

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

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

C Name of organization UNITED WAY OF CENTRAL INDIANA, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
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 \$ 193,926,150

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>82</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>81</u>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	<u>211</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>20,854</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>62,749,561</u>	<u>61,365,524</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,150,874</u>	<u>928,660</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>4,979,233</u>	<u>6,536,662</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>(166,604)</u>	<u>26,764</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>68,713,064</u>	<u>68,857,610</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>35,663,934</u>	<u>43,825,460</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>7,860,842</u>	<u>8,987,282</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,949,884</u>	<u>0</u>	<u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>7,115,880</u>	<u>6,605,908</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>50,640,656</u>	<u>59,418,650</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>18,072,408</u>	<u>9,438,960</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>162,495,958</u>	<u>168,084,429</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>8,606,072</u>	<u>11,006,030</u>
		<u>153,889,886</u>	<u>157,078,399</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 RACHEL SPURLOCK Preparer's signature Rachel Spurlock Date 11/11/2015 Check if self-employed PTIN 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 \$ 40,391,447 including grants of \$ 39,021,485) (Revenue \$ 840,846)

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 91 AFFILIATED AND 1,174 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 \$ 6,251,317 including grants of \$ 4,229,509) (Revenue \$ 7,581)

UNITED WAY OF CENTRAL INDIANA FOCUSES ON EDUCATION BECAUSE IT IS THE BEST PATH OUT OF POVERTY. IN 2014, WE ACHIEVED MANY MILESTONES IN OUR RTL/E (OR OUR EDUCATION) WORK. 72 CHILD CARE SITES REACHED LEVEL 1 OR HIGHER IN THE PATHS TO QUALITY (PTQ) RATING SYSTEM. 5,391 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 21 SCHOOLS TO HELP REMOVE THE BARRIERS TO LEARNING, DIRECTLY IMPACTING 2,700 STUDENTS.

4c (Code:) (Expenses \$ 3,629,830 including grants of \$ 0) (Revenue \$ 188,108)

OTHER PROGRAM SERVICES INCLUDE ASSESSING COMMUNITY NEEDS, HUMAN SERVICES PLANNING AND RESEARCH, PUBLIC POLICY ADVOCAY, AND VOLUNTEER (YOUTH AND ADULT) TRAINING & DEVELOPMENT. THE NONPROFIT TRAINING CENTER HELPS NONPROFIT ORGANIZATIONS 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 VOLUNTEERS 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'S 91 AGENCIES ACCOUNTABLE AND ENGAGE THE COMMUNITY THROUGH VOLUNTEER EVALUATORS.

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

(Expenses \$ 574,466 including grants of \$ 574,466) (Revenue \$ 12,097)

4e Total program service expenses ▶ 50,847,060

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	117		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	211		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		✓	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓	
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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"/>
7b	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:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	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"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	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"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 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, address, and telephone number of the person who possesses the organization's books and records: ►
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 MURTLow PRESIDENT, CEO & DIRECTOR	50	✓		✓				242,842	0	32,502
(2) STEVEN F. WALKER CHAIRMAN	1	✓		✓				0	0	0
(3) CONNIE BOND STUART CHAIR-ELECT	1	✓		✓				0	0	0
(4) DEBORAH J. DANIELS DIRECTOR	1	✓		✓				0	0	0
(5) MARIA M. QUINTANA SECRETARY	1	✓		✓				0	0	0
(6) JOSHUA W. ABEL DIRECTOR (PARTIAL YEAR)	1	✓						0	0	0
(7) GREG SCHENKEL DIRECTOR (PARTIAL YEAR)	1	✓						0	0	0
(8) JEAN RICHCREEK DIRECTOR (PARTIAL YEAR)	1	✓						0	0	0
(9) SHELLY LANGONA DIRECTOR (PARTIAL YEAR)	1	✓						0	0	0
(10) ROBERT L MANUEL DIRECTOR (PARTIAL YEAR)	1	✓						0	0	0
(11) DOUG F. ESAMANN DIRECTOR	1	✓						0	0	0
(12) FREDERICK J. CRAWFORD TREASURER	1	✓						0	0	0
(13) JOHN MCLAUGHLIN DIRECTOR	1	✓						0	0	0
(14) CHRISTOPHER J. MCKEE 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) BETSY BIKOFF DIRECTOR	1	✓						0	0	0
(16) SUE A. BACK, CPA DIRECTOR	1	✓						0	0	0
(17) ROBERT C. BALLARD DIRECTOR	1	✓						0	0	0
(18) ROBERT S. POTTS DIRECTOR	1	✓						0	0	0
(19) SUSAN MAHONY, PH.D. DIRECTOR	1	✓						0	0	0
(20) LIZ TATE DIRECTOR	1	✓						0	0	0
(21) CHARLES R. BANTZ DIRECTOR	1	✓						0	0	0
(22) KATIE HAMMER DIRECTOR	1	✓						0	0	0
(23) ANDIE R. FRIEDMAN DIRECTOR	1	✓						0	0	0
(24) PONCE D. TIDWELL, JR. DIRECTOR	1	✓						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								242,842	0	32,502
c Total from continuation sheets to Part VII, Section A								981,103	0	138,807
d Total (add lines 1b and 1c)								1,223,945	0	171,309

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 **▶ 11**

	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>		✓
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>	✓	
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>		✓

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	501,513
UPIC SOLUTIONS, 2146 CHAMBER CENTER DRIVE, FT MITCHELL, KY 41017	IT SERVICES	383,146
ECHOPOINT MEDIA, 407 N FULTON ST, INDIANAPOLIS, IN 46202	ADVERTISING	377,732
PERFECT IMPRESSIONS, 3901 N MERIDIAN ST, STE 15, INDIANAPOLIS, IN 46202	PRINTING/OFFICE SERVICES	314,011
STRATUS LIVE, LLC, 6465 COLLEGE PARK SQUARE, 400, VIRGINIA BEACH, VA 23464	SOFTWARE/CONSULTING	155,870

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 **▶ 10**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	69,750				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	4,443,819				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	56,851,955				
	g Noncash contributions included in lines 1a-1f: \$		2,625,619				
	h Total. Add lines 1a-1f		61,365,524				
	Program Service Revenue	Business Code					
2a DONOR DESIGNATION FEES		900099	541,651	541,651			
b GRANT ADMINISTRATION		900099	298,501	298,501			
c NONPROFIT TRAINING		900099	88,508	88,508			
d _____							
e _____							
f All other program service revenue .			0	0	0	0	
g Total. Add lines 2a-2f		928,660					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,201,096			2,201,096	
	4 Income from investment of tax-exempt bond proceeds		0	0			
	5 Royalties		0	0			
	6a Gross rents	(i) Real	341,324				
		(ii) Personal					
		b Less: rental expenses	424,086				
		c Rental income or (loss)	(82,762)	0			
	d Net rental income or (loss)		(82,762)			(82,762)	
	7a Gross amount from sales of assets other than inventory	(i) Securities	128,925,922				
		(ii) Other					
		b Less: cost or other basis and sales expenses	124,590,356				
		c Gain or (loss)	4,335,566	0			
	d Net gain or (loss)		4,335,566			4,335,566	
	8a Gross income from fundraising events (not including \$ 69,750 of contributions reported on line 1c). See Part IV, line 18	a	43,652				
		b Less: direct expenses	54,098				
		c Net income or (loss) from fundraising events .		(10,446)			(10,446)
	9a Gross income from gaming activities. See Part IV, line 19	a	0				
		b Less: direct expenses	0				
		c Net income or (loss) from gaming activities . .					
	10a Gross sales of inventory, less returns and allowances	a	0				
b Less: cost of goods sold		0					
c Net income or (loss) from sales of inventory .							
Miscellaneous Revenue		Business Code					
11a OTHER/MISCELLANEOUS	900099	119,972	119,972				
b _____							
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		119,972					
12 Total revenue. See instructions.		68,857,610	1,048,632	0	6,443,454		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,250,994	43,250,994		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	574,466	574,466		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	614,844	157,738	291,033	166,073
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 Other salaries and wages	6,944,023	3,283,037	1,446,544	2,214,442
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	(6,997)	(5,374)	(4,411)	2,788
9 Other employee benefits	869,337	294,220	189,054	386,063
10 Payroll taxes	566,075	204,491	149,016	212,568
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	27,604	11,903	15,701	0
c Accounting	79,280	0	79,280	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	361,545	0	361,545	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,436,373	1,093,537	299,835	43,001
12 Advertising and promotion	787,299	218,164	22,029	547,106
13 Office expenses	789,691	541,631	69,462	178,598
14 Information technology	813,270	219,178	216,797	377,295
15 Royalties	0	0	0	0
16 Occupancy	584,883	155,915	106,189	322,779
17 Travel	78,896	35,920	5,208	37,768
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	323,132	138,578	119,385	65,169
20 Interest	0	0	0	0
21 Payments to affiliates	486,357	154,297	106,636	225,424
22 Depreciation, depletion, and amortization	268,176	76,006	61,343	130,827
23 Insurance	18,438	4,856	3,528	10,054
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	0		0	0
b CONTRACT SERVICES	501,623	445,407	28,561	27,655
c MATERIAL PRINTING				
d				
e All other expenses	49,341	(7,904)	54,971	2,274
25 Total functional expenses. Add lines 1 through 24e	59,418,650	50,847,060	3,621,706	4,949,884
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	1,000	1	1,000	
	2 Savings and temporary cash investments	34,076,216	2	33,549,608	
	3 Pledges and grants receivable, net	16,756,935	3	15,920,281	
	4 Accounts receivable, net	684,080	4	4,010,467	
	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		
	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		
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	1,646,886	9	1,223,815	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,660,139			
	b Less: accumulated depreciation	11,273,982	1,631,966	10c	1,386,157
	11 Investments—publicly traded securities	107,613,541	11	111,993,101	
	12 Investments—other securities. See Part IV, line 11	85,334	12	0	
	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)	162,495,958	16	168,084,429		
Liabilities	17 Accounts payable and accrued expenses	1,131,380	17	2,133,567	
	18 Grants payable	7,205,019	18	8,605,469	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	269,673	21	266,994	
	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		
	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	8,606,072	26	11,006,030	
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	25,389,318	27	28,380,167	
	28 Temporarily restricted net assets	47,790,074	28	46,845,289	
	29 Permanently restricted net assets	80,710,494	29	81,852,943	
	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	153,889,886	33	157,078,399		
34 Total liabilities and net assets/fund balances	162,495,958	34	168,084,429		

