

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

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 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

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

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

G Gross receipts \$ 114,112,977

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 FIGHTS FOR THE EDUCATION, FINANCIAL STABILITY, HEALTH AND BASIC NEEDS OF EVERYONE IN OUR COMMUNITY.</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>79</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>78</u>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	<u>227</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>13,301</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>61,365,524</u>	<u>57,286,142</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>928,660</u>	<u>601,543</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>6,536,662</u>	<u>3,235,119</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>68,857,610</u>	<u>61,230,934</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>43,825,460</u>	<u>40,346,629</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>8,987,282</u>	<u>9,133,271</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,938,293</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>6,605,908</u>	<u>7,711,975</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>59,418,650</u>	<u>57,191,875</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>9,438,960</u>	<u>4,039,059</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>168,084,429</u>	<u>165,365,580</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>11,006,030</u>	<u>9,248,455</u>
			<u>157,078,399</u>	<u>156,117,125</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 11/14/2016 Check if self-employed PTIN P00520729
 Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 10 WEST MARKET STREET, SUITE 2000, INDIANAPOLIS, IN 46204-2975 Phone no. (317) 632-1100

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:

FOR NEARLY 100 YEARS, WE HAVE STRIVED TO HELP ALL CENTRAL INDIANA RESIDENTS ACHIEVE AND MAINTAIN SELF-SUFFICIENCY BY FOCUSING ON FOUR KEY AREAS OF COMMUNITY IMPACT – EDUCATION, FINANCIAL STABILITY, HEALTH AND BASIC NEEDS – IN THE SIX-COUNTY REGION OF BOONE, HAMILTON, HANCOCK, HENDRICKS, MARION AND (SEE STATEMENT)

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 \$ 34,116,430 including grants of \$ 32,999,214) (Revenue \$ 541,285)

UNITED WAY OF CENTRAL INDIANA (UWCI) ADDRESSES CENTRAL INDIANA'S MOST PRESSING NEEDS IN EDUCATION, FINANCIAL STABILITY, HEALTH, AND BASIC NEEDS. MUCH OF THIS WORK IS ACCOMPLISHED IN PARTNERSHIP WITH OUR 91 AFFILIATED AGENCIES. THESE AGENCIES ARE PART OF A RIGOROUS EVALUATION PROCESS THAT REQUIRES SOUND GOVERNANCE, MANAGEMENT, FINANCIAL STABILITY, STRATEGIC PLANNING, AND ALIGNMENT WITH UWCI'S COMMUNITY GOALS IN EDUCATION, FINANCIAL STABILITY, HEALTH AND BASIC NEEDS. UWCI SUPPORTS THESE AGENCIES THROUGH DONOR DESIGNATIONS (\$3+M), UNRESTRICTED OPERATING GRANTS (\$18+M), AND OTHER GRANT AND DIRECT SUPPORT FOR PROGRAMS SUCH AS CENTERS FOR WORKING FAMILIES, CAPITAL PROJECTS, FACILITIES MAINTENANCE, CAPACITY BUILDING AND, CONTINGENCY FUNDS. THROUGH OUR SUPPORT OF THESE 91 AGENCIES, UWCI FACILITATES HEALTH PROGRAMS FOR TENS OF THOUSANDS OF ADULTS INCLUDING MEALS, EDUCATION, TRANSPORTATION AND HEALTH SERVICES; EDUCATION PROGRAMS FOR HUNDREDS OF THOUSANDS OF CHILDREN INCLUDING QUALITY CHILD CARE, READING, AND YOUTH DEVELOPMENT PROGRAMS; BASIC NEEDS PROGRAMS FOR (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 8,530,499 including grants of \$ 6,729,592) (Revenue \$)

UWCI INVESTS SIGNIFICANT RESOURCES, BOTH HUMAN AND FINANCIAL, INTO EDUCATION PROGRAMS DESIGNED TO MEET OUR COMMUNITY-LEVEL EDUCATION GOALS: 90% ON-TIME HIGH SCHOOL GRADUATION RATE; 90% OF 3RD GRADERS AT GRADE-LEVEL READING ABILITY; AND 80% OF CHILD CARE CENTERS BEING HIGH QUALITY. THESE INVESTMENTS ARE IN DATA-PROVEN INITIATIVES SUCH AS READUP THIRD-GRADE TUTORING AND PRE-K SCHOLARSHIPS AND CAPACITY BUILDING. THROUGH THESE PROGRAMS WE HAVE HELPED 71 CHILD CARE SITES REACH LEVEL 1 OR HIGHER IN THE INDIANA PATHS TO QUALITY RATING SYSTEM; APPROXIMATELY 7,500 LOW-INCOME CHILDREN RECEIVE HIGH-QUALITY CHILD CARE; 528 THIRD, FOURTH AND FIFTH GRADERS PARTICIPATING IN OUR READUP TUTORING PROGRAM AND IMPROVING THEIR READING SKILLS 37% MORE THAN THEIR PEERS NOT PARTICIPATING IN READUP.

4c (Code:) (Expenses \$ 4,992,410 including grants of \$) (Revenue \$ 229,636)

OTHER PROGRAM SERVICES INCLUDE A NUMBER OF PROGRAM DESIGNED TO ENSURE WE ARE MAKING DATA-DRIVEN COMMUNITY IMPACT DECISIONS, IMPLEMENTING THEM WITH FIDELITY, AND LEVERAGING ALL FINANCIAL AND HUMAN RESOURCES IN OUR COMMUNITY. THESE INCLUDE: COMMUNITY NEEDS/HUMAN SERVICES RESEARCH; PUBLIC POLICY ADVOCACY; VOLUNTEER TRAINING, DEVELOPMENT, AND DEPLOYMENT; NONPROFIT LEADERSHIP EDUCATION AND TRAINING; RIGOROUS EVALUATION OF OUR 91 AFFILIATED AGENCIES; AND SERVING AS A CONVENER FOR COMMUNITY LEADERS AND FUNDERS TO ALIGN RESOURCES AROUND SHARED COMMUNITY GOALS.

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

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

4e Total program service expenses ▶ 48,257,162

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"/>
12 a 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"/>
14 a 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"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
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>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 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>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7g), sponsoring organizations (8-9b), and Section 501(c)(7) and (12) organizations (10a-11b).

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:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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) STEVEN WALKER DIRECTOR & CHAIRMAN	1.0	✓		✓				0	0	0
(2) CONNIE STUART DIRECTOR & CHAIR ELECT	1.0	✓		✓				0	0	0
(3) DEBORAH DANIELS DIRECTOR & SECRETARY	1.0	✓		✓				0	0	0
(4) MATTHEW COHOAT DIRECTOR & TREASURER	1.0	✓		✓				0	0	0
(5) STEVE ALONSO DIRECTOR	1.0	✓						0	0	0
(6) CHARLES BANTZ DIRECTOR (PARTIAL YEAR)	1.0	✓						0	0	0
(7) MICHAEL BECHER DIRECTOR	1.0	✓						0	0	0
(8) BILL BENNER DIRECTOR	1.0	✓						0	0	0
(9) MARY BOELKE DIRECTOR	1.0	✓						0	0	0
(10) JAMES BOYCE DIRECTOR	1.0	✓						0	0	0
(11) VINCENT CAPONI DIRECTOR	1.0	✓						0	0	0
(12) MOLLY CHAVERS DIRECTOR	1.0	✓						0	0	0
(13) RODNEY COTTON DIRECTOR	1.0	✓						0	0	0
(14) RYAN DAILEY DIRECTOR (PARTIAL YEAR)	1.0	✓						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) DENISE DANK DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) LARRY DELIA DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) MICHAEL DILTS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) SHERMIKA DUERSON DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) CLAUDETTE EINHORN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) MURVIN ENDERS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) DANIEL EVANS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) MARTHA FARLEY DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) CLAIRE FIDDIAN-GREEN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) ANDIE FRIEDMAN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,402,923	0	200,202
d Total (add lines 1b and 1c)								1,402,923	0	200,202

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>		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HAGERMAN, INC., 510 WEST WASHINGTON BLVD., FT WAYNE, IN 46861	CAPITAL PROJECTS-CHILDCARE MINISTRIES	741,224
CALDWELL VANRIPER, INC, 111 MONUMENT CIRCLE, SUITE #4150, INDIANAPOLIS, IN 46204	ADVERTISING	394,411
STRATUS LIVE, LLC, 6465 COLLEGE PARK SQUARE, 400, VIRGINIA BEACH, VA 23464	SOFTWARE/CONSULTING	378,371
PERFECT IMPRESSIONS, 3901 N MERIDIAN ST, STE 15, INDIANAPOLIS, IN 46202	PRINTING/OFFICE SERVICES	215,859
COMMUNITY SOLUTIONS, INC, 1433 N MERIDIAN ST, STE 206, INDIANAPOLIS, IN 46202	CONSULTING SERVICES	171,812

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 **▶ 8**

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	82,215				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	8,051,791				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,152,136				
	g Noncash contributions included in lines 1a-1f: \$		1,112,606				
	h Total. Add lines 1a-1f		57,286,142				
Program Service Revenue	Business Code						
	2a DONOR DESIGNATION FEES	900099	532,217	532,217			
	b NONPROFIT TRAINING	900099	60,258	60,258			
	c GRANT ADMINISTRATION	900099	9,068	9,068			
	d _____						
	e _____						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		601,543					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,884,298			2,884,298	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	256,724				
		(ii) Personal		0			
		b Less: rental expenses	317,426				
		c Rental income or (loss)	(60,702)				
	d Net rental income or (loss)		(60,702)			(60,702)	
	7a Gross amount from sales of assets other than inventory	(i) Securities	52,851,292				
		(ii) Other					
		b Less: cost or other basis and sales expenses	51,507,861	992,610			
		c Gain or (loss)	1,343,431	(992,610)			
	d Net gain or (loss)		350,821			350,821	
	8a Gross income from fundraising events (not including \$ 82,215 of contributions reported on line 1c). See Part IV, line 18	a	47,484				
		b Less: direct expenses	64,146				
		c Net income or (loss) from fundraising events .		(16,662)			(16,662)
	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 SALES AT AUCTION	900099	26,682	26,682				
b MEETING TICKET SALES	900099	118,735	118,735				
c SPECIAL EVENTS	900099	21,638	21,638				
d All other revenue	900099	18,439	18,439	0	0		
e Total. Add lines 11a-11d		185,494					
12 Total revenue. See instructions.		61,230,934	787,037	0	3,157,755		

