURSE SERVICE 4701 N. KEYSTONE AVE., INDIANAPOLIS, IN 46205-1563	35-0868199	501(C)3	99,872				GENERAL SUPPORT
(147) BOYS & GIRLS CLUBS OF HANCOCK COUNTY 715 E. LINCOLN ST., GREENFIELD, IN 46140	35-0979327	501(C)3	101,918				GENERAL SUPPORT
(148) INDIANA YOUTH GROUP (IYG) 2943 E. 46TH ST., INDIANAPOLIS, IN 46220	35-1760451	501(C)3	104,674				GENERAL SUPPORT

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(149) HANCOCK COUNTY SENIOR SERVICES, INC. 1870 FIELDS BLVD., GREENFIELD, IN 46140-3029	31-0936007	501(C)3	104,874				GENERAL SUPPORT
(150) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER (INRC) 708 E. MICHIGAN ST., INDIANAPOLIS, IN 46202	35-1909230	501(C)3	105,499				GENERAL SUPPORT
(151) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N. MERIDIAN ST., #201, INDIANAPOLIS, IN 46208	35-1916572	501(C)3	108,228				GENERAL SUPPORT
(152) COMMUNITY SOLUTIONS, INC 1433 NORTH MERIDIAN STREET, SUITE 206, INDIANAPOLIS, IN 46202	35-2131142	501(C)3	110,804				GENERAL SUPPORT
(153) HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N. ALABAMA ST., GROUND FLOOR, SUITE C, INDIANAPOLIS, IN 46204	35-0942648	501(C)3	114,463				GENERAL SUPPORT
(154) INDIANA 211 PARTNERSHIP, INC. C/O LYNN ENGEL, 3901 N. MERIDIAN ST., #300, INDIANAPOLIS, IN 46208	35-2141347	501(C)3	115,160				GENERAL SUPPORT
(155) WELLSPRING CENTER 301 W. HARRISON ST., P.O. BOX 1083, MARTINSVILLE, IN 46151	31-1255091	501(C)3	120,346				GENERAL SUPPORT
(156) PACE, INC. (PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY) 2855 N. KEYSTONE AVE., #110, INDIANAPOLIS, IN 46218	35-1062235	501(C)3	124,526				GENERAL SUPPORT
(157) SOCIAL HEALTH ASSOCIATION OF INDIANA, INC. 615 N. ALABAMA ST., #228, INDIANAPOLIS, IN 46204	35-0869056	501(C)3	126,288				GENERAL SUPPORT
(158) INDIANA LEGAL SERVICES, INC. MARKET SQUARE CENTER, 151 N. DELAWARE STREET, SUITE 1850, INDIANAPOLIS, IN 46204-2534	35-6059654	501(C)3	129,126				GENERAL SUPPORT
(159) CATHOLIC YOUTH ORGANIZATION 580 E. STEVENS ST., INDIANAPOLIS, IN 46203-1781	35-0867983	501(C)3	133,018				GENERAL SUPPORT
(160) HENDRICKS COUNTY SENIOR SERVICES 1201 SYCAMORE LN., P.O. BOX 448, DANVILLE, IN 46122	35-1445497	501(C)3	143,123				GENERAL SUPPORT
(161) THE VILLAGES 3833 N. MERIDIAN ST., #101, INDIANAPOLIS, IN 46208	35-1708240	501(C)3	144,972				GENERAL SUPPORT
(162) FATHERS AND FAMILIES CENTER 2835 N. ILLINOIS ST., INDIANAPOLIS, IN 46208-4705	35-2069047	501(C)3	151,406				GENERAL SUPPORT
(163) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE. SW, CARMEL, IN 46032	35-1411017	501(C)3	151,934				GENERAL SUPPORT
(164) INDIANA UNIVERSITY FOUNDATION	35-6018940	501(C)3	155,123				GENERAL SUPPORT