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	68,857,610
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,418,650
3	Revenue less expenses. Subtract line 2 from line 1	3	9,438,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,889,886
5	Net unrealized gains (losses) on investments	5	(3,808,065)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(2,442,382)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,078,399

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		✓
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	✓	
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.	✓	
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?	✓	
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.	✓	

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			
(25) CATHERINE F. STOLL ----- DIRECTOR	1 -----	✓						0	0	0
(26) MARY BOELKE ----- DIRECTOR	1 -----	✓						0	0	0
(27) DONALDSON TWYMAN ----- DIRECTOR	1 -----	✓						0	0	0
(28) KELLY RITCHIE ----- DIRECTOR	1 -----	✓						0	0	0
(29) RYAN L. DAILEY ----- DIRECTOR	1 -----	✓						0	0	0
(30) GINA HAYS ----- DIRECTOR	1 -----	✓						0	0	0
(31) DAVID RICKS ----- DIRECTOR	1 -----	✓						0	0	0
(32) JOHN T. NEIGHBOURS ----- DIRECTOR	1 -----	✓						0	0	0
(33) N. CLAY ROBBINS ----- DIRECTOR	1 -----	✓						0	0	0
(34) MURVIN S. ENDERS ----- DIRECTOR	1 -----	✓						0	0	0
(35) PATZETTA M. TRICE ----- DIRECTOR	1 -----	✓						0	0	0
(36) BRUCE HETRICK ----- DIRECTOR	1 -----	✓						0	0	0
(37) MATTHEW A. COHOAT ----- TREASURER	1 -----	✓						0	0	0
(38) JUAN F. GONZALEZ ----- DIRECTOR	1 -----	✓						0	0	0
(39) SAMUEL L. ODLE, FACHE ----- DIRECTOR	1 -----	✓						0	0	0
(40) GREGORY L. PEMBERTON ----- DIRECTOR	1 -----	✓						0	0	0
(41) TERENCE T. YEN, PH.D. ----- DIRECTOR	1 -----	✓						0	0	0
(42) SCOTT S. LUC ----- DIRECTOR	1 -----	✓						0	0	0
(43) MICHAEL R. BECHER ----- DIRECTOR	1 -----	✓						0	0	0
(44) MARIANNE GLICK ----- 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			
(45) LISA E. HARRIS, M.D. ----- DIRECTOR	1 -----	✓						0	0	0
(46) DONALD E. KNEBEL ----- DIRECTOR	1 -----	✓						0	0	0
(47) BRYAN A. MILLS ----- DIRECTOR	1 -----	✓						0	0	0
(48) DENISE K. DANK ----- DIRECTOR	1 -----	✓						0	0	0
(49) ZACHARY SCOTT ----- DIRECTOR	1 -----	✓						0	0	0
(50) MICHAEL T. DILTS ----- DIRECTOR	1 -----	✓						0	0	0
(51) JEFFREY A. HARRISON ----- DIRECTOR	1 -----	✓						0	0	0
(52) MIKE LANGELLIER ----- DIRECTOR	1 -----	✓						0	0	0
(53) JOHN C. MASON ----- DIRECTOR	1 -----	✓						0	0	0
(54) MAMON POWERS III ----- DIRECTOR	1 -----	✓						0	0	0
(55) SHELLY TOWNS ----- DIRECTOR	1 -----	✓						0	0	0
(56) COLLEEN SPRINGATE ----- DIRECTOR	1 -----	✓						0	0	0
(57) STEVEN C. ALONSO ----- DIRECTOR	1 -----	✓						0	0	0
(58) BETH NICHOLAS ----- DIRECTOR	1 -----	✓						0	0	0
(59) BILL BENNER ----- DIRECTOR	1 -----	✓						0	0	0
(60) KAREN GENTLEMAN ----- DIRECTOR	1 -----	✓						0	0	0
(61) RICHARD E. HESTER ----- DIRECTOR	1 -----	✓						0	0	0
(62) DR. DENNIS SASSO ----- DIRECTOR	1 -----	✓						0	0	0
(63) VINCENT C. CAPONI ----- DIRECTOR	1 -----	✓						0	0	0
(64) DENNIS SPONSEL ----- DIRECTOR	1 -----	✓						0	0	0
(65) MARK MILES ----- 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			
(66) GEOFFREY M. GAILEY ----- DIRECTOR	1 -----	✓						0	0	0
(67) MOLLY WILKINSON CHAVERS ----- DIRECTOR	1 -----	✓						0	0	0
(68) KALEN IRSAY ----- DIRECTOR	1 -----	✓						0	0	0
(69) JONATHON E. KROEHLER ----- DIRECTOR	1 -----	✓						0	0	0
(70) DAVID C. LEWIS, SR. ----- DIRECTOR	1 -----	✓						0	0	0
(71) ANDY MOHR ----- DIRECTOR	1 -----	✓						0	0	0
(72) MARY ANN SULLIVAN ----- DIRECTOR	1 -----	✓						0	0	0
(73) JAMIE P. MERISOTIS ----- DIRECTOR	1 -----	✓						0	0	0
(74) JAMES P. BOYCE ----- DIRECTOR	1 -----	✓						0	0	0
(75) DANIEL F. EVANS ----- DIRECTOR	1 -----	✓						0	0	0
(76) CLAUDETTE EINHORN ----- DIRECTOR	1 -----	✓						0	0	0
(77) TODD J. MAURER ----- DIRECTOR	1 -----	✓						0	0	0
(78) MICHAEL O'CONNOR ----- DIRECTOR	1 -----	✓						0	0	0
(79) DAVID RESNICK ----- DIRECTOR	1 -----	✓						0	0	0
(80) GREG MORRIS ----- DIRECTOR	1 -----	✓						0	0	0
(81) RODNEY D. COTTON ----- DIRECTOR	1 -----	✓						0	0	0
(82) ABBE HOHMANN, CCIM ----- DIRECTOR	1 -----	✓						0	0	0
(83) LARRY DELIA ----- DIRECTOR	1 -----	✓						0	0	0
(84) STEPHANIE C. FUHRMANN ----- DIRECTOR	1 -----	✓						0	0	0
(85) RAFAEL SANCHEZ ----- DIRECTOR	1 -----	✓						0	0	0
(86) JEAN WOJTOWICZ ----- 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			
(87) MARK A. RATEKIN ----- DIRECTOR	1 -----	✓						0	0	0
(88) GINA MILLER ----- SENIOR VP OF OPERATIONS, CFO & ASST TREASURER	50 -----			✓				134,725	0	21,093
(89) JAY GESHAY ----- SENIOR VP OF COMMUNITY IMPACT & FUNDRAISING	50 -----				✓			161,176	0	34,298
(90) ANGELA DABNEY ----- VP GLOBAL INITIATIVES & TRANSFORMATIONAL GIFTS	50 -----					✓		155,934	0	38,672
(91) RONALD GIFFORD ----- DIRECTOR JUMP IN	50 -----					✓		164,380	0	22,537
(92) KENNETHE VAUGHN ----- VICE PRESIDENT, TALENT MANAGEMENT AND DIVERSITY	50 ----- 0					✓		124,736	0	7,187
(93) JULIANNE BURNS ----- SENIOR VP OPERATIONS, JUMP IN	50 -----					✓		120,385	0	1,596
(94) CHRISTOPHER HERNDON ----- SENIOR VICE PRESIDENT OF COMMUNITY ENGAGEMENT	50 -----					✓		119,767	0	13,424

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,209,628	57,678,818	50,198,558	52,749,561	60,973,135	270,809,700
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	49,209,628	57,678,818	50,198,558	52,749,561	60,973,135	270,809,700
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)						64,219,128
6 Public support. Subtract line 5 from line 4.						206,590,572

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	49,209,628	57,678,818	50,198,558	52,749,561	60,973,135	270,809,700
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,584,858	2,406,766	1,928,716	2,244,515	2,542,420	11,707,275
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	125,928	61,751	47,358	60,275	163,624	458,936
11 Total support. Add lines 7 through 10						282,975,911
12 Gross receipts from related activities, etc. (see instructions)					12	5,269,180
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 2014 (line 6, column (f) divided by line 11, column (f))	14	73.01 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	72.78 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