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	39,728,806	39,728,806		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	617,823	617,823		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	725,478	177,916	358,569	188,993
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,799,311	3,007,129	1,335,993	2,456,189
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,299	31,018	34,157	32,124
9 Other employee benefits	964,199	386,046	223,200	354,953
10 Payroll taxes	546,984	227,502	130,637	188,845
11 Fees for services (non-employees):				
a Management				
b Legal	17,667	388	15,383	1,896
c Accounting	88,720		88,720	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	374,822		374,822	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,570,519	1,841,061	614,094	115,364
12 Advertising and promotion	937,139	448,785	60,293	428,061
13 Office expenses	250,141	34,739	78,942	136,460
14 Information technology	946,178	302,144	218,768	425,266
15 Royalties				
16 Occupancy	773,149	280,106	158,759	334,284
17 Travel	120,268	57,026	31,681	31,561
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	484,349	206,541	169,377	108,431
20 Interest				
21 Payments to affiliates	244,345	77,799	51,131	115,415
22 Depreciation, depletion, and amortization	47,600	46,359		1,241
23 Insurance	30,184	10,861	6,167	13,156
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLASSROOM SUPPLIES, PLAYGROUND EQUIPMENT, BOOKS, & OTHER SUPPLIES	740,566	740,566		
b				
c				
d				
e All other expenses	86,328	34,547	45,727	6,054
25 Total functional expenses. Add lines 1 through 24e	57,191,875	48,257,162	3,996,420	4,938,293
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,000	1	1,000
	2 Savings and temporary cash investments	33,549,608	2	26,513,260
	3 Pledges and grants receivable, net	15,920,281	3	16,055,900
	4 Accounts receivable, net	4,010,467	4	6,838,537
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,223,815	9	285,177
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,029,899		
	b Less: accumulated depreciation	1,869,398	10c	160,501
	11 Investments—publicly traded securities	111,993,101	11	115,511,205
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,084,429	16	165,365,580	
Liabilities	17 Accounts payable and accrued expenses	2,133,567	17	3,440,704
	18 Grants payable	8,605,469	18	5,420,962
	19 Deferred revenue		19	37,940
	20 Tax-exempt bond liabilities		20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	266,994	21	348,849
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	11,006,030	26	9,248,455
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	28,380,167	27	26,952,534
	28 Temporarily restricted net assets	46,845,289	28	46,062,105
	29 Permanently restricted net assets	81,852,943	29	83,102,486
	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	0
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	0
	32 Retained earnings, endowment, accumulated income, or other funds		32	0
	33 Total net assets or fund balances	157,078,399	33	156,117,125
	34 Total liabilities and net assets/fund balances	168,084,429	34	165,365,580

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	61,230,934
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,191,875
3	Revenue less expenses. Subtract line 2 from line 1	3	4,039,059
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	157,078,399
5	Net unrealized gains (losses) on investments	5	(2,683,463)
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	(2,316,870)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	156,117,125

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) STEPHANIE FUHRMANN ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) GEOFFREY GAILEY ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) KAREN GENTLEMAN ----- DIRECTOR	1.0 -----	✓						0	0	0
(28) GARY GIBSON ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) JOE GILBERT ----- DIRECTOR	1.0 -----	✓						0	0	0
(30) MARIANNE GLICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(31) JUAN GONZALEZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(32) JIM HALLETT ----- DIRECTOR	1.0 -----	✓						0	0	0
(33) KATIE HAMMER ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(34) BILL HANSEN ----- DIRECTOR	1.0 -----	✓						0	0	0
(35) MIKE HARRINGTON ----- DIRECTOR	1.0 -----	✓						0	0	0
(36) LISA HARRIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(37) JEFF HARRISON ----- DIRECTOR	1.0 -----	✓						0	0	0
(38) GINA HAYS ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(39) RICHARD HESTER ----- DIRECTOR	1.0 -----	✓						0	0	0
(40) BRUCE HETRICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(41) ABBE HOHMANN ----- DIRECTOR	1.0 -----	✓						0	0	0
(42) MARILOU IDLAND ----- DIRECTOR	1.0 -----	✓						0	0	0
(43) KALEN IRSAY ----- DIRECTOR	1.0 -----	✓						0	0	0
(44) DONALD KNEBEL ----- DIRECTOR	1.0 -----	✓						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) JONATHON KROEHLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(46) MICHAEL LANGELLIER ----- DIRECTOR	1.0 -----	✓						0	0	0
(47) DAVID LEWIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(48) SCOTT LUC ----- DIRECTOR	1.0 -----	✓						0	0	0
(49) JOHN MASON ----- DIRECTOR	1.0 -----	✓						0	0	0
(50) ANN MATHEIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(51) TODD MAURER ----- DIRECTOR	1.0 -----	✓						0	0	0
(52) BOB MCELWAIN ----- DIRECTOR	1.0 -----	✓						0	0	0
(53) JAMIE MERISOTIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(54) MARK MILES ----- DIRECTOR	1.0 -----	✓						0	0	0
(55) BRYAN MILLS ----- DIRECTOR	1.0 -----	✓						0	0	0
(56) ANDREW MOHR ----- DIRECTOR	1.0 -----	✓						0	0	0
(57) GREG MORRIS ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(58) JONATHAN NALLI ----- DIRECTOR	1.0 -----	✓						0	0	0
(59) JOHN NEIGHBOURS ----- DIRECTOR	1.0 -----	✓						0	0	0
(60) STEVEN NELICK ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(61) BETH NICHOLAS ----- DIRECTOR	1.0 -----	✓						0	0	0
(62) MICHAEL O'CONNOR ----- DIRECTOR	1.0 -----	✓						0	0	0
(63) SAMUEL ODLE ----- DIRECTOR	1.0 -----	✓						0	0	0
(64) GREGORY PEMBERTON ----- DIRECTOR	1.0 -----	✓						0	0	0
(65) MAMON POWERS ----- DIRECTOR	1.0 -----	✓						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) MARK RATEKIN ----- DIRECTOR	1.0 -----	✓						0	0	0
(67) DAVID RESNICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(68) DAVE RICKS ----- DIRECTOR	1.0 -----	✓						0	0	0
(69) KELLY RITCHIE ----- DIRECTOR	1.0 -----	✓						0	0	0
(70) LOU RIVIECCIO ----- DIRECTOR	1.0 -----	✓						0	0	0
(71) CLAY ROBBINS ----- DIRECTOR	1.0 -----	✓						0	0	0
(72) RAFAEL SANCHEZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(73) DENNIS SASSO ----- DIRECTOR	1.0 -----	✓						0	0	0
(74) ZACHARY SCOTT ----- DIRECTOR	1.0 -----	✓						0	0	0
(75) DENNY SPONSEL ----- DIRECTOR	1.0 -----	✓						0	0	0
(76) COLLEEN SPRINGATE ----- DIRECTOR	1.0 -----	✓						0	0	0
(77) CATHY STOLL ----- DIRECTOR	1.0 -----	✓						0	0	0
(78) MARY ANN SULLIVAN ----- DIRECTOR	1.0 -----	✓						0	0	0
(79) JESSICA THOMAS ----- DIRECTOR	1.0 -----	✓						0	0	0
(80) PONCE TIDWELL ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(81) SHELLY TOWNS ----- DIRECTOR	1.0 -----	✓						0	0	0
(82) PATZETTA TRICE ----- DIRECTOR	1.0 -----	✓						0	0	0
(83) DONALDSON TWYMAN ----- DIRECTOR	1.0 -----	✓						0	0	0
(84) JEAN WOJTOWICZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(85) TERENCE YEN ----- DIRECTOR	1.0 -----	✓						0	0	0
(86) ANN MURTLow ----- CEO & PRESIDENT	40.0 -----			✓				286,711	0	44,485

(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			
(87) GINA MILLER ----- SENIOR VP OF OPERATIONS, CFO & ASST TREASURER	40.0 -----			✓			173,883	0	21,363
(88) JAY GESHAH ----- SENIOR VP OF COMMUNITY IMPACT & FUNDRAISING	40.0 -----				✓		176,832	0	31,218
(89) JULIANNE BURNS ----- SENIOR VP OPERATIONS, JUMP IN	40.0 -----					✓	161,417	0	5,289
(90) ANGELA DABNEY ----- VP GLOBAL INITIATIVES & TRANSFORMATIONAL GIFTS	40.0 -----					✓	145,419	0	33,108
(91) RONALD GIFFORD ----- DIRECTOR JUMP IN	40.0 -----					✓	200,555	0	39,054
(92) CHRISTIE GILLESPIE ----- VICE PRESIDENT OF COMMUNITY IMPACT	40.0 -----					✓	120,406	0	13,371
(93) CHRISTOPHER HERNDON ----- SENIOR VICE PRESIDENT OF COMMUNITY ENGAGEMENT	40.0 -----					✓	137,700	0	12,314

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (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 (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,678,818	50,198,558	52,749,561	60,973,135	57,776,123	279,376,195
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	57,678,818	50,198,558	52,749,561	60,973,135	57,776,123	279,376,195
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)						64,232,253
6 Public support. Subtract line 5 from line 4.						215,143,942

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	57,678,818	50,198,558	52,749,561	60,973,135	57,776,123	279,376,195
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,406,766	1,928,716	2,244,515	2,542,420	3,141,022	12,263,439
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	61,751	47,358	60,275	163,624	240,368	573,376
11 Total support. Add lines 7 through 10						292,213,010
12 Gross receipts from related activities, etc. (see instructions)					12	4,906,111
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 2015 (line 6, column (f) divided by line 11, column (f))	14	73.63 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	73.01 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <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).			