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P.O. BOX 500, BLOOMINGTON, IN 47402							
(165) SYCAMORE SERVICES, INC. 1001 SYCAMORE LN., P.O. BOX 369, DANVILLE, IN 46122-1474	35-1064235	501(C)3	156,060				GENERAL SUPPORT
(166) ALTERNATIVES INCORPORATED P.O. BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	157,930				GENERAL SUPPORT
(167) JCC INDIANAPOLIS ARTHURMGLICK JEWISH COMM CTR, 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)3	158,468				GENERAL SUPPORT
(168) MSD OF LAWRENCE TOWNSHIP 6501 SUNNYSIDE RD, INDIANAPOLIS, IN 46236	35-6006802	501(C)3	163,201				GENERAL SUPPORT
(169) AUNTIE MAME'S CHILD DEVELOPMENT CENTER, INC. 3120 N. EMERSON AVE., INDIANAPOLIS, IN 46218	35-1183697	501(C)3	163,255				GENERAL SUPPORT
(170) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST., NOBLESVILLE, IN 46060	35-1054426	501(C)3	171,124				GENERAL SUPPORT
(171) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W. 71ST ST., INDIANAPOLIS, IN 46268- 2239	35-1738809	501(C)3	174,669				GENERAL SUPPORT
(172) THE DAMIEN CENTER, INC. 26 N. ARSENAL AVE., INDIANAPOLIS, IN 46201	35-1711878	501(C)3	182,040				GENERAL SUPPORT
(173) REACH FOR YOUTH, INC. 3505 WASHINGTON BLVD., INDIANAPOLIS, IN 46205-3718	23-7456842	501(C)3	195,080				GENERAL SUPPORT
(174) UNITED WAY OF JOHNSON COUNTY P.O. BOX 153, FRANKLIN, IN 46131	35-1082600	501(C)3	199,601				GENERAL SUPPORT
(175) MARTIN CENTER SICKLE CELL INITIATIVE 3549 N. COLLEGE AVE., INDIANAPOLIS, IN 46205	23-7058960	501(C)3	209,479				GENERAL SUPPORT
(176) LEARNING WELL 429 E. VERMONT, #300, INDIANAPOLIS, IN 46202	36-4509221	501(C)3	227,320				GENERAL SUPPORT
(177) SHELTERING WINGS P.O. BOX 92, DANVILLE, IN 46122	35-2077713	501(C)3	238,092				GENERAL SUPPORT
(178) CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N. TREMONT ST., INDIANAPOLIS, IN 46222	35-0885588	501(C)3	252,905				GENERAL SUPPORT
(179) COMMUNITY ALLIANCE OF THE FAR EASTSIDE, INC. (CAFE) 8902 E. 38TH ST., INDIANAPOLIS, IN 46226	35-2018453	501(C)3	248,188				GENERAL SUPPORT
(180) TANGRAM 5155 PENNWOOD DR., INDIANAPOLIS, IN 46205	35-1661813	501(C)3	252,057				GENERAL SUPPORT
(181) CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST., INDIANAPOLIS, IN 46225	35-0817149	501(C)3	260,423				GENERAL SUPPORT