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						
Schedule A, Part II, Line 10	OTHER INCOME	Description	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		Other income	125,928	61,751	47,358	21,025	119,972	376,034
		Fundraising Revenue				39,250	43,652	82,902

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 10,598,906	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 6,416,451	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 3,482,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----

Name of organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
--	---

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

.....
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

.....
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

.....
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

.....
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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of 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)	4,288	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	41,764													
c	Total lobbying expenditures (add lines 1a and 1b)	46,052	0												
d	Other exempt purpose expenditures	59,372,596	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	59,418,648	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	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	604	1,064	14,261	46,052	61,981
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	604	473	5,558	4,288	10,923

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2014

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	4	0
2 Aggregate value of contributions to (during year)	182,182	0
3 Aggregate value of grants from (during year)	183,456	0
4 Aggregate value at end of year	17,374	0
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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	0
1d Additions during the year	0
1e Distributions during the year	0
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	80,121,500	70,793,827	64,319,834	67,748,821	57,900,508
b Contributions	775,469	148,866	1,950,869	51,532	52,671
c Net investment earnings, gains, and losses	2,007,974	10,681,934	6,422,944	(1,428,118)	11,156,642
d Grants or scholarships					
e Other expenditures for facilities and programs	1,445,989	1,503,127	1,899,820	2,052,401	1,361,000
f Administrative expenses					
g End of year balance	81,458,954	80,121,500	70,793,827	64,319,834	67,748,821

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

- a** Board designated or quasi-endowment ▶ 0.95 %
- b** Permanent endowment ▶ 98.55 %
- c** Temporarily restricted endowment ▶ 0.50 %

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		7,513,202	6,629,762	883,440
c Leasehold improvements				
d Equipment		4,952,953	4,644,220	308,733
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,386,157

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

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.

Schedule D, Part XI, Line 2(d)	
(a) Description	(b) Amount
Fundraising direct Expense	54,098

Part XIII

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.

Schedule D, Part XI, Line 4(b)	
(a) Description	(b) Amount
Net Donor Designated Pledges	7,138,948
Provision for Uncollectable Pledges	1,826,062

Part XIII

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.

Schedule D, Part XII, Line 2(d)	
(a) Description	(b) Amount
Direct Fundraising Expenses	54,098

Part XIII

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.

Schedule D, Part XII, Line 4(b)	
(a) Description	(b) Amount
Net Donor Designated Pledges	7,138,948

Part XIII

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

Return Reference	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>UNITED WAY IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (IRC). UWCI, LLC IS A SINGLE MEMBER LLC WHOSE SINGLE MEMBER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC. GAAP REQUIRES UNITED WAY AND UWCI, LLC TO RECOGNIZE A TAX LIABILITY ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR.</p> <p>THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF UNCERTAIN TAX POSITION THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX LIABILITY IS RECORDED. UNITED WAY AND UWCI, LLC HAVE EXAMINED THIS ISSUE AND HAVE DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.</p> <p>UNITED WAY AND UWCI, LLC ARE NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2012. UNITED WAY AND UWCI, LLC DO NOT EXPECT THE TOTAL AMOUNT OF UNCERTAIN TAX POSITIONS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. UNITED WAY AND UWCI, LLC RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. UNITED WAY AND UWCI, LLC DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2015 OR 2014.</p>

**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

2014

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						

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 OSCAR NIGHT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	113,402			113,402
	2 Less: Contributions	69,750			69,750
	3 Gross income (line 1 minus line 2)	43,652	0	0	43,652
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	10,805			10,805
	7 Food and beverages	33,232			33,232
	8 Entertainment	975			975
	9 Other direct expenses	9,086			9,086
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				54,098
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(10,446)	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2014

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Domestic Organizations and Domestic Governments. 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) 100 BLACK MEN OF INDIANAPOLIS, INC. 3901 N MERIDIAN ST., INDIANAPOLIS, IN 46208	35-1813852	501(C)3	8,036				GENERAL SUPPORT
(2) ABOUT SPECIAL KIDS 7172 GRAHAM ROAD, SUITE 100, INDIANAPOLIS, IN 46250	35-1711669	501(C)3	5,574				GENERAL SUPPORT
(3) ABUSED AND HOMELESS CHILDREN'S REFUGE (ALTERNATIVE #) PO BOX 694, DUNN LORING, VA 22027	54-0899463	501(C)3	6,290				GENERAL SUPPORT
(4) AFRICAN COMMUNITY INTERNATIONAL, INC. 3737 N MERIDIAN ST, STE 507, INDIANAPOLIS, IN 46208	35-2136436	501(C)3	20,000				GENERAL SUPPORT
(5) ACAPE THERAPEUTIC RIDING CENTER PO BOX 207, CICERO, IN 46034-0207	31-1193132	501(C)3	6,682				GENERAL SUPPORT
(6) ALS ASSOCIATION - IN CHAPTER 6525 E 82ND ST., #115, INDIANAPOLIS, IN 46250	35-2029321	501(C)3	7,165				GENERAL SUPPORT
(7) ALTERNATIVES INCORPORATED P.O. BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	134,948				GENERAL SUPPORT
(8) ALZHEIMER'S ASSOCIATION OF GREATER INDIANA CHAPTER 50 E. 91ST ST., #100, INDIANAPOLIS, IN 46240	35-1747836	501(C)3	17,644				GENERAL SUPPORT
(9) AMERICAN CANCER SOCIETY, IDPLS. 5635 W. 96TH ST., #100, INDIANAPOLIS, IN 46278	13-1788491	501(C)3	290,128				GENERAL SUPPORT
(10) AMERICAN DIABETES ASSOCIATION- IN 8604 ALLISONVILLE RD, SUITE 140, INDIANAPOLIS, IN 46250-5541	13-1623888	501(C)3	33,174				GENERAL SUPPORT
(11) AMERICAN RED CROSS OF GREATER 441 EAST 10TH ST., INDIANAPOLIS, IN 46202-3388	53-0196605	501(C)3	1,178,942				GENERAL SUPPORT
(12)							(SEE STATEMENT)

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 227
- 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) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UNITED CHRISTMAS SERVICE	17,418	376,771			
2 WINTER ASSISTANCE FUND	624	197,695			
3					
4					
5					
6					
7					