Schedule A (Form 990 or 990-EZ) 2015

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	OTHER INCOME	61,751	47,358	21,025	119,972	192,884	442,990
	FUNDRAISING REVENUE			39,250	43,652	47,484	130,386
	Total	61,751	47,358	60,275	163,624	240,368	573,376

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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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	----- ----- -----	\$ 7,596,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 5,681,564	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,250,000	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
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

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.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,598													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,033													
c	Total lobbying expenditures (add lines 1a and 1b)	13,631													
d	Other exempt purpose expenditures	57,178,245													
e	Total exempt purpose expenditures (add lines 1c and 1d)	57,191,876													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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	1,064	14,261	46,052	13,631	75,008
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	473	5,558	4,288	5,598	15,917

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

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

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

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

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

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

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

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	
2 Aggregate value of contributions to (during year)	193,000	
3 Aggregate value of grants from (during year)	210,374	
4 Aggregate value at end of year	0	
5 Did the organization inform all donors and donor 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of 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, handling of violations, and enforcing conservation easements during the year ▶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,458,954	80,121,500	70,793,827	64,319,834	67,748,821
b Contributions	40,878	775,469	148,866	1,950,869	51,532
c Net investment earnings, gains, and losses	125,686	2,007,974	10,681,934	6,422,944	(1,428,118)
d Grants or scholarships					
e Other expenditures for facilities and programs	183,982	1,445,989	1,503,127	1,899,820	2,052,401
f Administrative expenses					
g End of year balance	81,441,536	81,458,954	80,121,500	70,793,827	64,319,834

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

- a** Board designated or quasi-endowment ▶ 0.92 %
- b** Permanent endowment ▶ 98.62 %
- c** Temporarily restricted endowment ▶ 0.46 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings		47,785	40,108	7,677
c Leasehold improvements				
d Equipment		1,982,114	1,829,290	152,824
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				160,501

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part 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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING DIRECT EXPENSES	64,146

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	NET DONOR DESIGNATED PLEDGES	6,984,777
	PROVISION FOR UNCOLLECTIBLE PLEDGES	1,407,330
	LOSS ON DISPOSAL OF LAND, BUILDING AND EQUIPMENT	- 992,610

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING DIRECT EXPENSE	64,146

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	NET DONOR DESIGNATED PLEDGES	6,984,777

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 2013. UNITED WAY AND UWCI, LLC DO NOT EXPECT THE TOTAL AMOUNT OF UNCERTAIN TAX POSITIONS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. UNITED WAY AND UWCI, LLC RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. UNITED WAY AND UWCI, LLC DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2016 OR 2015.</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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>RED CARPET GALA</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	129,699			129,699
	2 Less: Contributions	82,215			82,215
	3 Gross income (line 1 minus line 2)	47,484	0	0	47,484
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	10,835			10,835
	7 Food and beverages	38,172			38,172
	8 Entertainment	3,390			3,390
	9 Other direct expenses	11,749			11,749
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				64,146
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(16,662)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

35-1007590

UNITED WAY OF CENTRAL INDIANA, INC.

Part I General Information on Grants and Assistance

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

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

(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 STE 10, INDIANAPOLIS, IN 46208-4026	35-1813852	501(C)3	8,333				GENERAL SUPPORT
(2) A CHILD'S PLACE PRESCHOOL A CHILD'S PLACE PRESCHOOL, 2027 SCHWIER CT, INDIANAPOLIS, IN 46208-4026	30-9822968	501(C)3	6,800				GENERAL SUPPORT
(3) AGAPE THERAPEUTIC RIDING CENTER PO BOX 207, CICERO, IN 46034-0207	31-1193132	501(C)3	5,262				GENERAL SUPPORT
(4) ALS ASSOCIATION - IN CHAPTER 7202 E. 87TH ST., STE. 102, INDIANAPOLIS, IN 46256	35-2029321	501(C)3	8,226				GENERAL SUPPORT
(5) ALTERNATIVES INCORPORATED PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	131,722				GENERAL SUPPORT
(6) ALZHEIMER'S ASSOCIATION - GREATER INDIANAPOLIS 50 E 91ST STREET, STE 100, INDIANAPOLIS, IN 46240	35-1747836	501(C)3	23,727				GENERAL SUPPORT
(7) AMERICAN CANCER SOCIETY - CENTRAL IN 5635 W 96TH ST, STE 100, INDIANAPOLIS, IN 46278-6025	38-1387120	501(C)3	278,336				GENERAL SUPPORT
(8) AMERICAN DIABETES ASSN. - IN AFFILIATE 8604 ALLISONVILLE RD, INDIANAPOLIS, IN 46250-5541	13-1623888	501(C)3	8,304				GENERAL SUPPORT
(9) AMERICAN RED CROSS - NEW MEXICO CHAPTER 142 MONROE NE, ALBUQUERQUE, NM 87108	53-0196605	501(C)3	5,792				GENERAL SUPPORT
(10) AMERICAN RED CROSS CHAPTER # 14164 PO BOX 73857, CHICAGO, IL 60673-7857	35-0869023	501(C)3	1,156,158				GENERAL SUPPORT
(11) ASSISTANCE LEAGUE OF INDIANAPOLIS OPERATION SCHOOL BE 1475 W. 86TH ST., INDIANAPOLIS, IN 46260-2185	35-1635410	501(C)3	26,977				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 260

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) (2015)