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(182) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR MARTIN LUTHER KING, JR, INDIANAPOLIS, IN 46208	35-0942628	501(C)3	267,950				GENERAL SUPPORT
(183) EDNA MARTIN CHRISTIAN CENTER, INC. 2605 E. 25TH ST., P.O. BOX 18388, INDIANAPOLIS, IN 46218	35-1072577	501(C)3	272,039				GENERAL SUPPORT
(184) LA PLAZA 8902 E. 38TH ST., INDIANAPOLIS, IN 46226	30-0029575	501(C)3	279,117				GENERAL SUPPORT
(185) CHILD ADVOCATES, INC. 8200 HAVERSTICK RD., #240, INDIANAPOLIS, IN 46240	35-1788240	501(C)3	279,290				GENERAL SUPPORT
(186) MARTIN LUTHER KING COMMUNITY CENTER 40 W. 40TH ST., INDIANAPOLIS, IN 46208	23-7415846	501(C)3	291,517				GENERAL SUPPORT
(187) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST., INDIANAPOLIS, IN 46208	35-1337205	501(C)3	297,926				GENERAL SUPPORT
(188) AMERICAN CANCER SOCIETY, LAKESHORE DIVISION - CENTRAL INDIANA 5635 W. 96TH ST., #100, INDIANAPOLIS, IN 46278	13-1788491	501(C)3	307,485				GENERAL SUPPORT
(189) COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION (CHIP) 3737 N. MERIDIAN ST., STE. 504, INDIANAPOLIS, IN 46208	31-1254018	501(C)3	307,548				GENERAL SUPPORT
(190) HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST., INDIANAPOLIS, IN 46222	35-0874274	501(C)3	390,157				GENERAL SUPPORT
(191) SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE., INDIANAPOLIS, IN 46202	35-1484281	501(C)3	315,990				GENERAL SUPPORT
(192) MENTAL HEALTH AMERICA OF GREATER INDIANAPOLIS 301 E. 38TH ST., INDIANAPOLIS, IN 46205-1542	35-0928128	501(C)3	319,602				GENERAL SUPPORT
(193) SOUTHEAST COMMUNITY SERVICES, INC. 901 SHELBY ST., INDIANAPOLIS, IN 46203	35-1318068	501(C)3	329,302				GENERAL SUPPORT
(194) GIRL SCOUTS OF CENTRAL INDIANA, INC. 2611 WATERFRONT PKWY., E. DR., #100, INDIANAPOLIS, IN 46214	35-0876381	501(C)3	337,427				GENERAL SUPPORT
(195) INDIANAPOLIS URBAN LEAGUE (IUL) SAM H. JONES CTR., 777 INDIANA AVE., INDIANAPOLIS, IN 46202	35-6060655	501(C)3	344,418				GENERAL SUPPORT
(196) FAIRBANKS 8102 CLEARVISTA PKWY., INDIANAPOLIS, IN 46256-4698	35-0811197	501(C)3	354,201				GENERAL SUPPORT
(197) HOMELESS INITIATIVE PROGRAM - HEALTHNET INC. 1835 N. MERIDIAN ST., INDIANAPOLIS, IN 46202	35-1579827	501(C)3	357,879				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(198) LEGAL AID SOCIETY, INC. - INDIANAPOLIS 615 N. ALABAMA ST., #122, INDIANAPOLIS, IN 46204	35-1045153	501(C)3	393,651				GENERAL SUPPORT
(199) VOLUNTEERS OF AMERICA OF INDIANA 927 N. PENNSYLVANIA ST., INDIANAPOLIS, IN 46204	35-1914815	501(C)3	403,985				GENERAL SUPPORT
(200) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC. 1635 W. MICHIGAN ST., INDIANAPOLIS, IN 46222	35-0893506	501(C)3	406,535				GENERAL SUPPORT
(201) FOREST MANOR MULTI-SERVICE CENTER, INC. 5603 E. 38TH ST., INDIANAPOLIS, IN 46218	35-1420208	501(C)3	408,421				GENERAL SUPPORT
(202) MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST., INDIANAPOLIS, IN 46221-1539	35-0868954	501(C)3	427,324				GENERAL SUPPORT
(203) BOARD OF SCHOOL COMMISSIONERS INDIANAPOLIS PUBLIC SCHOOLS, 120 E WALNUT ST, INDIANAPOLIS, IN 46204	35-6002486	501(C)3	504,691				GENERAL SUPPORT
(204) LUTHERAN CHILD & FAMILY SERVICES OF IN, INC. 1525 N. RITTER AVE., INDIANAPOLIS, IN 46219	35-0868123	501(C)3	476,381				GENERAL SUPPORT
(205) ST. MARY'S CHILD CENTER THOMPSON BUILDING, 901 DR. MARTIN LUTHER KING, JR. ST., INDIANAPOLIS, IN 46202	35-1141484	501(C)3	515,942				GENERAL SUPPORT
(206) NOBLE 7701 E. 21ST ST., INDIANAPOLIS, IN 46219	35-0924720	501(C)3	547,682				GENERAL SUPPORT