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

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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
(12) AMERICA'S CHARITIES 14150 NEWBROOK DR., SUITE 110, CHANTILLY, VA 20151	54-1517707	501(C)3	13,562				GENERAL SUPPORT
(13) ARCHDIOCESE OF INDIANAPOLIS 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46202	35-1018460	501(C)3	25,359				GENERAL SUPPORT
(14) ASSISTANCE LEAGUE OF INDIANAPOLIS OPERATION SCHOOL BELL 1475 W. 86TH ST., SUITE E, INDIANAPOLIS, IN 46260-2185	35-1635410	501(C)3	43,736				GENERAL SUPPORT
(15) AUNTIE MAME'S CHILD DEVELOPMENT CTR. 3120 N. EMERSON AVE., INDIANAPOLIS, IN 46218	35-1183697	501(C)3	149,507				GENERAL SUPPORT
(16) AVON EDUCATION FOUNDATION 7203 E. US HWY. 36, AVON, IN 46123	20-4452079	501(C)3	7,605				GENERAL SUPPORT
(17) AYS, INC. 4755 KINGSWAY DR., #300, INDIANAPOLIS, IN 46205	31-0989270	501(C)3	72,027				GENERAL SUPPORT
(18) BARBARA B. JORDAN YMCA 2039 E. MORGAN ST., MARTINSVILLE, IN 46151	35-2019312	501(C)3	19,177				GENERAL SUPPORT
(19) BIG BROTHERS BIG SISTERS OF CENTRAL 2960 N. MERIDIAN ST., #150, INDIANAPOLIS, IN 46208-4715	35-1323831	501(C)3	560,683				GENERAL SUPPORT
(20) BOONE COUNTY CANCER SOCIETY 117 W. ELM ST., LEBANON, IN 46052	35-6044450	501(C)3	16,845				GENERAL SUPPORT
(21) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR., LEBANON, IN 46052-8335	35-1445498	501(C)3	98,024				GENERAL SUPPORT
(22) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN, NO 200, CARMEL, IN 46032	35-0230360	501(C)3	11,250				GENERAL SUPPORT
(23) BOSMA ENTERPRISES 8020 ZIONSVILLE RD., INDIANAPOLIS, IN 46268	31-1246086	501(C)3	106,742				GENERAL SUPPORT
(24) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST., NOBLESVILLE, IN 46060	35-1054426	501(C)3	178,016				GENERAL SUPPORT
(25) BOYS & GIRLS CLUB OF ZIONSVILLE 1575 MULBERRY ST., ZIONSVILLE, IN 46077	35-1750659	501(C)3	124,738				GENERAL SUPPORT
(26) BOYS & GIRLS CLUBS OF HANCOCK COUNTY 715 E. LINCOLN ST., GREENFIELD, IN 46140	35-0979327	501(C)3	118,616				GENERAL SUPPORT
(27) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S. KEYSTONE AVE., #200, INDIANAPOLIS, IN 46227	35-0888754	501(C)3	2,957,823				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
(28) BUSINESS OWNERSHIP INITIATIVE OF IN 111 MONUMENT CIRCLE, STE 1950, INDIANAPOLIS, IN 46204	35-2028160	501(C)3	28,185				GENERAL SUPPORT
(29) BUTLER UNIVERSITY ATHERTON UNION ROOM 315, INDIANAPOLIS, IN 46208	35-0867977	501(C)3	12,500				GENERAL SUPPORT
(30) CAMPTOWN 7998 GEORGETOWN ROAD, SUITE 700, INDIANAPOLIS, IN 46268	35-1823496	501(C)3	6,246				GENERAL SUPPORT
(31) CANCER SUPPORT COMMUNITY-CENTRAL INDIANA 5150 W. 71ST ST., INDIANAPOLIS, IN 46268	35-1902427	501(C)3	7,950				GENERAL SUPPORT
(32) CARMEL CLAY SCHOOLS THE BOARD OF SCHOOL TRUSTEES, 5201 E MAIN ST, CARMEL, IN 46033	35-6006444	GOVERNMENT	5,098				GENERAL SUPPORT
(33) CASTLETON UNITED METHODIST CHURCH 7160 SHADELAND STATION, INDIANAPOLIS, IN 46256	35-1149228	501(C)3	69,891				GENERAL SUPPORT
(34) CATHOLIC CHARITIES INDIANAPOLIS 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46202	45-1745384	501(C)3	731,122				GENERAL SUPPORT
(35) CATHOLIC RELIEF SERVICES 228 W. LEXINGTON ST., BALTIMORE, MD 21201-3443	13-5563422	501(C)3	100,550				GENERAL SUPPORT
(36) CATHOLIC YOUTH ORGANIZATION 580 E. STEVENS ST., INDIANAPOLIS, IN 46203-1781	35-0867983	501(C)3	119,982				GENERAL SUPPORT
(37) CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR. MARTIN LUTHER KING JR. ST., INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	41,942				GENERAL SUPPORT
(38) CENTRAL INDIANA COMMUNITY FOUNDATION DBA: WOMEN'S FUND OF CENTRAL IN 615 N. ALABAMA ST., #119, INDIANAPOLIS, IN 46204	35-1793680	501(C)3	8,863				GENERAL SUPPORT
(39) CHAPEL HILL CHRISTIAN SCHOOL 1055 N GIRLS SCHOOL RD, INDIANAPOLIS, IN 46214	35-1484040	501(C)3	45,150				GENERAL SUPPORT
(40) CHARLENE'S ANGELS 7636 TIMBER HILL N DRIVE, INDIANAPOLIS, IN 46217	45-4204800	501(C)3	5,000				GENERAL SUPPORT
(41) CHILD ADVOCATES, INC. 8200 HAVERSTICK RD., #240, INDIANAPOLIS, IN 46240	35-1788240	501(C)3	265,934				GENERAL SUPPORT
(42) CHILD CARE ANSWERS 615 N ALABAMA ST, STE 300, INDIANAPOLIS, IN 46204	35-0888763	501(C)3	72,060				GENERAL SUPPORT
(43) CHILDREN'S BUREAU, INC. 1575 DR. MARTIN LUTHER KING, JR., ST., INDIANAPOLIS, IN 46202	35-1061264	501(C)3	1,466,903				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
⁽⁴⁴⁾ CHIP - 5/3 1100 W 42ND ST., STE 350, INDIANAPOLIS, IN 46208	31-1254018	501(C)3	292,595				GENERAL SUPPORT
⁽⁴⁵⁾ CHRISTAMORE HOUSE FAMILY AND 502 N. TREMONT ST., INDIANAPOLIS, IN 46222	35-0885588	501(C)3	258,580				GENERAL SUPPORT
⁽⁴⁶⁾ CHRISTEL HOUSE 10 W. MARKET ST., #1990, INDIANAPOLIS, IN 46204	35-2051932	501(C)3	10,970				GENERAL SUPPORT
⁽⁴⁷⁾ CHURCH OF THE LIVING GOD MOORE'S MONTESSORI 7206 EAST 38TH STREET, INDIANAPOLIS, IN 46226	35-1132342	501(C)3	63,385				GENERAL SUPPORT
⁽⁴⁸⁾ CICOA AGING & IN HOME SOLUTIONS 4755 KINGSWAY DR., #200, INDIANAPOLIS, IN 46205-1560	35-1310387	501(C)3	75,000				GENERAL SUPPORT
⁽⁴⁹⁾ COBURN PLACE SAFE HAVEN 604 E. 38TH ST., INDIANAPOLIS, IN 46205-2747	37-1421922	501(C)3	95,677				GENERAL SUPPORT
⁽⁵⁰⁾ COMMUNITY ACTION OF GREATER INDIANAPOLIS 3266 N MERIDIAN ST., STE 100, INDIANAPOLIS, IN 46208	35-6048441	501(C)3	32,835				GENERAL SUPPORT
⁽⁵¹⁾ COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E. 38TH ST., INDIANAPOLIS, IN 46226	35-2018453	501(C)3	299,764				GENERAL SUPPORT
⁽⁵²⁾ COMMUNITY SOLUTIONS, INC 1433 NORTH MERIDIAN STREET, SUITE 206, INDIANAPOLIS, IN 46202	35-2131142	501(C)3	37,663				GENERAL SUPPORT
⁽⁵³⁾ CONCORD NEIGHBORHOOD CENTER 1310 S. MERIDIAN ST., INDIANAPOLIS, IN 46225	35-0817149	501(C)3	264,434				GENERAL SUPPORT
⁽⁵⁴⁾ CONNECT 2 HEALTH 3901 N. MERIDIAN ST., #300, INDIANAPOLIS, IN 46208	31-1216792	501(C)3	266,926				GENERAL SUPPORT
⁽⁵⁵⁾ CONNECT2HELP 3901 N. MERIDIAN ST., #300, INDIANAPOLIS, IN 46208	31-1216792	501(C)3	705,950				GENERAL SUPPORT
⁽⁵⁶⁾ CONNECTED BY 25 2625 N. MERIDIAN ST., #48, INDIANAPOLIS, IN 46208	45-5056874	501(C)3	67,942				GENERAL SUPPORT
⁽⁵⁷⁾ CROSSROADS OF AMERICA COUNCIL 7125 FALL CREEK RD., N., INDIANAPOLIS, IN 46256	35-0867962	501(C)3	608,269				GENERAL SUPPORT
⁽⁵⁸⁾ DAY STAR CHILD CARE 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	127,990				GENERAL SUPPORT
⁽⁵⁹⁾ DESERT ROSE FOUNDATION, INC. 308 ROGERS RD, MARTINSVILLE, IN 46151	35-2129035	501(C)3	35,000				GENERAL SUPPORT
⁽⁶⁰⁾ DOWN SYNDROME INDIANA 2625 N. MERIDIAN STREET, STE 49, INDIANAPOLIS, IN 46208-7702	80-0732286	501(C)3	5,332				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
(61) DYSPLEXIA INSTITUTE OF INDIANA, INC. 8395 KEYSTONE CROSSING, STE 102, INDIANAPOLIS, IN 46240	35-1780312	501(C)3	9,402				GENERAL SUPPORT
(62) EARLY LEARNING INDIANA, INC. 615 N. ALABAMA ST., #300, INDIANAPOLIS, IN 46204	35-0888763	501(C)3	734,903				GENERAL SUPPORT
(63) EAST TENTH STREET UM CHILDREN & YOUTH CENTER, INC. 2327 E 10TH ST, INDIANAPOLIS, IN 46201	35-1976975	501(C)3	144,710				GENERAL SUPPORT
(64) EASTER SEALS CROSSROADS 4740 KINGSWAY DR., INDIANAPOLIS, IN 46205	35-0869058	501(C)3	1,561,120				GENERAL SUPPORT
(65) EDELWEISS EQUINE ASSISTED THERAPY CENTER INC. 531 W. 100 S., GREENFIELD, IN 46140	20-0577065	501(C)3	5,985				GENERAL SUPPORT
(66) EDNA MARTIN CHRISTIAN CENTER, INC. 2605 E. 25TH ST., P.O. BOX 18388, INDIANAPOLIS, IN 46218	35-1072577	501(C)3	207,684				GENERAL SUPPORT
(67) EMPLOYINDY 115 W WASHINGTON ST, STE 450 SOUTH, INDIANAPOLIS, IN 46204	35-1569069	501(C)3	133,000				GENERAL SUPPORT
(68) ENGLEWOOD CHRISTIAN CHURCH 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	468,547				GENERAL SUPPORT
(69) FAIRBANKS 8102 CLEARVISTA PKWY., INDIANAPOLIS, IN 46256-4698	35-0811197	501(C)3	429,500				GENERAL SUPPORT
(70) FAMILIES FIRST 615 N. ALABAMA ST., #320, INDIANAPOLIS, IN 46204-1481	35-0877572	501(C)3	1,072,326				GENERAL SUPPORT
(71) FATHERS AND FAMILIES CENTER 2835 N. ILLINOIS ST., INDIANAPOLIS, IN 46208-4705	35-2069047	501(C)3	232,760				GENERAL SUPPORT
(72) FAY BICCARD GLICK NEIGHBORHOOD 2990 W. 71ST ST., INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)3	195,354				GENERAL SUPPORT
(73) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR. MARTIN LUTHER KING, JR. ST., INDIANAPOLIS, IN 46208	35-0942628	501(C)3	332,283				GENERAL SUPPORT
(74) FLETCHER PLACE COMMUNITY CENTER PO BOX 825, INDIANAPOLIS, IN 46206	35-1966882	501(C)3	13,226				GENERAL SUPPORT
(75) FOOD FOR THE POOR 6401 LYONS RD., COCONUT CREEK, FL 33073	59-1274510	501(C)3	10,000				GENERAL SUPPORT
(76) FOREST MANOR MULTI-SERVICE CENTER 5603 E. 38TH ST., INDIANAPOLIS, IN 46218	35-1420208	501(C)3	423,996				GENERAL SUPPORT
(77) FORTUNE ACADEMY (FORMERLY HUTSON SCHOOL, INC.) 5626 LAWTON LOOP EAST DRIVE, INDIANAPOLIS, IN 46216-1013	35-2148108	501(C)3	10,320				GENERAL SUPPORT