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) AUNTIE MAME'S CHILD DEVELOPMENT CTR, INC 3120 N. EMERSON AVE. , INDIANAPOLIS , IN 46218	35-1183697	501(C)3	236,841				GENERAL SUPPORT
(13) AYS, INC. 4755 KINGSWAY DR., #300 , INDIANAPOLIS , IN 46205	31-0989270	501(C)3	162,088				GENERAL SUPPORT
(14) BARBARA B. JORDAN YMCA 2039 E. MORGAN ST. , MARTINSVILLE , IN 46151	35-2019312	501(C)3	23,628				GENERAL SUPPORT
(15) BEGINNINGS PRESCHOOL CHILD CARE 8600 N COLLEGE AVENUE , INDIANAPOLIS , IN 46240	35-1065808	501(C)3	104,969				GENERAL SUPPORT
(16) BETHANY EARLY LEARNING MINISTRY 4702 S EAST ST , INDIANAPOLIS , IN 46227	35-1409373	501(C)3	109,898				GENERAL SUPPORT
(17) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST, STE 150 , INDIANAPOLIS , IN 46208-4715	35-1323831	501(C)3	530,112				GENERAL SUPPORT
(18) BOONE COUNTY CANCER SOCIETY 117 W. ELM ST. , LEBANON , IN 46052	35-6044450	501(C)3	17,032				GENERAL SUPPORT
(19) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR , LEBANON , IN 46052	35-1445498	501(C)3	78,289				GENERAL SUPPORT
(20) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN STE 300, CARMEL, IN 46032-3809	35-0230360	501(C)3	15,496				GENERAL SUPPORT
(21) BOSMA ENTERPRISES 8020 ZIONSVILLE RD , INDIANAPOLIS , IN 46268	35-1246086	501(C)3	64,826				GENERAL SUPPORT
(22) BOY SCOUTS OF AMERICA- CROSSROADS COUNCIL 7125 FALL CREEK RD , INDIANAPOLIS , IN 46256-3167	35-0867962	501(C)3	554,838				GENERAL SUPPORT
(23) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST , NOBLESVILLE , IN 46060	35-1054426	501(C)3	238,983				GENERAL SUPPORT
(24) BOYS & GIRLS CLUB OF ZIONSVILLE 1575 MULBERRY ST. , ZIONSVILLE , IN 46077	35-1750659	501(C)3	81,546				GENERAL SUPPORT
(25) BOYS & GIRLS CLUBS OF HANCOCK COUNTY PO BOX 115 , GREENFIELD , IN 46140-0346	35-0979327	501(C)3	92,335				GENERAL SUPPORT
(26) BUDDHIST TZU CHI FOUNDATION 1100 S. VALLEY CENTER AVE., SAN DIMAS, CA 91773	94-2952782	501(C)3	6,050				GENERAL SUPPORT
(27) BUSINESS OWNERSHIP INITIATIVE OF IN 111 MONUMENT CIRCLE, STE 1950 , INDIANAPOLIS , IN 46204	35-2028160	501(C)3	35,000				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) BUTLER IPYW 3330 N PENNSYLVANIA ST , INDIANAPOLIS , IN 46205	35-0867977	501(C)3	35,202				GENERAL SUPPORT
(29) CAFE 8902 E 38TH ST , INDIANAPOLIS , IN 46226	35-2018453	501(C)3	295,963				GENERAL SUPPORT
(30) CANCER SUPPORT COMMUNITY-CENTRAL INDIANA 5150 W. 71ST ST., INDIANAPOLIS, IN 46268	35-1902427	501(C)3	9,613				GENERAL SUPPORT
(31) CARDINAL RITTER HIGH SCHOOL 3360 W. 30TH ST., INDIANAPOLIS, IN 46222-2139	35-1096103	501(C)3	13,355				GENERAL SUPPORT
(32) CATHOLIC CHARITIES INDIANAPOLIS PO BOX 1410 , INDIANAPOLIS , IN 46206	47-3062508	501(C)3	693,725				GENERAL SUPPORT
(33) CATHOLIC RELIEF SERVICES (USCC) PO BOX 17526 , BALTIMORE , MD 21298-8180	13-5563422	501(C)3	107,093				GENERAL SUPPORT
(34) CATHOLIC YOUTH ORGANIZATION RANCHO FRAMASO 580 E. STEVENS ST. , INDIANAPOLIS , IN 46203-1781	90-0657156	501(C)3	168,449				GENERAL SUPPORT
(35) CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR. MARTIN LUTHER KING JR. ST., INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	36,426				GENERAL SUPPORT
(36) CHAMPION KIDZ CLUBHOUSE LLC 1498 N POST ROAD , INDIANAPOLIS , IN 46219	45-3972731	501(C)3	40,800				GENERAL SUPPORT
(37) CHAPEL HILL CHRISTIAN SCHOOL 1055 N GIRLS SCHOOL RD , INDIANAPOLIS , IN 46214	35-1484040	501(C)3	131,087				GENERAL SUPPORT
(38) CHARITY CHILD CARE PO BOX 22657 , INDIANAPOLIS , IN 46222	35-1927248	501(C)3	203,320				GENERAL SUPPORT
(39) CHILD ADVOCATES, INC. 8200 HAVERSTICK RD, STE 240 , INDIANAPOLIS , IN 46240	35-1788240	501(C)3	268,862				GENERAL SUPPORT
(40) CHILDREN OF AMERICA INDIANAPOLIS, LLC 10830 PENDLETON PIKE , INDIANAPOLIS , IN 46236	27-1626162	501(C)3	17,000				GENERAL SUPPORT
(41) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS , IN 46202	35-1061264	501(C)3	883,532				GENERAL SUPPORT
(42) CHILDREN'S COTTAGE, THE 5935 SHELBY , INDIANAPOLIS , IN 46227	26-3328789	501(C)3	77,124				GENERAL SUPPORT
(43) CHILDREN'S THERAPLAY FOUNDATION, INC., THE 9919 TOWNE RD , CARMEL , IN 46032	35-2121568	501(C)3	65,185				GENERAL SUPPORT
(44) CHINSUH CHILDCARE 6470 SHELBY STREET , INDIANAPOLIS , IN 46227	46-4743693	501(C)3	6,800				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
(45) CHRIST TEMPLE CHRISTIAN ACADEMY 430 W FALL CREEK PARKWAY , INDIANAPOLIS , IN 46208	35-0953428	501(C)3	87,992				GENERAL SUPPORT
(46) CHRISTAMORE HOUSE 502 N TREMONT ST , INDIANAPOLIS , IN 46222	35-0885588	501(C)3	212,895				GENERAL SUPPORT
(47) CHRISTEL HOUSE 10 W. MARKET ST., #1990, INDIANAPOLIS, IN 46204	35-2051932	501(C)3	11,759				GENERAL SUPPORT
(48) CICOA FOUNDATION 4755 KINGSWAY DR, STE 200 , INDIANAPOLIS , IN 46205-1560	35-1859069	501(C)3	77,000				GENERAL SUPPORT
(49) COALITION FOR HOMELESSNESS INTERVENTION/PREVENTION 1100 W 42ND ST, STE 350 , INDIANAPOLIS , IN 46208	31-1254018	501(C)3	242,909				GENERAL SUPPORT
(50) COBURN PLACE SAFEHAVEN II, INC. 604 E 38TH ST , INDIANAPOLIS , IN 46205- 2747	37-1421922	501(C)3	9,033				GENERAL SUPPORT
(51) COMMUNITY HEALTH NETWORK FOUNDATION 1500 N. RITTER ST., INDIANAPOLIS, IN 46219	51-0181688	501(C)3	8,470				GENERAL SUPPORT
(52) COMMUNITY SOLUTIONS, INC 1433 N MERIDIAN ST, STE 206 , INDIANAPOLIS , IN 46202	35-2131142	501(C)3	63,745				GENERAL SUPPORT
(53) CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST. , INDIANAPOLIS , IN 46225	35-0817149	501(C)3	215,744				GENERAL SUPPORT
(54) CONNECT2HELP 3901 N MERIDIAN ST, STE 300 , INDIANAPOLIS , IN 46208-4026	31-1216792	501(C)3	724,422				GENERAL SUPPORT
(55) CONSULTANTS CONSORTIUM, INC., THE 1022 E 52ND ST , INDIANAPOLIS , IN 46205	35-1990942	501(C)3	80,262				GENERAL SUPPORT
(56) CROHN'S & COLITIS FOUNDATION OF AMERICA 386 PARK AVE, NEW YORK, NY 10016-8804	13-6193105	501(C)3	6,114				GENERAL SUPPORT
(57) DANIEL WEBSTER ELEMENTARY SCHOOL #46 1450 S REISNER ST , INDIANAPOLIS , IN 46221	35-6002486	GOVERNMENT	30,112				GENERAL SUPPORT
(58) DAYSTAR CHILDCARE 57 N RURAL ST , INDIANAPOLIS , IN 46201	35-0953434	501(C)3	119,549				GENERAL SUPPORT
(59) DENA'S DAY CARE CENTER, INC 5707 CHELSEA RD , INDIANAPOLIS , IN 46241	35-1462686	501(C)3	133,960				GENERAL SUPPORT
(60) DOWN SYNDROME INDIANA 708 E. MICHIGAN STREET, INDIANAPOLIS, IN 46202	80-0732286	501(C)3	8,263				GENERAL SUPPORT
(61) EARLY LEARNING CENTERS, INC. 1315 S SHERMAN DRIVE , INDIANAPOLIS , IN 46203	35-1955574	501(C)3	47,652				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
(62) EARLY LEARNING INDIANA 615 N ALABAMA ST, STE 300 , INDIANAPOLIS , IN 46204	35-0888763	501(C)3	1,304,133				GENERAL SUPPORT
(63) EAST TENTH STREET UM CHILDREN & YOUTH CENTER, INC. 2327 E 10TH ST , INDIANAPOLIS , IN 46201	35-1976975	501(C)3	9,384				GENERAL SUPPORT
(64) EASTER SEALS CROSSROADS 4740 KINGSWAY DR. , INDIANAPOLIS , IN 46205	35-0869058	501(C)3	893,342				GENERAL SUPPORT
(65) EDNA MARTIN CHRISTIAN CENTER PO BOX 18388 , INDIANAPOLIS , IN 46218	35-1072577	501(C)3	420,090				GENERAL SUPPORT
(66) EMMANUEL PREPARATORY ACADEMY 4901 E 31ST STREET , INDIANAPOLIS , IN 46218	35-1710868	501(C)3	28,503				GENERAL SUPPORT
(67) FAIRBANKS 8102 CLEARVISTA PKWY , INDIANAPOLIS , IN 46256-4698	35-0811197	501(C)3	308,996				GENERAL SUPPORT
(68) FAMILIES FIRST 615 N ALABAMA ST #320 , INDIANAPOLIS , IN 46204-1481	35-0877572	501(C)3	1,052,397				GENERAL SUPPORT
(69) FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST , INDIANAPOLIS, IN 46208-4705	35-2069047	501(C)3	129,085				GENERAL SUPPORT
(70) FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W 71ST ST , INDIANAPOLIS , IN 46268- 2239	35-1000001	501(C)3	202,521				GENERAL SUPPORT
(71) FERVENT CARE CHILD CARE 10512 E 38TH ST , INDIANAPOLIS , IN 46235	35-1953339	501(C)3	5,800				GENERAL SUPPORT
(72) FINDING ME NOW 8950 PROMONTORY RD , INDIANAPOLIS , IN 46236	35-1268862	501(C)3	154,360				GENERAL SUPPORT
(73) FIRST PRESBYTERIAN CHURCH 128 E MAIN ST , LEBANON , IN 46052	35-6005896	501(C)3	12,000				GENERAL SUPPORT
(74) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS , IN 46208	35-0942628	501(C)3	483,634				GENERAL SUPPORT
(75) FLETCHER PLACE COMMUNITY CENTER PO BOX 825, INDIANAPOLIS, IN 46206	35-1966882	501(C)3	13,645				GENERAL SUPPORT
(76) FONDOS UNIDOS DE PUERTO RICO P.O. BOX 191914, SAN JUAN, PR 00919-1914	66-0269222	501(C)3	10,020				GENERAL SUPPORT
(77) FOOD FOR THE POOR, INC. 6401 LYONS RD. , COCONUT CREEK , FL 33073	59-1274510	501(C)3	13,090				GENERAL SUPPORT
(78) FOREST MANOR MULTI-SERVICE CENTER 5603 E 38TH ST , INDIANAPOLIS , IN 46218	35-1420208	501(C)3	339,467				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
(79) FORTUNE ACADEMY (FORMERLY HUTSON SCHOOL, INC.) 5626 LAWTON LOOP EAST DRIVE, INDIANAPOLIS, IN 46216-1013	35-2148108	501(C)3	9,739				GENERAL SUPPORT
(80) FRIENDS OF INDIANAPOLIS ANIMAL CARE & CONTROL FOUNDATION 7399 N. SHADELAND AVE., INDIANAPOLIS, IN 46250	32-0099654	501(C)3	6,782				GENERAL SUPPORT
(81) GENNESARET FREE CLINIC 615 N. ALABAMA ST., INDIANAPOLIS, IN 46204-1414	35-1776518	501(C)3	6,470				GENERAL SUPPORT
(82) GIFTED AND TALENTED ACADEMY INC. 5023 NORTH SHADELAND AVE , INDIANAPOLIS , IN 46226	46-0480925	501(C)3	17,136				GENERAL SUPPORT
(83) GIRL SCOUTS OF CENTRAL INDIANA, INC. 2611 WATERFRONT PARKWAY E DR, STE 100 , INDIANAPOLIS , IN 46214-2028	35-1014954	501(C)3	209,969				GENERAL SUPPORT
(84) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N. MERIDIAN ST , INDIANAPOLIS , IN 46208	35-1337205	501(C)3	276,453				GENERAL SUPPORT
(85) GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE , INDIANAPOLIS , IN 46241	35-1483868	501(C)3	56,897				GENERAL SUPPORT
(86) GODDARD SCHOOL, THE 10925 CORK PLACE , INDIANAPOLIS , IN 46236	20-0551385	501(C)3	39,168				GENERAL SUPPORT
(87) GOOD NEWS MINISTRIES 2716 E. WASHINGTON ST., INDIANAPOLIS, IN 46201	35-0999233	501(C)3	9,521				GENERAL SUPPORT
(88) GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC. 1635 W MICHIGAN ST , INDIANAPOLIS , IN 46222-3899	35-0893506	501(C)3	497,658				GENERAL SUPPORT
(89) GREATSCHOOLS, INC 1999 HARRISON ST, STE 1100 , OAKLAND , CA 94612	94-3311628	501(C)3	36,201				GENERAL SUPPORT
(90) GREENFIELD-CENTRAL CSC 110 W NORTH ST , GREENFIELD , IN 46140	35-1100181	GOVERNMENT	13,950				GENERAL SUPPORT
(91) HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS 3135 N MERIDIAN ST , INDIANAPOLIS , IN 46208-4717	35-1715910	501(C)3	17,877				GENERAL SUPPORT
(92) HANCOCK COUNTY FOOD PANTRY, INC. 1810 E. MAIN, GREENFIELD, IN 46140	35-1923567	501(C)3	7,345				GENERAL SUPPORT
(93) HANCOCK COUNTY SENIOR SERVICES, INC. 1870 FIELDS BLVD , GREENFIELD , IN 46140-3029	31-0936007	501(C)3	91,209				GENERAL SUPPORT