(207) HORIZON HOUSE 1033 E. WASHINGTON ST., INDIANAPOLIS, IN 46202	35-1759503	501(C)3	559,214				GENERAL SUPPORT
(208) LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST., INDIANAPOLIS, IN 46202-1411	35-0914096	501(C)3	575,783				GENERAL SUPPORT
(209) THE JULIAN CENTER, INC. ADMIN OFFS EMPWMNT COUNSEL CNTR, 2011 N MERIDIAN, INDIANAPOLIS, IN 46202-1305	35-1346514	501(C)3	593,042				GENERAL SUPPORT
(210) JOHN H. BONER COMMUNITY CENTER 2236 E. 10TH ST., INDIANAPOLIS, IN 46201	23-7204495	501(C)3	598,045				GENERAL SUPPORT
(211) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST., #150, INDIANAPOLIS, IN 46208-4715	35-1323831	501(C)3	606,204				GENERAL SUPPORT
(212) CONNECT2HELP 3901 N. MERIDIAN ST., #300, INDIANAPOLIS, IN 46208	31-1216792	501(C)3	731,755				GENERAL SUPPORT
(213) THE SALVATION ARMY 3100 N. MERIDIAN ST., INDIANAPOLIS, IN 46208	36-2167910	501(C)3	742,537				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(214) CROSSROADS OF AMERICA COUNCIL C/O CROSSROADS OF AMERICA COUNCIL, 7125 FALL CREEK RD N, INDIANAPOLIS, IN 46256	35-6213983	501(C)3	802,383				GENERAL SUPPORT
(215) CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46202	45-1745384	501(C)3	772,626				GENERAL SUPPORT
(216) CHILDREN'S BUREAU, INC. GENE GLICK FAMILY SUPPRT CNTR, 1575 DR MARTIN LUTHER KING JR, INDIANAPOLIS, IN 46202	35-1061264	501(C)3	886,258				GENERAL SUPPORT
(217) HVAF OF INDIANA, INC. 964 N. PENNSYLVANIA ST., INDIANAPOLIS, IN 46204	35-1890547	501(C)3	890,257				GENERAL SUPPORT
(218) YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST., #200, INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	931,494				GENERAL SUPPORT
(219) EASTER SEALS CROSSROADS 4740 KINGSWAY DR., INDIANAPOLIS, IN 46205	35-0869058	501(C)3	992,527				GENERAL SUPPORT
(220) FAMILIES FIRST 615 N. ALABAMA ST., #320, INDIANAPOLIS, IN 46204-1481	35-0877572	501(C)3	1,156,964				GENERAL SUPPORT
(221) EARLY LEARNING INDIANA 615 N. ALABAMA ST., #300, INDIANAPOLIS, IN 46204	35-0888763	501(C)3	1,177,101				GENERAL SUPPORT
(222) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S. KEYSTONE AVE., #200, INDIANAPOLIS, IN 46227	35-0888754	501(C)3	1,230,260				GENERAL SUPPORT
(223) AMERICAN RED CROSS OF GREATER INDIANAPOLIS 441 EAST 10TH ST., INDIANAPOLIS, IN 46202- 3388	53-0196605	501(C)3	1,263,827				GENERAL SUPPORT
(224) BETHEL UNITED METHODIST CHURCH 5252 W 52ND ST, INDIANAPOLIS, IN 46254	35-6006778	501(C)3	47,742				GENERAL SUPPORT
(225) SPEEDWAY UNITED METHODIST CHURCH 5065 W 16TH ST, INDIANAPOLIS, IN 46224	35-2078266	501(C)3	57,986				GENERAL SUPPORT
(226) SOUTHPORT UNITED METHODIST CHURCH 1947 E SOUTHPORT RD, INDIANAPOLIS, IN 46227	35-1086543	501(C)3	66,000				GENERAL SUPPORT
(227) CHURCH OF ACTS 3740 S DEARBORN ST, INDIANAPOLIS, IN 46237	62-1463957	501(C)3	18,451				GENERAL SUPPORT
(228) TRINITY LUTHERAN SCHOOL 8540 E 16TH ST, INDIANAPOLIS, IN 46219	35-1873159	501(C)3	60,135				GENERAL SUPPORT
(229) LEBANON PRESBYTERIAN CHURCH 128 E MAIN ST, LEBANON, IN 46052	35-6005896	501(C)3	54,000				GENERAL SUPPORT
(230) UNIVERSITY HEIGHTS UNITED METHODIST CHURCH 4002 OTTERBEIN AVE, INDIANAPOLIS, IN 46227	35-0985956	501(C)3	70,881				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
⁽²³¹⁾ NEW PALESTINE UNITED METHODIST CHURCH PO BOX 377, NEW PALESTINE, IN 46163	35-1532874	501(C)3	63,853				GENERAL SUPPORT
⁽²³²⁾ SOUTHMINSTER PRESBYTERIAN CHURCH 9950 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46239	35-1157652	501(C)3	138,834				GENERAL SUPPORT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