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(78) FRIENDS OF INDIANAPOLIS ANIMAL CARE & CONTROL FOUNDATION 7399 N. SHADELAND AVE., NO 117, INDIANAPOLIS, IN 46250	32-0099654	501(C)3	5,597				GENERAL SUPPORT
(79) FUSE, INC. 1133 W MAIN ST STE E, GREENFIELD, IN 46140	35-2106430	501(C)3	5,422				GENERAL SUPPORT
(80) GENNESARET FREE CLINIC 615 N. ALABAMA ST., GROUND FLOOR, SUITE B, INDIANAPOLIS, IN 46204-1414	35-1776518	501(C)3	6,458				GENERAL SUPPORT
(81) GIRL SCOUTS OF CENTRAL INDIANA, INC. 2611 WATERFRONT PKWY., E. DR., #100, INDIANAPOLIS, IN 46214	35-0876381	501(C)3	231,202				GENERAL SUPPORT
(82) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST., INDIANAPOLIS, IN 46208	35-1337205	501(C)3	285,352				GENERAL SUPPORT
(83) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE., INDIANAPOLIS, IN 46241	35-1483868	501(C)3	41,309				GENERAL SUPPORT
(84) GOOD NEWS MINISTRIES 2716 E. WASHINGTON ST., INDIANAPOLIS, IN 46201	35-0999233	501(C)3	13,443				GENERAL SUPPORT
(85) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC. 1635 W. MICHIGAN ST., INDIANAPOLIS, IN 46222	35-0893506	501(C)3	403,540				GENERAL SUPPORT
(86) GREENFIELD CENTRAL JUNIOR HIGH SCHOOL 1440 N FRANKLIN RD, GREENFIELD, IN 46140	35-1100181	GOVERNMENT	13,697				GENERAL SUPPORT
(87) HABITAT FOR HUMANITY OF GREATER INDPLS 1011 E 22ND ST, INDIANAPOLIS, IN 46202	35-1715910	501(C)3	20,000				GENERAL SUPPORT
(88) HANCOCK COUNTY FOOD PANTRY, INC. 1810 E. MAIN, GREENFIELD, IN 46140	35-1923567	501(C)3	8,364				GENERAL SUPPORT
(89) HANCOCK COUNTY SENIOR SERVICES, INC. 1870 FIELDS BLVD., GREENFIELD, IN 46140-3029	31-0936007	501(C)3	94,114				GENERAL SUPPORT
(90) HAPPY HOLLOW CHILDREN'S CAMP INC. 615 N. ALABAMA ST., GROUND FLOOR, SUITE C, INDIANAPOLIS, IN 46204	35-0942648	501(C)3	99,519				GENERAL SUPPORT
(91) HAWTHORNE COMMUNITY CENTER 2440 W. OHIO ST., INDIANAPOLIS, IN 46222	35-0874274	501(C)3	1,433,957				GENERAL SUPPORT
(92) HEALTHNET COMMUNITY HEALTH CENTERS, 3403 E RAYMOND ST, INDIANAPOLIS, IN 46203-9999	35-1579827	501(C)3	464,899				GENERAL SUPPORT

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(93) HEIFER PROJECT INTERNATIONAL, 1 WORLD AVE., LITTLE ROCK, AR 72202	35-1019477	501(C)3	6,540				GENERAL SUPPORT
(94) HENDRICKS COUNTY SENIOR SERVICES INC, 1201 SYCAMORE LN., P.O. BOX 448, DANVILLE, IN 46122	35-1445497	501(C)3	155,677				GENERAL SUPPORT
(95) HERITAGE PLACE OF INDIANAPOLIS, INC, 4550 N. ILLINOIS ST., INDIANAPOLIS, IN 46208	35-1436580	501(C)3	53,198				GENERAL SUPPORT
(96) HOLY SPIRIT CATHOLIC CHURCH - LITTLE RAMSIES, 7243 EAST 10TH STREET, INDIANAPOLIS, IN 46219	35-0988729	501(C)3	62,573				GENERAL SUPPORT
(97) HOOSIER TRAILS COUNCIL, BOY SCOUTS OF AMERICA, 5625 E. STATE RD. 46, BLOOMINGTON, IN 47401-9233	35-1290776	501(C)3	32,696				GENERAL SUPPORT
(98) HORIZON HOUSE, 1033 E. WASHINGTON ST., INDIANAPOLIS, IN 46202	35-1759503	501(C)3	300,631				GENERAL SUPPORT
(99) HVAF, 964 N. PENNSYLVANIA ST., INDIANAPOLIS, IN 46204	35-1890547	501(C)3	1,571,296				GENERAL SUPPORT
(100) IACCR, 3901 N. MERIDIAN ST, SUITE 200, INDIANAPOLIS, IN 46208-4026	35-1821777	501(C)3	100,000				GENERAL SUPPORT
(101) ICE SKATING CLUB OF INDIANAPOLIS, 1040 3RD AVE SW, CARMEL, IN 46032	35-1434256	501(C)3	8,098				GENERAL SUPPORT
(102) INDIANA 211 PARTNERSHIP, 3901 N. MERIDIAN ST., #300, INDIANAPOLIS, IN 46208	35-2141347	501(C)3	50,000				GENERAL SUPPORT
(103) INDIANA CANINE ASSISTANT NETWORK NETWORK, INC. (ICAN), 5610 CRAWFORDSVILLE RD., SUITE 2101, INDIANAPOLIS, IN 46224-3787	35-2144155	501(C)3	23,562				GENERAL SUPPORT
(104) INDIANA LEGAL SERVICES, INC., 151 N. DELAWARE STREET, SUITE 1850, INDIANAPOLIS, IN 46204-2534	35-6059654	501(C)3	121,021				GENERAL SUPPORT
(105) INDIANA UNIVERSITY FOUNDATION, P.O. BOX 500, BLOOMINGTON, IN 47402	35-6018940	501(C)3	83,330				GENERAL SUPPORT
(106) INDIANA YOUTH GROUP (YIG), 2943 E. 46TH ST., INDIANAPOLIS, IN 46220	35-1760451	501(C)3	105,094				GENERAL SUPPORT
(107) INDIANAPOLIS CHINESE COMMUNITY CENTER, INC., P.O. BOX 50914, INDIANAPOLIS, IN 46250	35-1961180	501(C)3	9,324				GENERAL SUPPORT
(108) INDIANAPOLIS NEIGHBORHOOD RESOURCE, 708 E. MICHIGAN ST., INDIANAPOLIS, IN 46202	35-1909230	501(C)3	136,805				GENERAL SUPPORT
(109) INDIANAPOLIS PARKS FOUNDATION, 615 N ALABAMA ST, STE 119, INDIANAPOLIS, IN 46204	35-1860468	501(C)3	20,000				GENERAL SUPPORT