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(94) HAPPY HOLLOW CHILDREN'S CAMP INC. 3049 HAPPY HOLLOW RD , NASHVILLE , IN 47448	35-0942648	501(C)3	147,155				GENERAL SUPPORT
(95) HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST , INDIANAPOLIS , IN 46222	35-0874274	501(C)3	1,521,178				GENERAL SUPPORT
(96) HEALTHNET, INC. 3401 E RAYMOND ST , INDIANAPOLIS , IN 46203	35-1579827	501(C)3	448,607				GENERAL SUPPORT
(97) HEAVENLY ANGELS CHILDCARE 7034 N. PERSHING AVE , INDIANAPOLIS , IN 46268	38-3710570	501(C)3	9,384				GENERAL SUPPORT
(98) HENDRICKS COUNTY SENIOR SERVICES INC. PO BOX 448 , DANVILLE , IN 46122	35-1445497	501(C)3	160,473				GENERAL SUPPORT
(99) HERITAGE PLACE OF INDIANAPOLIS, INC. 4550 N ILLINOIS ST , INDIANAPOLIS , IN 46208	35-1436580	501(C)3	57,689				GENERAL SUPPORT
(100) HOLY NAME SCHOOL 89 N 17TH AVENUE , BEECH GROVE , IN 46107	35-0874514	501(C)3	6,518				GENERAL SUPPORT
(101) HOLY SPIRIT CATHOLIC CHURCH 7243 E 10TH ST , INDIANAPOLIS , IN 46219	35-0988729	501(C)3	9,500				GENERAL SUPPORT
(102) HOOSIER TRAILS COUNCIL, BOY SCOUTS OF AMERICA 5625 E SR 46 , BLOOMINGTON , IN 47401-9233	35-1290776	501(C)3	42,669				GENERAL SUPPORT
(103) HORIZON HOUSE, INC. 1033 E WASHINGTON ST , INDIANAPOLIS , IN 46202	35-1759503	501(C)3	276,409				GENERAL SUPPORT
(104) HUMANE SOCIETY OF INDIANAPOLIS 7929 N. MICHIGAN RD. N.W., INDIANAPOLIS, IN 46268	35-0876385	501(C)3	8,345				GENERAL SUPPORT
(105) HVAF OF INDIANA, INC. 964 N. PENNSYLVANIA ST. , INDIANAPOLIS , IN 46204	35-1890547	501(C)3	1,516,161				GENERAL SUPPORT
(106) IACCRR 3901 N. MERIDIAN ST , SUITE 200 , INDIANAPOLIS , IN 46208-4026	35-1821777	501(C)3	42,974				GENERAL SUPPORT
(107) IAEYC 4755 KINGSWAY DR, STE 107 , INDIANAPOLIS , IN 46205	31-1000350	501(C)3	5,300				GENERAL SUPPORT
(108) ICE SKATING CLUB OF INDIANAPOLIS 1040 3RD AVE SW, CARMEL, IN 46032	35-1434256	501(C)3	7,842				GENERAL SUPPORT
(109) INDIANA CANINE ASSISTANT NETWORK NETWORK, INC. (ICAN) 5610 CRAWFORDSVILLE RD., SUITE 2101, INDIANAPOLIS, IN 46224-3787	35-2144155	501(C)3	18,116				GENERAL SUPPORT
(110) INDIANA CONNECTED BY 25 2625 N MERIDIAN ST, STE 48 , INDIANAPOLIS , IN 46208-7701	45-5056874	501(C)3	69,619				GENERAL SUPPORT

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(111) INDIANA LEGAL SERVICES, INC. 151 N DELAWARE ST, STE 1850 , INDIANAPOLIS , IN 46204-2534	35-6059654	501(C)3	113,517				GENERAL SUPPORT
(112) INDIANA UNIVERSITY FOUNDATION P.O. BOX 500, BLOOMINGTON, IN 47402	35-6018940	501(C)3	10,458				GENERAL SUPPORT
(113) INDIANA UNIVERSITY RESEARCH ADMINISTRATION PO BOX 78000 , DETROIT , MI 48278	35-6001673	501(C)3	72,177				GENERAL SUPPORT
(114) INDIANA YOUTH GROUP (IYG) PO BOX 20716 , INDIANAPOLIS , IN 46220	35-1760451	501(C)3	126,915				GENERAL SUPPORT
(115) INDIANAPOLIS JUNIOR ACADEMY 2910 E 62ND ST , INDIANAPOLIS , IN 46220	35-0976759	501(C)3	44,945				GENERAL SUPPORT
(116) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST , INDIANAPOLIS , IN 46202	35-1909230	501(C)3	134,534				GENERAL SUPPORT
(117) INDIANAPOLIS PARKS FOUNDATION 615 N ALABAMA ST, STE 119 , INDIANAPOLIS , IN 46204	35-1860468	501(C)3	32,444				GENERAL SUPPORT
(118) INDIANAPOLIS TEN POINT COALITION 3549 BOULEVARD PL # 22, INDIANAPOLIS, IN 46208-4403	35-2071975	501(C)3	5,000				GENERAL SUPPORT
(119) INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE , INDIANAPOLIS , IN 46202	35-6060655	501(C)3	309,400				GENERAL SUPPORT
(120) INDPLS. AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION 3500 DEPAUW BLVD., INDIANAPOLIS, IN 46268	75-2941627	501(C)3	5,820				GENERAL SUPPORT
(121) INTELLIGENT MINDS CHILD DEVELOPMENT 2432 COPPER HILL DRIVE , INDIANAPOLIS , IN 46239	26-2393272	501(C)3	23,800				GENERAL SUPPORT
(122) INDIANAPOLIS PUBLIC SCHOOLS 120 E. WALNUT ST., INDIANAPOLIS, IN 46204	31-1103966	GOVERNMENT	229,819				GENERAL SUPPORT
(123) IVY TECH FOUNDATION INC 50 W FALL CREEK PARKWAY NORTH DR, INDIANAPOLIS, IN 46208-5752	23-7073977	501(C)3	6,638				GENERAL SUPPORT
(124) JAMESON CAMP 2001 BRIDGEPORT RD , INDIANAPOLIS , IN 46231-0156	35-1156756	501(C)3	82,486				GENERAL SUPPORT
(125) JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD , INDIANAPOLIS , IN 46260	23-7099138	501(C)3	118,454				GENERAL SUPPORT
(126) JEWISH COUNCIL FOR PUBLIC AFFAIRS 116 E 27TH ST , 10TH FL , NEW YORK , NY 10016	13-1624104	501(C)3	5,000				GENERAL SUPPORT
(127) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD., INDIANAPOLIS, IN 46260-4120	35-0888017	501(C)3	948,769				GENERAL SUPPORT

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(128) JOHN H. BONER COMMUNITY CENTER 2236 E 10TH ST , INDIANAPOLIS , IN 46201	23-7204495	501(C)3	1,157,314				GENERAL SUPPORT
(129) JOY'S HOUSE 2028 E BROAD RIPPLE AVE , INDIANAPOLIS , IN 46220	35-2083290	501(C)3	5,000				GENERAL SUPPORT
(130) JULIAN CENTER, INC., THE 2011 N MERIDIAN ST , INDIANAPOLIS , IN 46202	35-1346514	501(C)3	687,800				GENERAL SUPPORT
(131) JUVENILE DIABETES RESEARCH FOUNDATION - IN CHAPTER 10401 N. MERIDIAN ST., INDIANAPOLIS, IN 46290-0901	23-1907729	501(C)3	7,411				GENERAL SUPPORT
(132) KIDS VOICE OF INDIANA, INC. 9150 HARRISON PARK CT, STE C , INDIANAPOLIS , IN 46216	35-1656579	501(C)3	50,488				GENERAL SUPPORT
(133) KIDZ LUVE, LLC 4118 N SHERIDAN AVE , INDIANAPOLIS , IN 46226	26-4195365	501(C)3	6,800				GENERAL SUPPORT
(134) KINDERCARE 070738 650 NE HOLLADAY ST, STE 1400 , PORTLAND , OR 97232	06-1097006	501(C)3	74,800				GENERAL SUPPORT
(135) KINDERCARE 300133 650 NE HOLLADAY ST, STE 1400 , PORTLAND , OR 97232	63-0941966	501(C)3	54,400				GENERAL SUPPORT
(136) KOALA-T PRESCHOOL, INC. 5701 ELMWOOD AVE , SUITE E , INDIANAPOLIS , IN 46203	72-1525162	501(C)3	153,060				GENERAL SUPPORT
(137) LAPLAZA, INC. 8902 E 38TH ST , INDIANAPOLIS , IN 46226-6073	35-1743525	501(C)3	187,210				GENERAL SUPPORT
(138) LEBANON AREA BOYS & GIRLS CLUB 403 W MAIN ST , LEBANON , IN 46052	35-6041946	501(C)3	60,180				GENERAL SUPPORT
(139) LEBANON COMMUNITY SCHOOL CORPORATION 1810 N GRANT ST , LEBANON , IN 46052	35-1085670	GOVERNMENT	5,000				GENERAL SUPPORT
(140) LEGAL AID SOCIETY, INC. INDIANAPOLIS 615 N ALABAMA ST, #122 , INDIANAPOLIS , IN 46204	35-1045153	501(C)3	251,313				GENERAL SUPPORT
(141) LEUKEMIA & LYMPHOMA SOCIETY, INC. INDIANA CHAPTER 3601 EISENHOWER AVE, ALEXANDRIA, VA 22304	13-5644916	501(C)3	11,015				GENERAL SUPPORT
(142) LIFE CENTERS, INC. 3901 W. 86TH ST, STE 111, INDIANAPOLIS, IN 46268	31-1059740	501(C)3	12,109				GENERAL SUPPORT
(143) LIFEKIDS CHILDCARE & PRESCHOOL 9101 W 10TH STREET , INDIANAPOLIS , IN 46234	57-1228962	501(C)3	63,104				GENERAL SUPPORT
(144) LITTLE FRIENDS OF GOD 8350 DITCH RD , INDIANAPOLIS , IN 46260	74-3071260	501(C)3	5,331				GENERAL SUPPORT