35-1007590

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANN D. MURTLow, PRESIDENT & CEO	(i)	167,133	0	212	0	12,470	179,815	0
	(ii)	0	0	0	0	0	0	0
2 DALE DEPOY, SR. VP OF OPERATIONS	(i)	150,972	0	3,048	29,515	21,876	205,411	0
	(ii)	0	0	0	0	0	0	0
3 JAY GESHAy, SR. VP OF COMMUNITY PLANNING AND STRATEGIC INITIATIVES	(i)	134,337	0	552	23,690	25,589	184,168	0
	(ii)	0	0	0	0	0	0	0
4 ANGELA DABNEY, SR. VP OF RESOURCE DEVELOPMENT	(i)	139,333	6,279	1,645	26,777	25,947	199,981	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$	0					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANTHEM BLUE CROSS BLUE SHIELD	UWCI BOARD MEMBER ROBERT HILMAN IS PRESIDENT OF ANTHEM BLUE CROSS BLUE SHIELD	1,119,276	HEALTH INSURANCE PROVIDER		✓
(2) PERFECT IMPRESSIONS PRINTING	UWCI BOARD MEMBER TIMOTHY SMITH IS PRESIDENT OF PERFECT IMPRESSIONS PRINTING	229,873	PRINTING AND OFFICE SERVICES		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	152	2,095,239	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II

Supplemental Information Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS RECEIVED

Supplemental Information to Form 990 or 990-EZ

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

2013

Open to Public Inspection

Name of the Organization
UNITED WAY OF CENTRAL INDIANA, INC.