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(110) INDIANAPOLIS SYMPHONY ORCHESTRA 32 E. WASHINGTON ST. STE 600, INDIANAPOLIS, IN 46204	35-0998627	501(C)3	5,400				GENERAL SUPPORT
(111) INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE., INDIANAPOLIS, IN 46202	35-6060655	501(C)3	370,862				GENERAL SUPPORT
(112) INDIANAPOLIS ZOOLOGICAL SOCIETY 1200 W. WASHINGTON ST., P.O. BOX 22309, INDIANAPOLIS, IN 46222	35-1074747	501(C)3	11,861				GENERAL SUPPORT
(113) INDPLS. AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 3500 DEPAUW BLVD., SUITE 2070, INDIANAPOLIS, IN 46268	75-2941627	501(C)3	8,088				GENERAL SUPPORT
(114) INDY BACKPACK ATTACK 5103 MADISON AVE, INDIANAPOLIS, IN 46227	27-1272002	501(C)3	9,775				GENERAL SUPPORT
(115) INDY HUNGER NETWORK 3737 WALDEMEERE AVE., SUITE 200, INDIANAPOLIS, IN 46241	45-4833492	501(C)3	5,500				GENERAL SUPPORT
(116) IPS 1100 W. 42ND ST., #140, INDIANAPOLIS, IN 46208	31-1103966	GOVERNMENT	315,458				GENERAL SUPPORT
(117) JAMESON CAMP 2001 BRIDGEPORT RD., INDIANAPOLIS, IN 46231	35-1156756	501(C)3	117,356				GENERAL SUPPORT
(118) JCC INDIANAPOLIS 6701 HOOVER RD., INDIANAPOLIS, IN 46260	23-7099138	501(C)3	151,598				GENERAL SUPPORT
(119) JEFFERSON COUNTY UNITED WAY P.O. BOX 193, MADISON, IN 47250	35-6006467	501(C)3	21,000				GENERAL SUPPORT
(120) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD., INDIANAPOLIS, IN 46260-4120	35-0888017	501(C)3	15,140				GENERAL SUPPORT
(121) JOHN H BONER 2236 E. 10TH ST., INDIANAPOLIS, IN 46201	23-7204495	501(C)3	1,213,721				GENERAL SUPPORT
(122) JUVENILE DIABETES RESEARCH FOUNDATION - IN CHAPTER 10401 N. MERIDIAN ST., SUITE 150, INDIANAPOLIS, IN 46290-0901	23-1907729	501(C)3	5,756				GENERAL SUPPORT
(123) KIDS VOICE OF INDIANA, INC. 9150 HARRISON PARK CT., STE. C, INDIANAPOLIS, IN 46216	35-1656579	501(C)3	51,514				GENERAL SUPPORT
(124) KINGSWAY COMMUNITY CARE CENTER, INC. 107 PARK PLACE BLVD., AVON, IN 46123	83-0404310	501(C)3	7,765				GENERAL SUPPORT
(125) LAPLAZA, INC. 8902 E. 38TH ST., INDIANAPOLIS, IN 46226	30-0029575	501(C)3	264,242				GENERAL SUPPORT
(126) LE BONHEUR FOUNDATION 850 POPLAR AVENUE BLD 2, MEMPHIS, TN 38105	62-1872938	501(C)3	5,070				GENERAL SUPPORT

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(127) LEARNING WELL INC. 429 E. VERMONT SUITE 300, INDIANAPOLIS, IN 46202	36-4509221	501(C)3	226,800				GENERAL SUPPORT
(128) LEBANON AREA BOYS & GIRLS CLUB 403 W. MAIN ST., LEBANON, IN 46052	35-6041946	501(C)3	104,503				GENERAL SUPPORT
(129) LEGAL AID SOCIETY, INC. INDIANAPOLIS 615 N. ALABAMA ST., #122, INDIANAPOLIS, IN 46204	35-1045153	501(C)3	358,378				GENERAL SUPPORT
(130) LIFE CENTERS, INC. 8902 VINCENNES CIR. # SUITE A, INDIANAPOLIS, IN 46268-3019	31-1059740	501(C)3	13,749				GENERAL SUPPORT
(131) LIFE CHURCH - IMAGINATION STATION 5530 EAST US HWY 36, AVON, IN 46123	46-5243639	501(C)3	21,820				GENERAL SUPPORT
(132) LITTLE RED DOOR CANCER AGENCY 1801 N. MERIDIAN ST., INDIANAPOLIS, IN 46202-1411	35-0914096	501(C)3	312,178				GENERAL SUPPORT
(133) LOCAL INITIATIVES SUPPORT CORPORATION 202 E. MARKET ST., INDIANAPOLIS, IN 46204	35-1695379	501(C)3	75,000				GENERAL SUPPORT
(134) LOUIS B RUSSELL JR SCHOOL 48 3445 N CENTRAL AVE, INDIANAPOLIS, IN 46205	35-6002486	GOVERNMENT	19,852				GENERAL SUPPORT
(135) LUTHERAN CHILD AND FAMILY SERVICES OF IN, INC 1525 N. RITTER AVE., INDIANAPOLIS, IN 46219	35-0868123	501(C)3	335,665				GENERAL SUPPORT
(136) LUTHERAN DISABILITY MINISTRIES (LDM) 6720 RIDGEVIEW RD., ANDERSON, IN 46013	35-2040618	501(C)3	7,963				GENERAL SUPPORT
(137) MARTIN CENTER, INC. 3549 N. COLLEGE AVE., INDIANAPOLIS, IN 46205	23-7058960	501(C)3	166,640				GENERAL SUPPORT
(138) MARTIN LUTHER KING COMMUNITY CENTER 40 W. 40TH ST., INDIANAPOLIS, IN 46208	23-7415846	501(C)3	211,662				GENERAL SUPPORT
(139) MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST., INDIANAPOLIS, IN 46221-1539	35-0868954	501(C)3	467,439				GENERAL SUPPORT
(140) MCCOY, INC. (MARION COUNTY COMMISSION 3901 N. MERIDIAN ST., #201, INDIANAPOLIS, IN 46208	35-1900516	501(C)3	48,794				GENERAL SUPPORT
(141) MEALS ON WHEELS OF CENTRAL INDIANA 708 E. MICHIGAN, INDIANAPOLIS, IN 46204	35-1182075	501(C)3	110,276				GENERAL SUPPORT
(142) MEALS ON WHEELS OF HAMILTON COUNTY 395 WESTFIELD RD., NOBLESVILLE, IN 46060	35-1344488	501(C)3	25,203				GENERAL SUPPORT

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(143) MEALS ON WHEELS OF HANCOCK COUNTY, INC. 1133 W MAIN ST., SUITE C, GREENFIELD, IN 46140	35-2117913	501(C)3	41,969				GENERAL SUPPORT
(144) MENTAL HEALTH AMERICA OF GREATER INDPLS. 301 E. 38TH ST., INDIANAPOLIS, IN 46205-1542	35-0928128	501(C)3	260,684				GENERAL SUPPORT
(145) MENTAL HEALTH AMERICA OF HANCOCK COUNTY 312 E. MAIN STREET SUITE E, GREENFIELD, IN 46140	35-6071251	501(C)3	18,296				GENERAL SUPPORT
(146) MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR., STE. A, AVON, IN 46123	80-0878864	501(C)3	67,013				GENERAL SUPPORT
(147) METHODIST HEALTH FOUNDATION 1800 N. CAPITOL AVE., INDIANAPOLIS, IN 46207-7168	35-6043086	501(C)3	8,315				GENERAL SUPPORT
(148) MILLER TRANSPORTATION 111 OUTER LOOP, LOUISVILLE, KY 40214	61-1196769	501(C)3	24,968				GENERAL SUPPORT
(149) MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE., INDIANAPOLIS, IN 46241	35-1097820	GOVERNMENT	56,256				GENERAL SUPPORT
(150) MSD OF LAWRENCE TOWNSHIP 6501 SUNNYSIDE RD., INDIANAPOLIS, IN 46236	35-1573468	501(C)3	375,888				GENERAL SUPPORT
(151) MSD OF PIKE TOWNSHIP 6901 ZIONSVILLE RD, INDIANAPOLIS, IN 46268	35-6006872	501(C)3	59,646				GENERAL SUPPORT
(152) MT ZION LOVING DAYCARE 4900 E 38TH ST, INDIANAPOLIS, IN 46218	23-7438282	501(C)3	20,737				GENERAL SUPPORT
(153) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N. MERIDIAN ST., #201, INDIANAPOLIS, IN 46208	35-1916572	501(C)3	117,236				GENERAL SUPPORT
(154) NOBLE OF INDIANA 7701 E. 21ST ST., INDIANAPOLIS, IN 46219	35-0924720	501(C)3	571,762				GENERAL SUPPORT
(155) OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 804 W. DIAMOND AVE., #210, GAITHERSBURG, MD 20878	23-7076021	501(C)3	10,300				GENERAL SUPPORT
(156) PACE, INC (PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY) 2855 N. KEYSTONE AVE., #110, INDIANAPOLIS, IN 46218	35-1062235	501(C)3	92,081				GENERAL SUPPORT
(157) PERRY SENIOR CITIZENS SERVICES 6901 DERBYSHIRE RD., INDIANAPOLIS, IN 46227	35-1416248	501(C)3	8,400				GENERAL SUPPORT
(158) PLANNED PARENTHOOD OF INDIANA 200 S. MERIDIAN ST., #400, INDIANAPOLIS, IN 46225	35-0874276	501(C)3	25,108				GENERAL SUPPORT