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(145) LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST , INDIANAPOLIS , IN 46202-1411	35-0914096	501(C)3	328,834				GENERAL SUPPORT
(146) LITTLE SCHOLARS CHILDCARE & PRESCHOOL ACADEMY 3507 BEELER AVE , INDIANAPOLIS , IN 46224	27-1122413	501(C)3	36,584				GENERAL SUPPORT
(147) LITTLE SISTERS OF THE POOR C/O ST. AUGUSTINE'S HOME FOR THE AGED, INDIANAPOLIS, IN 46260	35-1007734	501(C)3	10,254				GENERAL SUPPORT
(148) LOVE YOUR CHILD'S CARE 2220 SLOAN AVE , INDIANAPOLIS , IN 46203	27-1522513	501(C)3	13,600				GENERAL SUPPORT
(149) LUTHERAN CHILD AND FAMILY SERVICES OF IN, INC 1525 N RITTER AVE , INDIANAPOLIS , IN 46219	35-0868123	501(C)3	346,154				GENERAL SUPPORT
(150) LUTHERAN WORLD RELIEF 700 LIGHT ST, BALTIMORE, MD 21230-3850	13-2574963	501(C)3	5,555				GENERAL SUPPORT
(151) LYNHURST BAPTIST CHURCH PRESCHOOL MINISTRY 1250 S LYNHURST DR , INDIANAPOLIS , IN 46241	35-2256878	501(C)3	99,056				GENERAL SUPPORT
(152) M2M CHILDCARE 3741 FOREST MANOR AVE , INDIANAPOLIS , IN 46218	35-2132723	501(C)3	9,000				GENERAL SUPPORT
(153) MAKE A WISH FOUNDATION OF INDIANA, INC. 2545 FARMERS DR., COLUMBUS, OH 43235	34-1471131	501(C)3	6,648				GENERAL SUPPORT
(154) MARIAN UNIVERSITY 3200 COLD SPRING ROAD , INDIANAPOLIS , IN 46222	35-0868175	501(C)3	5,000				GENERAL SUPPORT
(155) MARION COUNTY COMMISSION ON YOUTH, INC. 1375 W 16TH ST , INDIANAPOLIS , IN 46202-2111	35-1900516	501(C)3	81,465				GENERAL SUPPORT
(156) MARTIN CENTER, INC. 3549 N COLLEGE AVE , INDIANAPOLIS , IN 46205	23-7058960	501(C)3	151,320				GENERAL SUPPORT
(157) MARTIN LUTHER KING COMMUNITY CENTER 40 W. 40TH ST. , INDIANAPOLIS , IN 46208	23-7415846	501(C)3	161,195				GENERAL SUPPORT
(158) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST , INDIANAPOLIS , IN 46221	35-0868954	501(C)3	462,659				GENERAL SUPPORT
(159) MEALS ON WHEELS OF CENTRAL INDIANA PO BOX 40969 , INDIANAPOLIS , IN 46240-0469	35-1182075	501(C)3	106,293				GENERAL SUPPORT
(160) MENTAL HEALTH AMERICA OF HANCOCK COUNTY 98 E NORTH ST, STE 204 , GREENFIELD , IN 46140-2199	35-6071251	501(C)3	18,878				GENERAL SUPPORT

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(161) MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR , AVON , IN 46123	23-7038692	501(C)3	76,246				GENERAL SUPPORT
(162) MEPHIBOSHETH MINISTRIES, INC. 1715 STRINGTOWN PIKE, CICERO, IN 46034	35-2135547	501(C)3	5,508				GENERAL SUPPORT
(163) MHA OF GREATER INDIANAPOLIS 301 E 38TH ST , INDIANAPOLIS , IN 46205	35-0928128	501(C)3	222,628				GENERAL SUPPORT
(164) MIDWEST FOOD BANK 6450 S. BELMONT AVE., INDIANAPOLIS, IN 46217	41-2120170	501(C)3	5,541				GENERAL SUPPORT
(165) MILLER TRANSPORTATION 111 OUTER LOOP , LOUISVILLE , KY 40214	61-1196769	501(C)3	5,124				GENERAL SUPPORT
(166) MONTESSORI GARDEN ACADEMY 4141 S EAST ST , INDIANAPOLIS , IN 46227	35-2269815	501(C)3	88,036				GENERAL SUPPORT
(167) MOORE'S MONTESSORI ACADEMY 7206 EAST 38TH STREET , INDIANAPOLIS , IN 46226	35-1132342	501(C)3	34,000				GENERAL SUPPORT
(168) MOTHER THEODORE CATHOLIC ACADEMY ARCHDIOCESE OF INDIANAPOLIS , 1400 N MERIDIAN ST , INDIANAPOLIS , IN 46202	27-1010344	501(C)3	23,800				GENERAL SUPPORT
(169) MOUNT CARMEL COMMUNITY ACADEMY 9610 E 42ND ST , INDIANAPOLIS , IN 46235	30-0555664	501(C)3	27,200				GENERAL SUPPORT
(170) MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE. , INDIANAPOLIS , IN 46241	46-3387727	GOVERNMENT	87,684				GENERAL SUPPORT
(171) MSD OF LAWRENCE TOWNSHIP 6501 SUNNYSIDE RD , INDIANAPOLIS , IN 46236	35-6006802	GOVERNMENT	260,223				GENERAL SUPPORT
(172) MSD OF PERRY TOWNSHIP 6548 ORINOCO AVE , INDIANAPOLIS , IN 46227	35-6006777	GOVERNMENT	28,375				GENERAL SUPPORT
(173) MSD OF PIKE TOWNSHIP 6901 ZIONSVILLE RD , INDIANAPOLIS , IN 46268	35-6006872	GOVERNMENT	103,157				GENERAL SUPPORT
(174) MSD OF WARREN TOWNSHIP 975 N POST RD , INDIANPAOLIS , IN 46219	35-6006000	GOVERNMENT	178,824				GENERAL SUPPORT
(175) MSD OF WAYNE TOWNSHIP 1220 S HIGH SCHOOL RD , INDIANAPOLIS , IN 46241	35-1072270	GOVERNMENT	121,362				GENERAL SUPPORT
(176) MT. ZION'S LOVING DAYCARE 4900 E 38TH ST , INDIANAPOLIS , IN 46218	23-7438282	501(C)3	100,042				GENERAL SUPPORT
(177) MY SECOND HOME CHILD CARE AND PRESCHOOL 8050 NUCKOLS LN , INDIANAPOLIS , IN 46237	26-0584073	501(C)3	13,600				GENERAL SUPPORT
(178) NATIONAL MULTIPLE SCLEROSIS SOCIETY - INDIANA STATE CHAPTER 3500 DEPAUW BLVD, INDIANAPOLIS, IN 46268-1170	35-0984011	501(C)3	9,268				GENERAL SUPPORT

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(179) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST , INDIANAPOLIS , IN 46208	35-1916572	501(C)3	87,315				GENERAL SUPPORT
(180) NEW BEGINNINGS 2132 W MICHIGAN ST , , INDIANAPOLIS , IN 46222	90-0936324	501(C)3	119,343				GENERAL SUPPORT
(181) NEW PALESTINE HIGH SCHOOL 4485 S VICTORY DR , NEW PALESTINE , IN 46163	GOVERNMENT	GOVERNMENT	5,322				GENERAL SUPPORT
(182) NOBLE OF INDIANA 7701 E 21ST ST , INDIANAPOLIS , IN 46219	35-0924720	501(C)3	469,083				GENERAL SUPPORT
(183) OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 804 W. DIAMOND AVE., #210, GAITHERSBURG, MD 20878	23-7076021	501(C)3	5,130				GENERAL SUPPORT
(184) PACE 2855 N KEYSTONE AVE, STE 170 , INDIANAPOLIS , IN 46218	35-1062235	501(C)3	168,266				GENERAL SUPPORT
(185) PATHWAY TO RECOVERY INC 2135 N ALABAMA ST , INDIANAPOLIS , IN 46202	35-1820889	501(C)3	40,145				GENERAL SUPPORT
(186) PERFECTED CHILD CARE MINISTRY 8736 E 21ST ST , INDIANAPOLIS , IN 46219	35-1993037	501(C)3	31,126				GENERAL SUPPORT
(187) PERRY SENIOR CITIZENS SERVICES 6901 DERBYSHIRE RD , INDIANAPOLIS , IN 46227	35-1416248	501(C)3	11,370				GENERAL SUPPORT
(188) PLANNED PARENTHOOD OF INDIANA 200 S. MERIDIAN ST., #400, INDIANAPOLIS, IN 46225	35-0874276	501(C)3	27,977				GENERAL SUPPORT
(189) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE SW , CARMEL , IN 46032	35-1411017	501(C)3	137,175				GENERAL SUPPORT
(190) PROMISELAND ADVENTURES 2901 N POST RD , INDIANAPOLIS , IN 46219	35-1181579	501(C)3	5,780				GENERAL SUPPORT
(191) PROSPERITY ENRICHMENT INC. 3045 N PENNSYLVANIA STREET , INDIANAPOLIS , IN 46205	46-5150303	501(C)3	20,400				GENERAL SUPPORT
(192) R.E.A.P. 15331 KUYKENDAHL ROAD, HOUSTON, TX 77090	46-2157297	501(C)3	5,000				GENERAL SUPPORT
(193) REACH FOR YOUTH, INC. 3505 N WASHINGTON BLVD , INDIANAPOLIS , IN 46205-3718	23-7456842	501(C)3	171,588				GENERAL SUPPORT
(194) RILEY CHILDREN'S FOUNDATION (HOSPITAL) RILEY CHILDREN'S FOUNDATION, INDIANAPOLIS, IN 46204	35-0868147	501(C)3	27,670				GENERAL SUPPORT
(195) SALVATION ARMY, THE (IN) PO BOX 88517 , INDIANAPOLIS , IN 46208-4718	36-2167910	501(C)3	650,333				GENERAL SUPPORT