Employer Identification Number
35-1007590

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$ 759,675 INCLUDING GRANTS OF \$ 759,675)(REVENUE \$ 253) THE UNITED WAY OF CENTRAL INDIANA, INC. ADDRESSES TODAY'S MOST CRITICAL NEEDS THROUGH DISTRIBUTION OF FUNDS ON BEHALF OF SPECIFIC INDIVIDUALS. THE ORGANIZATION ASSISTED 22,218 INDIVIDUALS WITH HOLIDAY ASSISTANCE, AND 751 HOUSEHOLDS WITH UTILITY ASSISTANCE DURING THE WINTER MONTHS
FORM 990, PART VI, SEC A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL, FROM TIME TO TIME, CONSIST OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS: THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST BOARD CHAIR, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES (FINANCE, AUDIT, INVESTMENT & ENDOWMENT, GOVERNANCE, AND OTHER STANDING COMMITTEES AS DETERMINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS BY RESOLUTION), THE CAMPAIGN CHAIR, AND FIVE (5) AT-LARGE MEMBERS SELECTED IN ACCORDANCE WITH ARTICLE I, SECTION 3, OF THESE BYLAWS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL SERVE ON THE EXECUTIVE COMMITTEE WITH FULL VOTING RIGHTS. THE BOARD CHAIR SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ACT AS THE SECRETARY OF THE EXECUTIVE COMMITTEE. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND SUBJECT TO SUCH LIMITATIONS AS MAY BE IMPOSED BY LAW, THE ARTICLES OF INCORPORATION, OR THIS CODE OF BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, EXCEPT THAT NO ACTION SHALL BE TAKEN WHICH SHALL CONFLICT WITH THE EXPRESS POLICIES OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SEC A, LINE 2	FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	MARK RATEKIN AND STEVEN WALKER - BUSINESS RELATIONSHIP MICHAEL BECHER AND JEAN WOJTOWICZ - BUSINESS RELATIONSHIP JONATHON KROEHLER AND ROBERT BALLARD - BUSINESS RELATIONSHIP JAMES IRSAY AND KALEN IRSAY - FAMILY RELATIONSHIP
FORM 990, PART VI, SEC A, LINE 4	SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	UNITED WAY OF CENTRAL INDIANA'S BOARD OF DIRECTORS APPROVED A NUMBER OF AMENDMENTS TO THE BYLAWS DURING THE FISCAL YEAR, WITH THE GOAL BEING TO SIMPLIFY AND STRENGTHEN THE GOVERNANCE OF THE ORGANIZATION. THE MOST SIGNIFICANT CHANGES WERE: REALIGNMENT OF TERMS OF OFFICE WITH THE FISCAL YEAR, ELIMINATION OF "LIFE DIRECTORS", GIVING FULL VOTING POWER TO THE PRESIDENT AND CEO AS EX-OFFICIO MEMBER OF THE BOARD AND EXECUTIVE COMMITTEE, INCREASING THE MINIMUM NUMBER OF VOTES NEEDED TO CONSTITUTE BOARD ACTION, DECREASING THE NUMBER OF STANDING COMMITTEES LISTED IN THE BYLAWS BUT GIVING FLEXIBILITY FOR THE BOARD TO ESTABLISH ADDITIONAL STANDING COMMITTEES BY RESOLUTION, GIVING FLEXIBILITY FOR A STANDING COMMITTEE CHAIR TO MAKE MID-YEAR CHANGES IN COMMITTEE COMPOSITION CONSISTENT WITH COMMITTEE CHARGE, ADDING AN ANNUAL REPORTING REQUIREMENT BY ALL STANDING AND SPECIAL COMMITTEES TO THE EXECUTIVE COMMITTEE, REQUIRING THAT THE GOVERNANCE COMMITTEE BE COMPRISED OF EXCLUSIVELY BOARD MEMBERS, AND ADDING MORE DETAIL REGARDING THE PROCESS FOR AMENDING THE BYLAWS.
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE CHAIR OF THE AUDIT COMMITTEE PRESENTED FORM 990 INFORMATION TO THE BOARD OF DIRECTORS ON OCTOBER 22, 2014. THE FORM WAS ELECTRONICALLY PROVIDED TO EACH BOARD MEMBER BEFORE THE MEETING AND HARD COPIES OF THE RETURN AND PRESENTATION WERE ALSO AVAILABLE AT THE MEETING. A REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM WAS ALSO PRESENT AT THE BOARD MEETING.
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	UNITED WAY OF CENTRAL INDIANA (UWCI) REQUIRES ALL BOARD MEMBERS, MEMBERS OF KEY COMMITTEES, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRES ARE REVIEWED BY THE CFO AND ANY CONFLICTS DISCLOSED IN THE QUESTIONNAIRES ARE REPORTED TO THE AUDIT COMMITTEE FOR EVALUATION AND TO DETERMINE IF THERE ARE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. UWCI ALSO HAS ESTABLISHED AN ETHICS OFFICER. THE ETHICS OFFICER IS A MEMBER OF THE BOARD OF DIRECTORS AND ADDRESSES ANY ETHIC CONCERNS THAT MAY ARISE. THE CFO, AUDIT COMMITTEE CHAIR, AND ETHICS OFFICER MONITOR CONFLICT COMPLIANCE DURING THE YEAR TO ASSURE BOARD MEMBERS WITH ANY POTENTIAL CONFLICTS REFRAIN FROM VOTING OR INFLUENCING ANY DELIBERATION PROCESS. FINALLY, EACH COMMITTEE/BOARD MEETING HAS A FORMAL AGENDA AND EACH MEETING BEGINS WITH A REVIEW OF THE AGENDA AND A REQUEST BY THE COMMITTEE CHAIR FOR ANY DECLARATION OF CONFLICT FROM COMMITTEE MEMBERS ATTENDING.
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT	AN EXECUTIVE COMPENSATION/EVALUATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE PERFORMANCE OF THE PRESIDENT AND TO ESTABLISH ANNUAL COMPENSATION ADJUSTMENTS. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY