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(169) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE. SW, CARMEL, IN 46032	35-1411017	501(C)3	215,344				GENERAL SUPPORT
(160) R.E.A.P. 15331 KUYKENDAHL ROAD, SUITE 602, HOUSTON, TX 77090	46-2157297	501(C)3	6,555				GENERAL SUPPORT
(161) REACH FOR YOUTH, INC. 3505 WASHINGTON BLVD., INDIANAPOLIS, IN 46205-3718	23-7456842	501(C)3	208,699				GENERAL SUPPORT
(162) REGION 5 WORKFORCE BOARD, INC. 836 SOUTH STATE STREET, GREENFIELD, IN 46140	31-1101403	501(C)3	133,000				GENERAL SUPPORT
(163) REHABILITATION HOSPITAL OF IN- FOUNDATION 4141 SHORE DR., INDIANAPOLIS, IN 46254- 2607	35-1932349	501(C)3	12,500				GENERAL SUPPORT
(164) RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN ST., #200, INDIANAPOLIS, IN 46204-3540	35-0868147	501(C)3	7,244				GENERAL SUPPORT
(165) RILEY CHILDREN'S FOUNDATION (HOSPITAL) 30 S. MERIDIAN STREET, SUITE 200, INDIANAPOLIS, IN 46204	35-0868147	501(C)3	14,029				GENERAL SUPPORT
(166) SAFE HIRING SOLUTIONS PO BOX 295, DANVILLE, IN 46122	20-1667311	501(C)3	11,725				GENERAL SUPPORT
(167) SCHOOL ON WHEELS 2605 E. 62ND ST., SUITE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)3	5,032				GENERAL SUPPORT
(168) SCRIBBLES MINISTRY - PITTSBORO CHRISTIAN CHURCH 216 N MAPLE ST, PITTSBORO, IN 46167	23-7412703	501(C)3	3,851				GENERAL SUPPORT
(169) SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE., INDIANAPOLIS, IN 46202	35-1484281	501(C)3	318,351				GENERAL SUPPORT
(170) SHELBY COUNTY UNITED FUND 126 N. HARRISON ST., SHELBYVILLE, IN 46176	35-0953458	501(C)3	7,709				GENERAL SUPPORT
(171) SHELTERING WINGS P.O. BOX 92, DANVILLE, IN 46122	35-2077713	501(C)3	246,744				GENERAL SUPPORT
(172) SHEPHERD COMMUNITY CENTER 4107 E. WASHINGTON ST., INDIANAPOLIS, IN 46201	35-1765846	501(C)3	75,536				GENERAL SUPPORT
(173) SHEPHERD'S GATE PANTRY FOOD & BABY SUPPLIES 17102 SPRINGMILL RD., WESTFIELD, IN 46074	35-1950891	501(C)3	10,700				GENERAL SUPPORT
(174) SHILOH CHILD CARE SHILOH MISSIONARY BAPTIST 3801 FOREST MANOR AVE, INDIANAPOLIS, IN 46226	35-1755182	501(C)3	50,329				GENERAL SUPPORT
(175) SMEKENS EDUCATION SOLUTIONS, INC. PO BOX 332, WARREN, IN 46792	33-1113279	501(C)3	6,272				GENERAL SUPPORT

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(176) SOCIAL HEALTH ASSOC. OF INDIANA, INC. 615 N. ALABAMA ST., #228, INDIANAPOLIS, IN 46204	35-0869056	501(C)3	107,642				GENERAL SUPPORT
(177) SOCIETY OF ST. VINCENT DE PAUL 3001 E. 30TH STREET, INDIANAPOLIS, IN 46218	37-1507632	501(C)3	24,473				GENERAL SUPPORT
(178) SOUTHEAST COMMUNITY SERVICES, INC. 901 SHELBY ST., INDIANAPOLIS, IN 46203	35-1318068	501(C)3	344,296				GENERAL SUPPORT
(179) SPECIAL OLYMPICS OF INDIANA 6200 TECHNOLOGY CENTER DR., SUITE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)3	5,372				GENERAL SUPPORT
(180) SS PETER & PAUL CATHEDRAL 1347 N. MERIDIAN STREET, INDIANAPOLIS, IN 46202	35-0868029	501(C)3	17,500				GENERAL SUPPORT
(181) ST. JOSEPH INSTITUTE FOR THE DEAF 9192 WALDEMAR RD., INDIANAPOLIS, IN 46268	43-0653494	501(C)3	6,722				GENERAL SUPPORT
(182) ST. JUDE CHILDRENS RESEARCH HOSPITAL - TN 501 ST. JUDE PL., MEMPHIS, TN 38105	62-0646012	501(C)3	7,556				GENERAL SUPPORT
(183) ST. MARY'S CHILD CENTER THOMPSON BUILDING, 901 DR. MARTIN LUTHER KING, JR. ST., INDIANAPOLIS, IN 46202	35-1141484	501(C)3	646,619				GENERAL SUPPORT
(184) ST. THOMAS MORE FREE CLINIC. INC. 1125 N. INDIANA ST., PO BOX 935, MOORESVILLE, IN 46158	59-3807171	501(C)3	5,320				GENERAL SUPPORT
(185) STARFISH INITIATIVE 814 N. DELAWARE ST., INDIANAPOLIS, IN 46204-1127	56-2442758	501(C)3	115,381				GENERAL SUPPORT
(186) STONE BELT ARC, INC 2815 E. 10TH ST., BLOOMINGTON, IN 47408	35-1059827	501(C)3	5,000				GENERAL SUPPORT
(187) SUMMER ADVANTAGE USA 1001 MARINA DRIVE, STE 410, QUINCY, MA 02171	26-3185485	501(C)3	10,000				GENERAL SUPPORT
(188) SYCAMORE SERVICES, INC. 1001 SYCAMORE LN., P.O. BOX 369, DANVILLE, IN 46122-1474	35-1064235	501(C)3	184,692				GENERAL SUPPORT
(189) TANGRAM 5155 PENNWOOD DR., INDIANAPOLIS, IN 46205	35-1661813	501(C)3	231,886				GENERAL SUPPORT
(190) THE ARC OF GREATER BOONE COUNTY 900 W. MAIN ST., LEBANON, IN 46052	35-1333698	501(C)3	38,839				GENERAL SUPPORT
(191) THE ARC OF INDIANA 107 N. PENNSYLVANIA ST., SUITE 800, INDIANAPOLIS, IN 46204-2423	35-1075886	501(C)3	6,100				GENERAL SUPPORT

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⁽¹⁹²⁾ THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N. MERIDIAN ST., INDIANAPOLIS, IN 46208	35-0867985	501(C)3	6,014				GENERAL SUPPORT
⁽¹⁹³⁾ THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNNE RD., CARMEL, IN 46032	35-2121568	501(C)3	36,929				GENERAL SUPPORT
⁽¹⁹⁴⁾ THE DAMIEN CENTER 26 N. ARSENAL AVE., INDIANAPOLIS, IN 46201	35-1711878	501(C)3	258,654				GENERAL SUPPORT
⁽¹⁹⁵⁾ THE INDIANAPOLIS PUBLIC LIBRARY FOUNDATION 2450 N MERIDIAN ST., INDIANAPOLIS, IN 46208	23-7016089	501(C)3	20,000				GENERAL SUPPORT
⁽¹⁹⁶⁾ THE JULIAN CENTER, INC. ADMIN. OFFICES & EMPMNT CNSL CNTR, 2011 N. MERIDIAN ST., INDIANAPOLIS, IN 46202-1305	35-1346514	501(C)3	798,435				GENERAL SUPPORT
⁽¹⁹⁷⁾ THE LEUKEMIA & LYMPHOMA SOCIETY - INDIANA CHAPTER 941 E. 86TH ST., SUITE 100, INDIANAPOLIS, IN 46240	13-5644916	501(C)3	7,359				GENERAL SUPPORT
⁽¹⁹⁸⁾ THE MIND TRUST 1630 N. MERIDIAN ST. SUITE 330, INDIANAPOLIS, IN 46202	20-4560286	501(C)3	8,250				GENERAL SUPPORT
⁽¹⁹⁹⁾ THE O'CONNOR HOUSE PO BOX 1061, CARMEL, IN 46082-1061	20-5533460	501(C)3	7,262				GENERAL SUPPORT
⁽²⁰⁰⁾ THE SALVATION ARMY 3100 N. MERIDIAN ST., INDIANAPOLIS, IN 46208	36-2167910	501(C)3	687,924				GENERAL SUPPORT
⁽²⁰¹⁾ THE VILLAGES 3833 N. MERIDIAN ST., #101, INDIANAPOLIS, IN 46208	35-1708240	501(C)3	138,582				GENERAL SUPPORT
⁽²⁰²⁾ TIMMY GLOBAL HEALTH 22 E. 22ND ST., INDIANAPOLIS, IN 46202	35-2012757	501(C)3	10,000				GENERAL SUPPORT
⁽²⁰³⁾ TREASURER OF THE STATE OF INDIANA (INDY PSP) 242 STATE HOUSE, INDIANAPOLIS, IN 46204	N/A	GOVERNMENT	570,000				GENERAL SUPPORT
⁽²⁰⁴⁾ TRINITY FREE CLINIC, INC. 1045 W. 146TH ST., SUITE B, CARMEL, IN 46032	35-2120420	501(C)3	33,960				GENERAL SUPPORT
⁽²⁰⁵⁾ UNITED CATHOLIC APPEAL 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46203	35-1018460	501(C)3	11,280				GENERAL SUPPORT
⁽²⁰⁶⁾ UNITED WAY OF BARTHOLOMEW COUNTY, INC. 1531 13TH ST., STE. 1100, COLUMBUS, IN 47201	35-1132860	501(C)3	6,850				GENERAL SUPPORT
⁽²⁰⁷⁾ UNITED WAY OF GREATER CINCINNATI 2400 READING RD., CINCINNATI, OH 45202-1478	31-0537502	501(C)3	9,716				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
(208) UNITED WAY OF GREATER KALAMAZOO 709 S. WESTNEDGE AVE., KALAMAZOO, MI 49007	38-1359193	501(C)3	10,000				GENERAL SUPPORT
(209) UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY 1114 E. STATE ST., #200, LAFAYETTE, IN 47905	35-0891621	501(C)3	11,449				GENERAL SUPPORT
(210) UNITED WAY OF JOHNSON COUNTY P.O. BOX 153, FRANKLIN, IN 46131	35-1082600	501(C)3	182,507				GENERAL SUPPORT
(211) UNITED WAY OF MADISON COUNTY, INC. - IN 1201 E. 5TH ST., #1019, ANDERSON, IN 46012-3481	35-1052350	501(C)3	31,522				GENERAL SUPPORT
(212) UNITED WAY OF MONROE COUNTY, INC. 441 S. COLLEGE AVE., BLOOMINGTON, IN 47403-1514	35-0985959	501(C)3	13,675				GENERAL SUPPORT
(213) UNITED WAY OF PUTNAM COUNTY 2 S. JACKSON ST., GREENCASTLE, IN 46135	35-6074100	501(C)3	5,045				GENERAL SUPPORT
(214) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL ROAD, SUITE 420, VIENNA, VA 22182	53-0234290	501(C)3	8,079				GENERAL SUPPORT
(215) UNITED WAY OF THE WABASH VALLEY, INC. 2901 OHIO BLVD., #215, TERRE HAUTE, IN 47803-2239	35-1008531	501(C)3	6,867				GENERAL SUPPORT
(216) UNIVERSITY HEIGHTS UNITED METHODIST 4002 OTTERBEIN AVE, INDIANAPOLIS, IN 46227	35-0985956	501(C)3	89,480				GENERAL SUPPORT
(217) VISITING NURSE SERVICE, INC. 4701 N. KEYSTONE AVE., INDIANAPOLIS, IN 46205-1563	35-0868199	501(C)3	94,889				GENERAL SUPPORT
(218) VOLUNTEERS OF AMERICA 927 N. PENNSYLVANIA ST., INDIANAPOLIS, IN 46204	35-1914815	501(C)3	549,668				GENERAL SUPPORT
(219) WELLSpring 301 W. HARRISON ST., P.O. BOX 1083, MARTINSVILLE, IN 46151	31-1255091	501(C)3	50,841				GENERAL SUPPORT
(220) WESTLANE MIDDLE SCHOOL 1301 WEST 73RD ST, INDIANAPOLIS, IN 46260	35-1695379	GOVERNMENT	5,524				GENERAL SUPPORT
(221) WESTMINSTER NEIGHBORHOOD MINISTRIES 2325 E NEW YORK, INDIANAPOLIS, IN 46201	46-3757511	501(C)3	32,021				GENERAL SUPPORT
(222) WHEELER MISSION MINISTRIES 205 E. NEW YORK ST., INDIANAPOLIS, IN 46204-2114	35-0888771	501(C)3	87,625				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
(223) WOUNDED WARRIORS PROJECT (WWW) P.O. BOX 758516, TOPEKA, KS 66675	20-2370934	501(C)3	6,825				GENERAL SUPPORT
(224) YMCA - BREAKFAST WITH SANTA 615 N. ALABAMA ST., #200, INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	12,500				GENERAL SUPPORT
(225) YMCA OF GREATER INDIANAPOLIS 615 N. ALABAMA ST., #200, INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	1,974,839				GENERAL SUPPORT
(226) YOUNG LIFE OF INDIANAPOLIS 4631 LISBORN DRIVE, CARMEL, IN 46033	84-0385934	501(C)3	5,600				GENERAL SUPPORT
(227) YOUTH CONNECTIONS 460 N. MORTON ST., STE. A, P.O. BOX 115, FRANKLIN, IN 46131	31-0900601	501(C)3	25,355				GENERAL SUPPORT