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(196) SAVING SIGHT INDIANA FUND, A FUND OF CICF 615 N. ALABAMA ST., #119, INDIANAPOLIS, IN 46204-1498	35-1793680	501(C)3	11,840				GENERAL SUPPORT
(197) SECOND HELPINGS, INC. 1121 SOUTHEASTERN AVE , INDIANAPOLIS , IN 46202	35-1484281	501(C)3	254,845				GENERAL SUPPORT
(198) SHELBY COUNTY UNITED FUND 126 N HARRISON ST, SHELBYVILLE, IN 46176	35-0953458	501(C)3	14,394				GENERAL SUPPORT
(199) SHELTERING WINGS PO BOX 92 , DANVILLE , IN 46122-0092	35-2077713	501(C)3	187,182				GENERAL SUPPORT
(200) SHEPHERD COMMUNITY CENTER 4107 E WASHINGTON ST , INDIANAPOLIS , IN 46201	35-1765846	501(C)3	88,385				GENERAL SUPPORT
(201) SHEPHERD'S GATE PANTRY FOOD & BABY SUPPLIES C/O ST. MARIA GORETTI PARISH, WESTFIELD, IN 46074	35-1950891	501(C)3	6,979				GENERAL SUPPORT
(202) SHERIDAN COMMUNITY SCHOOLS 24795 HINESLEY RD , SHERIDAN , IN 46069	35-1097809	GOVERNMENT	5,110				GENERAL SUPPORT
(203) SOCIAL HEALTH ASSOC. OF INDIANA, INC. 615 N. ALABAMA ST., #228 , INDIANAPOLIS , IN 46204	35-0869056	501(C)3	108,576				GENERAL SUPPORT
(204) SOCIETY OF ST. VINCENT DE PAUL 3001 E 30TH ST , INDIANAPOLIS , IN 46218	37-1507632	501(C)3	28,691				GENERAL SUPPORT
(205) SOUTHEAST COMMUNITY SERVICES, INC. 901 SHELBY ST., INDIANAPOLIS , IN 46203	35-1318068	501(C)3	403,098				GENERAL SUPPORT
(206) SOUTHMINSTER PRESBYTERIAN LHLP PO BOX 39008 , INDIANAPOLIS , IN 46239	35-1157652	501(C)3	17,968				GENERAL SUPPORT
(207) SPECIAL OLYMPICS HENRY COUNTY 6200 TECHNOLOGY CENTER DR., INDIANAPOLIS, IN 46278	35-1262574	501(C)3	6,577				GENERAL SUPPORT
(208) SS PETER & PAUL CATHEDRAL 1347 N. MERIDIAN STREET , INDIANAPOLIS , IN 46202	35-0868029	501(C)3	17,500				GENERAL SUPPORT
(209) ST. JUDE CHILDRENS RESEARCH HOSPITAL 501 ST. JUDE PL., MEMPHIS, TN 38105	62-0646012	501(C)3	7,097				GENERAL SUPPORT
(210) ST. LAWRENCE CATHOLIC CHURCH 6944 E 46TH ST , INDIANAPOLIS , IN 46226	35-0919344	501(C)3	156,760				GENERAL SUPPORT
(211) ST. MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS , IN 46202	35-1141484	501(C)3	480,527				GENERAL SUPPORT
(212) ST. MONICA SCHOOL C109 6131 N MICHIGAN RD , INDIANAPOLIS , IN 46228	35-1009268	501(C)3	40,179				GENERAL SUPPORT

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(213) ST.VINCENT HOSPITAL FOUNDATION, INC. 8402 HARCOURT RD. #210, INDIANAPOLIS, IN 46260	35-6088862	501(C)3	14,908				GENERAL SUPPORT
(214) STARFISH INITIATIVE 6958 HILLSDALE CT , INDIANAPOLIS , IN 46250-2040	56-2442758	501(C)3	56,039				GENERAL SUPPORT
(215) SUNRISE CHRISTIAN ACADEMY 948 W 30TH ST , INDIANAPOLIS , IN 46208	35-2083350	501(C)3	13,600				GENERAL SUPPORT
(216) SYCAMORE SERVICES, INC. PO BOX 369 , DANVILLE , IN 46122	35-1064235	501(C)3	397,822				GENERAL SUPPORT
(217) T P KIDDIE ACADEMY 4501 N POST , INDIANAPOLIS , IN 46226	35-2149550	501(C)3	54,827				GENERAL SUPPORT
(218) TANGRAM 5155 PENNWOOD DR , INDIANAPOLIS , IN 46205	35-1661813	501(C)3	226,318				GENERAL SUPPORT
(219) TEACH FOR AMERICA 315 W. 36TH ST., NEW YORK, NY 10018	13-3541913	501(C)3	5,100				GENERAL SUPPORT
(220) THE ARC OF GREATER BOONE COUNTY 900 W MAIN ST , LEBANON , IN 46052	35-1333698	501(C)3	24,816				GENERAL SUPPORT
(221) THE DAMIEN CENTER 26 N ARSENAL AVE , INDIANAPOLIS , IN 46201	35-1711878	501(C)3	129,236				GENERAL SUPPORT
(222) THE O'CONNOR HOUSE PO BOX 1061, CARMEL, IN 46082-1061	20-5533460	501(C)3	5,082				GENERAL SUPPORT
(223) THE VILLAGES 3833 N MERIDIAN ST, STE 101 , INDIANAPOLIS , IN 46208	35-1708240	501(C)3	141,376				GENERAL SUPPORT
(224) THEATER OF INCLUSION 4433 N PENNSYLVANIA ST , INDIANAPOLIS , IN 46205	36-4530711	501(C)3	7,500				GENERAL SUPPORT
(225) TIMMY GLOBAL HEALTH, INC. 22 E 22ND ST , INDIANAPOLIS , IN 46202	35-2012757	501(C)3	11,225				GENERAL SUPPORT
(226) TJ INSIGHTS, INC. 1057 RESERVE WAY , INDIANAPOLIS , IN 46220	27-2538444	501(C)3	17,000				GENERAL SUPPORT
(227) TREASURER OF THE STATE OF INDIANA 402 W WASHINGTON ST, W-361, MS-01 , INDIANAPOLIS , IN 46202	35-6000158	GOVERNMENT	528,324				GENERAL SUPPORT
(228) TRINITY FREE CLINIC, INC. 1045 W. 146TH ST., CARMEL, IN 46032	35-2120420	501(C)3	11,850				GENERAL SUPPORT
(229) TRISHA'S ABUNDANT LOVE CHILDCARE TRISHA'S ABUNDANT LOVE CHILDCARE , 11027 HICKORY LAKE LANE , INDIANAPOLIS , IN 46235	31-5582870	501(C)3	6,800				GENERAL SUPPORT
(230) TRUTH AT WORK 9953 CROSSPOINT BLVD., #100, INDIANAPOLIS, IN 46256	35-1959473	501(C)3	125,178				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(231) UNITED CATHOLIC APPEAL 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46203	35-1018460	501(C)3	36,884				GENERAL SUPPORT
(232) UNITED WAY CALIFORNIA CAPITAL REGION 10389 OLD PLACERVILLE RD., SACRAMENTO, CA 95827	94-1225382	501(C)3	11,186				GENERAL SUPPORT
(233) UNITED WAY OF CENTRAL INDIANA 3901 N MERIDIAN ST , INDIANAPOLIS , IN 46208-0409	35-1007590	501(C)3	1,995,874				GENERAL SUPPORT
(234) UNITED WAY OF CENTRAL OHIO 360 S 3RD ST, COLUMBUS, OH 43215-5412	31-4393712	501(C)3	6,274				GENERAL SUPPORT
(235) UNITED WAY OF CLAY COUNTY, INC. C/O UNITED WAY OF THE WABASH VALLEY, TERRE HAUTE, IN 47803	35-1008531	501(C)3	10,489				GENERAL SUPPORT
(236) UNITED WAY OF GREATER CINCINNATI 2400 READING RD., CINCINNATI, OH 45202-1478	31-0537502	501(C)3	10,413				GENERAL SUPPORT
(237) UNITED WAY OF GREATER KALAMAZOO 709 S. WESTNEDGE AVE., KALAMAZOO, MI 49007	38-1359193	501(C)3	5,500				GENERAL SUPPORT
(238) UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY 1114 E. STATE ST., #200, LAFAYETTE, IN 47905	35-0891621	501(C)3	16,338				GENERAL SUPPORT
(239) UNITED WAY OF HOWARD COUNTY 210 W. WALNUT ST., KOKOMO, IN 46901-4512	35-0877579	501(C)3	5,021				GENERAL SUPPORT
(240) UNITED WAY OF JOHNSON COUNTY P.O. BOX 153, FRANKLIN, IN 46131	35-1082600	501(C)3	167,056				GENERAL SUPPORT
(241) UNITED WAY OF LEE COUNTY, INC. 7273 CONCOURSE DR., FORT MYERS, FL 33908-2644	59-1005169	501(C)3	12,402				GENERAL SUPPORT
(242) UNITED WAY OF MADISON COUNTY, INC. - IN 205 W 11TH ST, STE A, ANDERSON, IN 46016-1486	35-1052350	501(C)3	29,490				GENERAL SUPPORT
(243) UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER ST, BOSTON, MA 02210-1279	04-2382233	501(C)3	6,653				GENERAL SUPPORT
(244) UNITED WAY OF MONROE COUNTY, INC. 441 S. COLLEGE AVE., BLOOMINGTON, IN 47403-1514	35-0985959	501(C)3	13,192				GENERAL SUPPORT
(245) UNITED WAY OF PUTNAM COUNTY 22 1/2 W WASHINGTON ST, STE 208, GREENCASTLE, IN 46135-1568	35-6074100	501(C)3	10,009				GENERAL SUPPORT
(246) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL ROAD, VIENNA, VA 22182	53-0234290	501(C)3	5,668				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
(247) VISITING NURSE SERVICE, INC. 4527 E 82ND ST , INDIANAPOLIS , IN 46250	35-0868199	501(C)3	92,434				GENERAL SUPPORT
(248) VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST , INDIANAPOLIS , IN 46204-1020	35-1914815	501(C)3	695,707				GENERAL SUPPORT
(249) WELLSPRING 301 W HARRISON ST , MARTINSVILLE , IN 46151	31-1255091	501(C)3	36,267				GENERAL SUPPORT
(250) WEST VIGO COUNTY COMMUNITY CENTER 127 W. JOHNSON ST., WEST TERRE HAUTE, IN 47885	35-1485844	501(C)3	5,000				GENERAL SUPPORT
(251) WESTMINSTER NEIGHBORHOOD MINISTRIES PO BOX 11465 , INDIANAPOLIS , IN 46201	46-3757511	501(C)3	8,955				GENERAL SUPPORT
(252) WHEELER MISSION MINISTRIES, INC. 205 E NEW YORK ST , INDIANAPOLIS , IN 46204	35-0888771	501(C)3	92,625				GENERAL SUPPORT
(253) WOUNDED WARRIORS PROJECT (WWP) 4899 BELFORT RD., STE 300, JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,872				GENERAL SUPPORT
(254) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST, STE 200 , INDIANAPOLIS , IN 46204-1359	35-0868211	501(C)3	1,211,493				GENERAL SUPPORT
(255) YOUNG LIFE OF INDIANAPOLIS 4631 LISBORN DRIVE, CARMEL, IN 46033	84-0385934	501(C)3	6,360				GENERAL SUPPORT
(256) YOUTH CONNECTIONS 460 N MORTON ST, STE A , FRANKLIN , IN 46131-1388	31-0900601	501(C)3	28,495				GENERAL SUPPORT
(257) EARLY LEARN HOPE BAPTIST 1055 NORTH GIRLS SCHOOL ROAD, INDIANAPOLIS, IN 46214	35-1484040	501(C)3	86,108				GENERAL SUPPORT
(258) LOVING HEARTS 9950 SOUTHEASTERN AVENUE, INDIANAPOLIS, IN 46239	35-1157652	501(C)3	18,294				GENERAL SUPPORT
(259) CHRIST CHURCH 6601 NORTH GRANDVIEW DRIVE, INDIANAPOLIS, IN 46260	35-2154464	501(C)3	26,823				GENERAL SUPPORT
(260) CROSSLIGHT CHRISTIAN 1715 STRINGTOWN PIKE, CICERO, IN 46034	35-1387750	501(C)3	42,554				GENERAL SUPPORT