Return Reference	Identifier	Explanation						
	OFFICIAL	<p>OF AMERICA AND OTHER RELEVANT BENCHMARKS, ARE USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES.</p> <p>UWCI'S PRESIDENT AND CEO WAS HIRED IN APRIL OF 2013, AT WHICH TIME A SALARY EVALUATION WAS PERFORMED BY THE BOARD ESTABLISHED SEARCH COMMITTEE AS PART OF THE CEO SELECTION PROCESS. IN ADDITION, AN INDEPENDENT COMPENSATION STUDY WAS CONDUCTED FOR THE PRESIDENT AND CEO ALONG WITH OTHER EXECUTIVES IN 2014 SHORTLY AFTER THE END OF THE FISCAL YEAR.</p>						
FORM 990, PART VI, SEC B, 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 & CFO. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, IS USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. THE REVIEW PROCESS FOR THIS POSITION LAST TOOK PLACE IN 2012 AND AGAIN IN 2014 AFTER JUNE 30.						
FORM 990, PART IX, LINE 25	OVERHEAD	<p>OVERHEAD EXPENSES ARE FUNDED BY:</p> <ul style="list-style-type: none"> - INVESTMENT EARNINGS ON UNRESTRICTED FUNDS - GRANT ADMINISTRATION FEES - DONOR DESIGNATIONS ADMINISTRATION FEES - AN ALLOCATION FROM AN ENDOWED OPERATING FUND; - ANNUAL CAMPAIGN CONTRIBUTIONS. <p>THESE OTHER REVENUES ALLOWED UWCI TO LIMIT THE PERCENTAGE OF DONOR DOLLARS FROM CAMPAIGN CONTRIBUTIONS USED TO FUND OVERHEAD TO 11.7% IN 2014.</p>						
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH OUR OWN WEBSITE.						
FORM 990, PART VIII, LINE 1F	CAMPAIGN CONTRIBUTIONS	CONTRIBUTIONS RECORDED ON PART VIII, LINE 1F INCLUDE GROSS CAMPAIGN CONTRIBUTIONS OF \$41,742,699. THE ESTIMATED AMOUNT OF UNCOLLECTIBLE PLEDGES FOR THE YEAR IS \$2,688,666. DONOR DESIGNATIONS ARE PAID AS PLEDGES ARE COLLECTED, SO THIS ESTIMATE INCLUDES A PRO-RATA PORTION RELATED TO DONOR DESIGNATED PLEDGES.						
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>UNRECOGNIZED PENSION GAIN</td> <td>136,383</td> </tr> <tr> <td>PROVISION FOR UNCOLLECTIBLE PLEDGES</td> <td>- 2,036,034</td> </tr> </tbody> </table>	(a) Description	(b) Amount	UNRECOGNIZED PENSION GAIN	136,383	PROVISION FOR UNCOLLECTIBLE PLEDGES	- 2,036,034
(a) Description	(b) Amount							
UNRECOGNIZED PENSION GAIN	136,383							
PROVISION FOR UNCOLLECTIBLE PLEDGES	- 2,036,034							

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

35-1007590

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNITED WAY OF CENTRAL INDIANA, LLC (03-5087427) P.O. BOX 88409, INDIANAPOLIS, IN 46208	PROPERTY HOLDING CO.	DE	0	0	UNITED WAY OF CENTRAL INDIANA, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PERPETUAL TRUST (1) N/A, N/A,	INVESTMENTS	NY	N/A	TRUST					
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													