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), 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>

**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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

35-1007590

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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) |

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

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?

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.

- | | |
|---|---|
| <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 |

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:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" to line 5a or 5b, describe in Part III.

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:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes" to line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

Part I 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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ANN MURLTOW PRESIDENT, CEO & DIRECTOR	(i) 232,290 (ii) 0	10,000 0	552 0	4,203 0	28,299 0	275,344 0	0 0
2	GINA MILLER SENIOR VP OF OPERATIONS, CFO & ASST TREASURER	(i) 129,509 (ii) 0	5,000 0	216 0	1,868 0	19,225 0	155,818 0	0 0
3	JAY GESHAY SENIOR VP OF COMMUNITY IMPACT & FUNDRAISING	(i) 141,239 (ii) 0	19,385 0	552 0	5,627 0	28,671 0	195,474 0	0 0
4	ANGELA D'ARNEY VP GLOBAL INITIATIVES & TRANSFORMATIONAL GIFTS	(i) 139,451 (ii) 0	14,899 0	1,584 0	9,908 0	28,764 0	194,606 0	0 0
5	RONALD GIFFORD DIRECTOR JUMP IN	(i) 163,547 (ii) 0	0 0	833 0	4,594 0	17,943 0	186,917 0	0 0
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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

Transactions With Interested Persons

OMB No. 1545-0047

2014

Open To Public Inspection

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

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 ▶ \$ _____

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)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**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	✓	149	2,625,619	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

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

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.

2014

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 \$574,466.00 INCLUDING GRANTS OF \$574,466.00)(REVENUE \$12,097.00) 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 17,418 INDIVIDUALS WITH HOLIDAY ASSISTANCE, AND 624 HOUSEHOLDS WITH UTILITY ASSISTANCE DURING THE WINTER MONTHS						
FORM 990, PART VI, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL, FROM TIME TO TIME, CONSIST OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS: THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST BOARD CHAIR, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES (FINANCE, AUDIT, INVESTMENT & ENDOWMENT, GOVERNANCE, AND OTHER STANDING COMMITTEES AS DETERMINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS BY RESOLUTION), THE CAMPAIGN CHAIR, AND FIVE (5) AT-LARGE MEMBERS SELECTED IN ACCORDANCE WITH ARTICLE I, SECTION 3, OF THESE BYLAWS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL SERVE ON THE EXECUTIVE COMMITTEE WITH FULL VOTING RIGHTS. THE BOARD CHAIR SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ACT AS THE SECRETARY OF THE EXECUTIVE COMMITTEE. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND SUBJECT TO SUCH LIMITATIONS AS MAY BE IMPOSED BY LAW, THE ARTICLES OF INCORPORATION, OR THIS CODE OF BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, EXCEPT THAT NO ACTION SHALL BE TAKEN WHICH SHALL CONFLICT WITH THE EXPRESS POLICIES OF THE BOARD OF DIRECTORS.						
FORM 990, PART VI, LINE 2	FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	SHELLY LANGONA AND DENNIS SPONSEL - FAMILY RELATIONSHIP DAVID RESNICK AND ANDIE FRIEDMAN - BUSINESS RELATIONSHIP ANN MURTLOW AND JEAN WOJTOWICZ - BUSINESS RELATIONSHIP						
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE CHAIR OF THE AUDIT COMMITTEE PRESENTED FORM 990 INFORMATION TO THE BOARD OF DIRECTORS ON OCTOBER 21, 2015. THE FORM WAS ELECTRONICALLY PROVIDED TO EACH BOARD MEMBER BEFORE THE MEETING AND HARD COPIES OF THE RETURN AND PRESENTATION WERE ALSO AVAILABLE AT THE MEETING. A REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM WAS ALSO PRESENT AT THE BOARD MEETING.						
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	UNITED WAY OF CENTRAL INDIANA (UWCI) REQUIRES ALL BOARD MEMBERS, MEMBERS OF KEY COMMITTEES, OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES TO COMPLETE A CONFLICT OF 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.						
FORM 990, PART VI, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	AN EXECUTIVE COMPENSATION/EVALUATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE PERFORMANCE OF THE PRESIDENT AND TO ESTABLISH ANNUAL COMPENSATION ADJUSTMENTS. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, ARE USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES.						
FORM 990, PART VI, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE EXECUTIVE COMPENSATION COMMITTEE ALSO REVIEWS THE SALARIES FOR ALL SENIOR EXECUTIVES, INCLUDING THE ASSISTANT TREASURER & 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.						
FORM 990, PART VI, 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 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>PROVISION FOR UNCOLLECTIBLE PLEDGES</td> <td>- 1,826,062</td> </tr> <tr> <td>UNRECOGNIZED PENSION LOSS</td> <td>- 616,320</td> </tr> </tbody> </table>	(a) Description	(b) Amount	PROVISION FOR UNCOLLECTIBLE PLEDGES	- 1,826,062	UNRECOGNIZED PENSION LOSS	- 616,320
(a) Description	(b) Amount							
PROVISION FOR UNCOLLECTIBLE PLEDGES	- 1,826,062							
UNRECOGNIZED PENSION LOSS	- 616,320							

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

35-1007590

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.

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

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) COMMUNITY SERVICE COUNCIL OF CENTRAL IN P.O. BOX 88409, INDIANAPOLIS, IN 46208	HUMAN SRVCS PLANNING AND RELATED ACTIVITIES	IN			N/A		
(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, N/A	INVESTMENTS	NY	N/A	TRUST	N/A	N/A	N/A		✓
(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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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)													
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(6)													
(7)													
(8)													
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(15)													
(16)													