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 UNRESTRICTED OPERATING GRANTS AND DONOR DESIGNATIONS TO A NETWORK OF APPROVED (AFFILIATED) 501 (C)(3) ORGANIZATIONS. THE AGENCIES ARE SELECTED BASED UPON GEOGRAPHIC LOCATION, POPULATION SERVICES AND PROGRAMS OFFERED. UNITED WAY MONITORS EACH AGENCY'S PROGRAM OUTCOMES, GOVERNANCE, FINANCIAL OPERATIONS AND OTHER OPERATIONAL CRITERIA. VOLUNTEERS AND STAFF FORMALLY REVIEW CRITERIA WITH AGENCY LEADERSHIP ON A SCHEDULE THAT VARIES BASED ON PERFORMANCE IN PAST EVALUATIONS.</p> <p>FOR DIRECT PROGRAMMATIC GRANTS, UWCI REQUIRES REGULAR GRANT REPORTING AND SUPPORTING DOCUMENTATION BE SUBMITTED TO OUR ACCOUNTING AND GRANT ADMINISTRATION STAFF.</p> <p>ALL GRANTS ARE SUPPORTED BY CONTRACTUAL AGREEMENTS THAT OUTLINE THE EXPECTATIONS IN TERMS OF GRANT MANAGEMENT AND OUTCOMES.</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

2015

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 on 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 on 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"/> |

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| 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 on 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" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**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	✓	142	1,112,606	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 OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED: NUMBER OF CONTRIBUTIONS

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

Employer Identification Number
35-1007590

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	MORGAN COUNTIES. UNITED WAY OF CENTRAL INDIANA BRINGS TOGETHER COMPASSIONATE PEOPLE WHO ARE COMMITTED TO IMPROVING LIVES IN OUR COMMUNITY. WE INVEST IN EXPERT RESEARCH AND PERFORM REGULAR COMMUNITY ASSESSMENTS TO IDENTIFY THE AREAS OF GREATEST NEED AND TO ADVANCE THE BEST SOLUTIONS TO ADDRESS THESE NEEDS. THEN WE WORK WITH STRATEGIC PARTNERS SUCH AS BUSINESSES, HUMAN SERVICES AGENCIES, SCHOOLS AND GOVERNMENTAL INSTITUTIONS TO ENSURE YOUR DOLLARS DO AS MUCH GOOD AS POSSIBLE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	HUNDREDS OF THOUSANDS OF INDIVIDUALS AND FAMILIES INCLUDING FOOD, SHELTER, COMMUNITY CENTER SERVICES; AND FINANCIAL STABILITY PROGRAMS SUCH AS EMPLOYMENT SERVICES AND COUNSELING. IN ADDITION, UWCI PROVIDES DONOR DESIGNATED DOLLARS TO A WIDE RANGE OF 1,272 UNAFFILIATED ORGANIZATIONS (NEARLY \$4M).
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$617,823 INCLUDING GRANTS OF \$617,823)(REVENUE \$16,116) THE UNITED WAY OF CENTRAL INDIANA, INC. ADDRESSES TODAY'S MOST CRITICAL NEEDS THROUGH DISTRIBUTION OF FUNDS ON BEHALF OF SPECIFIC INDIVIDUALS. THE ORGANIZATION ASSISTED 19,102 INDIVIDUALS WITH HOLIDAY ASSISTANCE, AND 587 HOUSEHOLDS WITH UTILITY ASSISTANCE DURING THE WINTER MONTHS
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL, FROM TIME TO TIME, CONSIST OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS: THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST BOARD CHAIR, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES (FINANCE, AUDIT, INVESTMENT & ENDOWMENT, GOVERNANCE, AND OTHER STANDING COMMITTEES AS DETERMINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS BY RESOLUTION), THE CAMPAIGN CHAIR, AND FIVE (5) AT-LARGE MEMBERS SELECTED IN ACCORDANCE WITH ARTICLE I, SECTION 3, OF THESE BYLAWS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL SERVE ON THE EXECUTIVE COMMITTEE WITH FULL VOTING RIGHTS. THE BOARD CHAIR SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ACT AS THE SECRETARY OF THE EXECUTIVE COMMITTEE. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND SUBJECT TO SUCH LIMITATIONS AS MAY BE IMPOSED BY LAW, THE ARTICLES OF INCORPORATION, OR THIS CODE OF BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, EXCEPT THAT NO ACTION SHALL BE TAKEN WHICH SHALL CONFLICT WITH THE EXPRESS POLICIES OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	ANN MURTLOW AND JEAN WOJTOWICZ - BUSINESS RELATIONSHIP JEAN WOJTOWICZ AND MICHAEL BECHER - BUSINESS RELATIONSHIP MICHAEL O'CONNOR, MIKE HARRINGTON, SHERMIKA DUERSON - 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 26, 2016. THE FORM WAS ELECTRONICALLY PROVIDED TO EACH BOARD MEMBER BEFORE THE MEETING AND HARD COPIES OF THE RETURN AND PRESENTATION WERE ALSO AVAILABLE AT THE MEETING. A REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM WAS ALSO PRESENT AT THE BOARD MEETING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	UNITED WAY OF CENTRAL INDIANA (UWCI) REQUIRES ALL BOARD MEMBERS, MEMBERS OF KEY COMMITTEES, OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES TO COMPLETE A CONFLICT OF 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. INDIVIDUALS WITH A CONFLICT ABSTAIN FROM VOTING ON RELATED ISSUES. UWCI ALSO HAS ESTABLISHED AN ETHICS OFFICER. THE ETHICS OFFICER IS A MEMBER OF THE BOARD OF DIRECTORS AND ADDRESSES ANY ETHIC CONCERNS THAT MAY ARISE.
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. THIS PROCESS IS DONE ON AN ANNUAL BASIS.
FORM 990, PART VI, LINE 18 - FORM 990 AVAILABLE FOR PUBLIC INSPECTION	THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION WEBSITE.

Return Reference - Identifier	Explanation							
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 data-bbox="467 233 1304 260">(a) Description</th> <th data-bbox="1312 233 1515 260">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 270 1304 298">PROVISION FOR UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1312 270 1515 298">- 1,407,330</td> </tr> <tr> <td data-bbox="467 308 1304 327">UNRECOGNIZED PENSION LOSS</td> <td data-bbox="1312 308 1515 327">- 909,540</td> </tr> </tbody> </table>		(a) Description	(b) Amount	PROVISION FOR UNCOLLECTIBLE PLEDGES	- 1,407,330	UNRECOGNIZED PENSION LOSS	- 909,540
	(a) Description	(b) Amount						
	PROVISION FOR UNCOLLECTIBLE PLEDGES	- 1,407,330						
UNRECOGNIZED PENSION LOSS	- 909,540							
UNRECOGNIZED PENSION LOSS	- 909,540							

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

35-1007590

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

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

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(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) (SEE STATEMENT)									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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

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

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

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(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	INVESTMENT S	NY	N/A	TRUST	N/A	N/A	N/A		✓
(2) COMMUNITY SERVICE COUNCIL OF CENTRAL IN PO BOX 88409, INDIANAPOLIS, IN 46208	HUMAN SERVICES PLANNING AND RELATED ACTIVITIES	IN	UNITED WAY OF CENTRAL INDIANA	C CORPORATION	0	0	0.00	✓	